association of american medical colleges

AGENDA
FOR
COUNCIL OF DEANS

ADMINISTRATIVE BOARD
THURSDAY, MARCH 26, 1981
9 a.m. — 12:30 p.m.
INDEPENDENCE ROOM
WASHINGTON HILTON HOTEL
WASHINGTON, D.C.

Suite 200/One Dupont Circle, N.W./Washington, D.C. 20036/(202) 828-0400

FUTURE MEETING DATES

COD Administrative Board/Executive Council

June 25
September 10

1981 AAMC Annual Meeting

October 31-November 5
Washington Hilton Hotel
Washington, D.C.

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
March 26, 1981
9:00 a.m. - 12:30 p.m.
Independence Room
Washington Hilton Hotel

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

Thursday, January 29, 1981
9:00 a.m. - 12:30 p.m.
Grant Room
Washington Hilton Hotel
Washington, D.C.

PRESENT

(Board members)

Steven C. Beering, M.D.
John W. Eckstein, M.D.
John E. Chapman, M.D.
William H. Luginbuhl, M.D.
Richard H. Moy, M.D.
Leonard M. Napolitano, Ph.D.
Edward J. Stemmler, M.D.

(Guests)

Lisa Capaldini
Grady Hughes
Julius R. Krevans, M.D.

(Staff)

Janet Bickel
Robert Boerner
John A. D. Cooper, M.D.
Betty Greenhalgh
Mary McGrane
Thomas J. Kennedy, Jr., M.D.
Joseph A. Keyes
James R. Schofield, M.D.
Kathleen Turner
Marjorie P. Wilson, M.D.

I. Call to Order

The meeting was called to order at 9:10 a.m. Dr. Beering welcomed the new Board members present, Drs. Eckstein and Stemmler. They were presented with AAMC ties.

II. Report of the Chairman

Dr. Beering asked Joseph Keyes to summarize the current status of the COD Spring Meeting. Mr. Keyes began by reviewing the program entitled, "Academic Medicine--Crosscurrents of the Eighties." With the exception of the Assistant Secretary for Health, which was yet unnamed, the following speakers had agreed to appear: Robert M. Heyssel, M.D., and Emmett H. Heitler, to speak on the academic medical center and the competitive environment; Arnold S. Relman, M.D., to speak on commercialism and medicine; William B. Deal, M.D., to speak on foreign medical school issues; and William H. Danforth, M.D. and Donald Kennedy, Ph.D. to address the relationship between academic medicine and the university. The program itself will

begin with registration on Sunday, March 29, between 1:00 pm - 5:00 pm. Following this will be a prelude to the COD Business Meeting scheduled for 5:30 pm. Monday and Tuesday sessions will begin at 8:30 am with adjournment at 1:00 pm with the afternoon free. The meeting would conclude on Wednesday with a business meeting adjourning at noon. In addition to the regularly scheduled programs outlined above, an orientation session for new deans is to be held this year. This will begin on Saturday, March 28, at 3:30 pm with an introduction to the AAMC structure. Cocktails and dinner will follow. Sunday, March 29, from 9:00 am - 12 Noon will conclude the session as the new deans meet with AAMC staff and other current deans.

There were two items discussed at the Executive Committee meeting which Dr. Beering related to the Board. The first is the proposed COD Rules and Regulations change which would increase the number of members of the COD Board by adding two members-at-large. A proposed AAMC Bylaws change would provide that the past chairman of each of the Councils would continue to serve as an ex officio member. The members-at-large would not be Executive Council members so the COD representation on the Executive Council would remain the same. This issue will be prepared for discussion at the June meeting, will be brought before the Executive Council, and will be proposed at the COD Business Meeting at the AAMC Annual Meeting in the fall.

The second item Dr. Beering related to the Board concerned the proposed change in Distinguished Service Membership and Emeritus membership. Dr. Cooper described the uncertainties between these two categories of membership in the past. The present bylaws state that a Distinguished Service Member is not eligible for any other membership in the organization. The proposed change in bylaws would require any candidate for Distinguished Service Membership to have been actively involved in the affairs and to have contributed to the work of the Association; the candidate could still work for the affairs of the Association or be a member of the COD. In addition, the Executive Committee would serve as the Distinguished Service Membership nominating committee with the Executive Council selecting names to be presented to the Assembly for election. The definition and category of Emeritus membership would remain unchanged. There was some discussion among Board members as to making the criteria for Distinguished Service Membership even clearer because invariably there would be some confusion about a candidate's contributions.

III. Approval of Minutes

The minutes of the September 25, 1980, meeting of the Administrative Board were approved as submitted.

IV. National Health Planning Program

The recommendation contained in the Executive Council agenda was that the AAMC adopt a statement expressing certain areas of major concern as AAMC policy. These are matters which have been dealt with on numerous occasions and thus it would not be appropriate at this time to attempt to do a comprehensive review of how the Planning Act should be revised, but to allow the AHA to take the lead in preparing a document for discussion.

Dr. Beering expressed a concern not included in the agenda regarding the duplication of local and state planning efforts by the Federal planners. The possibility for conflict and confusion is apparent. This problem should be addressed in any comprehensive discussion of the issues.

Dr. Luginbuhl's view was that the recommendation coincided well with the legislative timetable, since this law will expire in the fall of 1982. If the AHA comes out with a position paper in the summer of 1981, we would still have a period of several months to reassess our position and to ultimately testify when the legislation is under consideration.

Dr. Beering questioned whether the Board had found concerns in addition to those included in the agenda which ought to be addressed. Dr. Stemmler then indicated a concern with the intent of the document and whether or not we should state what it is that we support. The AAMC position has always been to support planning (with some reservations and recommendations for improvement).

The Board approved the recommendation contained in the agenda: that the Executive Council adopt a statement expressing the seven areas of major concerns as current AAMC general policy on the health planning program until the AHA's statement of principles document on this subject matter becomes available and may be evaluated in development of a more detailed formal AAMC position.

V. Due Process for House Officers

Medical student organizations have been concerned with due process for students for several years: an OSR Administrative Board subcommittee studying this reported its recommendations to the GSA Steering Committee at the annual meeting. Last fall, the AAMC was alerted to this issue as a problem in the graduate medical education area. A program director felt he needed to take some action with respect to a house officer and found, in his own institution, no well described procedures for doing so and thus sought our assistance.

After some research in AAMC files, it was found that we had collected house staff manuals in 1976. According to a review of those manuals, very few institutions had identifiable procedures for handling house staff grievances or setting out procedures for making and appealing adverse determinations.

It is the perception of the AAMC that there is a great deal of interest on the part of students and residents and it is possible that our institutions are not well-equipped to deal with this. This was brought before the Board to stimulate greater attention to this issue and to seek advice as to whether and how to alert our members to the problem.

Dr. Cooper asked for views of Board members as to how to address this matter and reported that it would also be discussed at the other Board meetings. Dr. Krevans suggested an alternative mechanism for dealing with this; that is, it would be appropriate for the AAMC to send out to its constituencies an analysis of the important features of the new Essentials, one of which could be the change in language which strengthens the due process stance.

VI. Draft Report of the Ad Hoc Committee on Competition

Dr. Robert Tranquada, chairman of the committee, presented this issue to the Board. He began by thanking the AAMC staff for their support and contributions to the work of the committee. After listing the other committee members, Dr. Tranquada explained the charges given to the committee: to assess the potential impact of price competition on teaching hospitals and medical education; to develop recommended AAMC policy on competition; and to identify alternative initiatives institutions might take in a price competitive market. The committee had addressed two of the three charges but had yet to develop a recommended AAMC policy.

In providing more background to the Board, Dr. Tranquada stated that it was apparent that none of its proponents had made a comprehensive analysis of the effects of competition on medical education. Those economists who had written or spoke on the subject had either ignored the effects of price competition on medical education or brushed it off as a secondary concern. Thus the committee was faced with those tasks.

Board members thanked Dr. Tranquada and his committee for the report and for Dr. Tranquada's elaboration on the report.

VII. Independent Research and Development

Dr. Thomas Kennedy introduced this topic which was covered in a handout to the Board. On January 2, 1981, the OMB published in the Federal Register a notice requesting comments (within 60 days) on a proposed revision of OMB Circular A-21 that would allow institutions to include in their indirect cost pools a charge for Independent Research and Development (IR&D), "limited to 1% of the modified total direct costs of sponsored research in the current accounting period." Allowable costs would be essentially those incurred by an institution for maintaining or improving its research capability and effectiveness.

The impetus for this came largely from research intensive universities that do a lot of business with the Federal agencies whose principle instrument of support is the research contract. The organizations which represent the university presidents have written to the OMB supporting this inclusion and have asked for the support of the AAMC. If the AAMC is unable to join in that support, the organizations request that the Association maintain a low-profile doing nothing to upset this attempt to secure funds that are equivalent in intent and purpose as the biomedical research support grant fund.

Dr. Kennedy explained that the AAMC is in a quandry as to what to support because indirect costs with most faculty members in our schools are a matter of great sensitivity. Faculty generally oppose further increases in indirect costs and interpret these as reductions in the funds available for research. Thus, if we oppose this we oppose the university presidents and their organizations; if we endorse it we may be splitting our own constituency.

After some discussion, Dr. Beering summarized the consensus of the Board by stating that in view of our experience as medical schools, we welcome programs like the BRSG as direct cost items, but because of accounting and audit procedures and rules and regulations on overhead, we do not support the approach suggested in the proposal. We would however recommend that other agencies consider a direct program of flexible support.

Finally, the Board recommended that there be a meeting with the university presidents soon to assist them in understanding our position.

VIII. GMENAC Response

Dr. Cooper began the discussion on this issue by reporting on the decision made at the AAMC Officers' Retreat: that the Association would prepare a response, but not an elaborate response, to the GMENAC Report. He stated that the AMA had commented on every item in the report while the proposed AAMC response was more modest. The AAMC draft commented on the problems in the methodology used, the impacts of the recommendations, and the important role of the private sector in continuing to monitor the changes. The objective was to avoid appearing strongly opposed or too critical of the report. The Board decided to go on record as expressing a low-key response to the report in line with the AAMC draft.

The OSR had a reservation regarding a sentence in the response. It was suggested that part of the sentence on the top of page 31 in the Executive Council agenda be changed to read: "...federal and state financial support of students enrolled in foreign medical schools..." With this rewording included, a motion was made, seconded, and passed to accept the proposed draft as the AAMC response.

IX. General Requirements Section of the Essentials of Accredited Residencies in Graduate Medical Education

Dr. Cooper began by explaining that the General Requirements had been in the process of development since 1976. Recently there was a meeting of the chief executive officers of the organizations involved and a number of recommendations which had been made by the residents were discussed. There were few substantive changes, but there was some improvement in the language expressing the requirement for "due process." The essentials still follow the general concepts of the philosophy of the AAMC. After the ACGME acts, the document will be referred to the Executive Council. This may occur by the March meeting.

X. Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal

On the basis of the actions of the GAO Report, a discussion paper was prepared for the Board and included in the agenda. The paper includes options to consider in implementing some of the views expressed by the GAO Report. The immediate problem to which this paper was addressed was the effort of foreign schools to establish their clinical programs in the United States hospitals (almost entirely without supervision). There is a concern as to the effect that this will have on the quality of patient care and education in this country. Mr. Keyes asked for views of Board members as to what action would be appropriate.

Dr. Moy reported that this was recently discussed at the meeting of the Illinois Council of Medical Deans. The state of Illinois is now getting some pressure to consider accrediting these foreign schools so that the Illinois hospitals can accept these students. A response in the form of a letter from the chairman of the Illinois Council of Medical Deans would be sent to the Governor and other agencies which are being pressured. There was also under consideration by the Illinois Council of Medical Deans a proposal to attract "Nader types" to look into this matter from a consumer perspective, analyzing the impact on the quality of health care. It was suggested that this approach would then generate enough publicity to flush it into the open for national public dialogue. Dr. Stemmler suggested that the AAMC seek ways of presenting its views and concerns in national publications to increase the public interest.

Dr. Beering proposed that there be a small ad hoc committee to study the GAO Report and to develop a position paper for further discussion. He then suggested that this item be included on the agenda for the next meeting. This would provide Board members with an opportunity for further consideration of this issue.

XI. Resident Moonlighting

Dr. Bentley addressed the resident moonlighting issue which appeared on the agenda for a second time. In September the item was on the agenda because Medicare had just changed their policy in response to court order, authorizing Medicare payment of a Part B fee to residents moonlighting either in the institution in which they were taking training or in another institution. Prior to the court ordered policy, a resident

could only earn Part B fees by moonlighting in an institution other than his training institution. At the September Executive Council meeting, a majority of members felt there should be an effort made to see if there was some way to get HCFA to return to its prior practice. After meeting with the Deputy Director of Program Policy for HCFA, Peter Bauxheim, Drs. Knapp and Bentley concluded that HCFA cannot stipulate that a resident can moonlight in some settings but not in others. Thus, if the Association wants to react to the recent court ordered policy, its only option would appear to be to work with its member institutions directly.

The agenda item included the current AAMC policy on moonlighting as well as the recommendation that this policy statement be distributed to our membership if it still reflects the position of the Association, describing the developments in the case in point. This would leave the decision to institutions and program directors to implement the moonlighting policy they choose to have at the local level. Dr. Bentley asked for views on whether or not this current policy should be distributed along with the elements of the Wichita decision. OSR representatives questioned whether or not the AAMC should reenunciate the broad policy on moonlighting.

It was decided by the Board to suggest no revisions in the policy at this time, leaving the matter to the Executive Council meeting later in the afternoon. It did concur that a description of the Wichita case would be sent to the full membership.

XII. OSR Report

Lisa Capaldini, OSR Chairperson, spoke briefly on two items. First, she gave the OSR nominations for three AAMC committees: JME, Flexner, and Women in Medicine. Second, she requested approval for OSR endorsement of the Document of Understanding of the Consortium of Medical Student Organizations. The consortium is a group of seven of the national medical student organizations. The document sets up a mechanism by which if all the groups agree on a particular topic, they could speak as a consortium in a more formal way. The purpose of this is an attempt to coordinate communication efforts among the student groups rather than be a policy generating group.

Mr. Keyes emphasized that appropriate consideration be given to the concern that the Document of Understanding would portray the OSR as acting independently of the AAMC. Organizationally, the OSR is a constituent part of the AAMC, not a separate student organization. For the OSR to identify itself as part of the consortium in "policy statements" is an action that could not be endorsed by the Association because it is fundamentally inconsistent with the organizational structure of the AAMC.

It was suggested that the consortium components discuss with their parent organizations the legal, organizational, and structural implications of such an approach.

XIII. Adjournment

The meeting was adjourned at 12:35 pm.

COD RULES AND REGULATIONS CHANGES

The Executive Committee has expressed its intention to propose changes in the AAMC Bylaws which would, in effect, codify and regularize the practices of the Council of Academic Societies and the Council of Teaching Hospitals with respect to membership on their respective Administrative Boards and the Executive Council of their Chairman-Elect and Immediate-Past-Chairman. The proposal discussed at the Officers' Retreat, and briefly at the January meeting of the Board, would make these two positions on each of the three constituent Councils and the Executive Council ex officio members of the Executive Council. The COD Rules and Regulations must be revised to conform with these changes. Several additional modifications are also proposed.

In recognition of the fact that this ex officio membership not only provides additional and desirable stability to the Administrative Board and Executive Council, but also has the effect of limiting the number of elective positions on the Board and thus limits "new blood" being brought into the organization, the proposed Rules and Regulations changes would provide for 3 rather than 1 members at large on the Board. These positions would continue to carry a one year term to permit maximum potential for turnover. These additions would bring the COD Board to a size comparable to those of the other constituent Councils.

Other changes in the Rules and Regulations include removing several anachronisms:

--the specification of a meeting with the AMA Congress on Medical Education;

--the requirement that groups meet on a regional basis at least once a year. In place of this requirement is a codification of the decisions regarding "sections" made over the past several years.

RECOMMENDATION

That the Administrative Board adopt the proposed Rules and Regulations changes and recommend their approval by the Executive Council.

COD RULES AND REGULATIONS CHANGES

Section 4. Officers and Administrative Board

a) The officers of the Council of Deans shall be a Chairman, a Chairman-Elect, *and Immediate-Past-Chairman.* The Chairman shall be, ex-officio, a member of all committees of the Council of Deans.

d) There shall be an Administrative Board composed of the Chairman, Chairman-Elect, *Immediate-Past-Chairman, and 3 other members* elected from the Council of Deans at the time of the Annual Meeting. It shall also include those deans who are elected as members of the Executive Council of the Association of American Medical Colleges.

Section 5. Meetings, Quorums, and Parliamentary Procedure

a) Regular meetings of the Council of Deans shall be held in conjunction with the AAMC Annual Meeting. ~~and with the AMA Congress on Medical Education.~~

c) ~~Regional meetings will be held at least twice annually as set forth in the Bylaws of the AAMC.~~

c) Subdivisions of the Council, consisting of deans who share a definable community of interest--whether geographic or with a subject matter focus--shall be called Sections of the Council of Deans. Sections ordinarily function as forums for the exploration of topics of common interest to members but of less than general interest to the Council as a whole. The AAMC will act as fiscal agent for the collection and disbursement of dues and/or registration fees for Sections and will otherwise facilitate their meetings and activities. Sections have no formal role in the governance of the Council or the AAMC.