COUNCIL OF DEANS/COUNCIL OF ACADEMIC SOCIETIES
JOINT ADMINISTRATIVE BOARDS MEETING

Wednesday, June 27, 1984

5:00 pm - 7:00 pm

Washington Hilton Hotel
Washington, DC

AGENDA

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I. The Use of Animals in Research 1

-- Guests: Charles R. McCarthy, Ph.D.
Director, Office for Protection from
Research Risks
NIH

John F. Sherman, Ph.D.
Vice President, AAMC
President, National Society for Medical Research

II. After dinner presentation:

"The Nashville Victims Education Program"
John Chapman, M.D.
Dean
Vanderbilt University
School of Medicine

COUNCIL OF DEANS
ADMINISTRATIVE BOARD MEETING

Thursday, June 28, 1984

9:00 am - 1:00 pm

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VI. OSR Report

VII. Old Business

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IX. Adjournment

CAS/COD JOINT ADMINISTRATIVE BOARDS MEETING

5:00 p.m., June 27, 1984
Conservatory Room, Washington Hilton

THE USE OF ANIMALS IN RESEARCH

Guests: Charles R. McCarthy, M.D.
Director
Office for Protection from Research Risks
NIH

John F. Sherman, Ph.D.
Vice President, AAMC
President, National Society for Medical Research

Discussion will center on:

- the current sociopolitical climate characterized by increasing efforts to restrict the use of animals in research
- recent NIH activities in education of scientists and the public and in examination of NIH policy on Laboratory Animal Welfare
- participation by scientists and scientific societies in efforts to minimize restrictions on animal research
- the Boards will have an opportunity to view a brief videotape prepared for public education by the California Biomedical Research Association

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The attached background paper details:

Legislative Initiatives
Current Regulations
NIH Initiatives
Scientific Community Initiatives

Appendix I contains proposed NIH/PHS policy for Laboratory Animal Welfare

THE USE OF ANIMALS IN RESEARCH

The last few years have seen a growing public interest in the use and treatment of laboratory animals in this country, as well as the emergence of groups of citizens completely opposed to research involving animals. These groups have generated a negative image about such research, calling it needless, redundant and a torture of animals. They question the medical value or the ethical justification of such research and some promote the idea that there are "alternative methods" for performing such research. Some activist groups have even raided research laboratories, the most recent example being last month at the University of Pennsylvania School of Medicine.

Gradually the scientific community has become convinced that these views represent a real threat to the continued ability to advance knowledge through studies using animals. Momentum is gathering to examine what NIH, research institutions and the community of biologic scientists should be doing to safeguard our ability to conduct needed research involving animals while assuring the public and Congress that our standards of care and research practices are as humane as possible. A summary of proposed legislation, current federal regulation and recent activities of NIH and the scientific community follows.

Current Legislative Initiatives

Public concern and influence, as well as the concern of members of Congress, have led to the introduction in the Congress over the last 10 years of numerous bills related to research animals. In addition, several congressional hearings have focused on this issue in the last two Congresses. However, since 1976, when the Animal Welfare Act was amended, no Federal laws have been enacted.

In general, legislators have continued to raise several generic questions.

- Are excessive numbers of animals used in research?

  --Are scientists and funding agencies making a sufficient attempt to seek research methods and models which do not require the use of animals?

  --Are attempts being made to reduce the number of animals used in research?

- Are Federal funding agencies providing adequate oversight of research that involves the use of animals?

  --Are research institutions and funding agencies appropriately examining proposals for the use of animals in research?

  --Is redundant research avoided, and is the current peer review of research projects sufficient to assure that unnecessary duplication of research does not occur?

  --Are the care, treatment, and use of research animals humane?

  --Is consideration being given by researchers to the need for research methods which are less painful to animals?

Several of the bills related to research animals that have been introduced in the 98th Congress attempt to respond to these questions.

- H.R. 2350, an NIH authorization bill passed by the House of Representatives in November 1983, contains several provisions concerning animal welfare:

  --requirement that the NIH Director establish a plan for research into, validation of, and training of scientists in methods which do not require the use of animals, require fewer animals than currently needed, or produce less animal pain than current methods;

  --requirements that the Secretary, through the NIH Director, establish guidelines for (a) proper care and treatment of research animals and (b) organization and operation of animal care committees, and that the NIH Director, by regulation, require of awardee institutions (a) assurances that they meet the guidelines and that training in humane practices is available to scientists and technicians and (b) a statement of the reasons for animal use;

  --authority for the NIH Director to suspend or revoke a grant in cases where an institution fails to comply with conditions after an opportunity for such compliance has been provided; and

  --requirement that the Secretary, through the NIH Director, arrange for a study (preferably by the National Academy of Sciences) of the use of live animals in NIH-funded biomedical and behavioral research (this is sometimes referred to as the "Madigan study").

- S. 773, an NIH authorization bill pending before the Senate, contains a provision (similar to one in H.R. 2350) requiring the Secretary to arrange for a study (preferably by the National Academy of Sciences) of the use of live animals in Federally funded biomedical and behavioral research (this is sometimes referred to as the "Hatch-Kennedy study").

- S. 657, an amendment to the Animal Welfare Act, currently pending before the Senate Agriculture Committee, would provide for improved standards for animal facilities; require animal research committees at all institutions, with membership and responsibilities specified; and provide for reporting to the Secretary of Agriculture, including demonstration that investigators have considered alternatives to the use of painful procedures ("Dole bill"; companion bill H.R. 5725, "Brown Bill").

- H.R. 5098, currently pending before the House Energy and Commerce Committee, would create a National Center for Research Accountability to provide comprehensive, full-text literature searches before Federal funding of any research project using animals, to assure that the proposed research is not unnecessarily duplicative of previous or ongoing research; require that the National Library of Medicine make available full-text articles, at reasonable cost, to medical libraries; and authorize funds for these activities and for the training of biomedical information specialists ("Torricelli bill").

Current Federal Policies on the Use of Animals in Research

Currently, the Animal Welfare Act, administered by the Secretary of Agriculture, and the Good Laboratory Practices Act, administered by the Food and Drug Administration (FDA), provide for regulations concerning the transportation, housing, and care of animals in laboratories. Under the Animal Welfare Act and its attendant regulations, animal facilities (whether used in federally funded research or not) are subject to periodic inspection by the USDA Animal and Plant Health Inspection Service (APHIS). (APHIS inspectors do not currently have authority over "research in progress".) Good Laboratory Practices Act regulations apply to nonclinical studies related to products regulated by the FDA, and are enforced through FDA inspection.

Since 1965, all PHS awardee institutions have also been required to file with NIH a statement that they are committed to follow the principles of the NIH Guide for the Care and Use of Laboratory Animals. The assurance that the guidelines will be followed is a condition of receipt of an award and failure to adhere to the guidelines could result in suspension or termination of awards for research involving animals.

Recent NIH Initiatives

The NIH is undertaking broad-based efforts to examine the issues, inform scientists about the public concerns and legislative pressures, educate scientists and research institutions about humane use of animals and reexamine its policies and guidelines. These efforts have included:

- a research animal welfare education program

  --a National Symposium on Imperatives in Research Animal Use, sponsored by NIH at the NAS, was held on April 11-12 which brought together scientists, philosophers and animal protection advocates to discuss a wide range of issues.

  --regional workshops for scientists and administrators at NIH-funded institutions, designed to promote understanding, acceptance, and implementation of the PHS animal welfare policy,

  --preparation of a guidebook for institutional animal research committees, to assist them and their institutions to understand their individual and joint responsibilities in implementing the PHS animal welfare policy,

  --collection and archiving of existing, and development of new, audio-visual materials concerning humane use of animals in research, and

  --preparation of printed material to explain the necessity for using animals in research and the measures used to ensure proper selection and appropriate use of animals.

- a series of workshops (sponsored by the National Academy of Sciences under contract with the NIH Division of Research Resources) on non-animal biomedical models, to ascertain both current activity and future possibilities for such model systems;

- a revision of the NIH Guide for the Care and Use of Laboratory Animals (to be completed, by the Institute for Laboratory Animal Resources of the National Academy of Sciences under NIH contract, in early 1985);

- a series of site visits to 10 NIH-funded institutions which use research animals was reported in the April 1984 issue of NIH Guide for Grants and Contracts;

- the NIH Director's Advisory Committee meeting of June 1, 1984 was devoted to discussion of these issues;

- the PHS/NIH policy on Laboratory Animal Welfare has been revised to incorporate many of the suggestions made by the public and in proposed legislation and put out for institutional and public comment by July 15, 1984.

Dr. McCarthy of OPRR/NIH will discuss these proposed changes at our meeting (proposed policy included as Appendix I, pp. 7).

Recent Initiatives in the Scientific Community

Individual scientists and scientific societies have become steadily more concerned about the need to convince the public and legislators at both a national and state/local level of the scientific necessity of using laboratory animals and the ability of the scientific community to insure that such research is done parsimoniously, appropriately and humanely.

Academic societies have become increasingly involved in educating their members about the seriousness of this issue and the public about the value of animal research. There are three independent associations devoted solely to these efforts. Since the 1940s the National Society for Medical Research (NSMR) has been increasingly active in efforts to educate the public and policy makers. The Association for Biomedical Research (ABR), formed recently, is a lobbying group devoted especially to resisting legislation or regulation related to transport of laboratory animals. Most recently, the Foundation for Biomedical Research has been founded to work on public education and to undertake fundraising for such education as one of its major tasks. In California, a highly successful statewide coalition of academic institutions, scientific groups and medical practice groups united to provide a public education campaign and to defeat (on May 30, 1984) a bill in the California legislature to prohibit research use of pound animals. This Coalition for Biomedical Research has recently prepared a public affairs videotape which we will view at the meeting as an example of the efforts needed.

Nationally, an effort to coordinate and communicate the work of individual societies led recently to an AAMC-AMA-APS sponsored Workshop on Animals in Research to which societies or associations prominent in their current efforts were invited. A plan to explore formation of a coordinating Coalition was approved and an ad hoc steering committee has begun meeting (attendees, Appendix II). Dr. John Sherman, who chairs this committee, will speak about the necessity of efforts by individual scientists, research institutions, scientific societies and the ad hoc coalition to support the use of animals in research.

Issues for Discussion

1. What is a reasonable position with respect to the proposed NIH animal welfare policy?

2. What is the appropriate institutional response to acts of violence against research laboratories?

3. What are appropriate roles for scientific societies and individual scientists in the present sociopolitical climate? Is a coalition of concerned societies a useful effort?

4. How can the scientific community become better organized at the state and local level to deal with proposed restrictions from this quarter?

APPENDIX I

NIH PROPOSED POLICY CHANGES

The National Institutes of Health recently issued proposed revisions to the Public Health Service animal welfare policy in an effort to "update" and refine the current procedures. Since almost half of NIH-supported grants and contracts involve the use of animals (primarily rodents), the revisions would significantly affect the biomedical research community. Specifically, implementation of the proposed policy would:

- strengthen the accountability between the institution and its animal facilities by requiring institutions to designate "a senior official" who would have ultimate responsibility for the activities of the animal facility.

- make mandatory the acceptance of the "Principles of the Care and Use of Laboratory Animals" and require institutions to state that they have "implemented the requirements of the 'Guide for the Care and Use of Laboratory Animals' (Guide) and are committed to implementing the recommendations of the Guide."

- reduce the number of compliance options available to an institution from three to two, and add additional requirements for those facilities not selecting the accreditation option.

- change the composition of the animal care committee. It would now be called an "animal research committee" (ARC) and would include as members: one person unaffiliated with the institution, one person who is not a scientist by primary vocation, one practicing scientist who is experienced in laboratory animal use, and one veterinarian.

- require ARCs to review and approve the care and use of animals in research applications and proposals that involve animals.

- create additional record keeping responsibilities on the part of the research facility.

Copies of the proposed policy have been widely circulated in order to encourage written comments on the changes by July 15th. The NIH has also scheduled three public hearings to give people the opportunity to comment orally on the policy. The hearings will be held on: July 19, 1984 in Kansas City, Missouri July 24, 1984 in Boston, Massachusetts; and August 2, 1984 in Seattle, Washington.

PROPOSED

PUBLIC HEALTH SERVICE

POLICY ON HUMANE CARE AND USE OF ANIMALS

BY AWARDEE INSTITUTIONS

I. INTRODUCTION

It is the policy of the Public Health Service (PHS) that before an institution receives a PHS award involving the use of animals the institution shall submit an Animal Welfare Assurance, acceptable to the PHS[1], stating that the institution will meet the requirements detailed below in Part I and that the institution (a) accepts as mandatory the Principles for the Care and Use of Laboratory Animals (Principles), (b) has implemented the requirements of the Guide for the Care and Use of Laboratory Animals (Guide) and is committed to implementing the recommendations of the Guide, and (c) is complying and will continue to comply with the Animal Welfare Act and all other applicable Federal statutes and regulations. Institutions and research investigators have primary responsibility for the humane care and use of animals involved in PHS-funded projects. Where the proposed work involves animals, no award will be made to an institution unless a responsible official of the institution has submitted, on behalf of the institution, an Animal Welfare Assurance acceptable to the PHS. Similarly, no award will b made to an individual unless that individual is affiliated with an institution whic holds an accepted Animal Welfare Assurance.

This policy is applicable to recipients of any PHS support for research, training, testing or other activities involving the use of animals, whether performed by the awardee institution or by any other institution. The PHS requires administrators and investigators of foreign institutions receiving PHS funds for research involving the use of animals to follow only the PHS Principles for the Care and Use of Laboratory Animals.

II. DEFINITIONS

A. Animal

Any live, vertebrate animal used or intended for use in research, experimentation, testing, training or related purposes. The current Guide (see definition below) does not include recommendations on facilities for cold-blooded animals; however, the Principles for the Care and Use of Laboratory

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[1] Assurances shall be submitted to the Office for Protection from Research Risk (OPRR), National Institutes of Health (NIH), Department of Health and Human Servic (DHHS). Bethesda, Maryland 20205.

Animals (see definition below) and this policy apply to all live vertebrates.

B. Animal Facility

Any building, room, area or vehicle designed or used to confine, transport, maintain or use animals, including satellite facilities. A satellite facility is any facility in which animals are housed for more than 24 hours outside the central facility.

C. Animal Welfare Act

Public Law 89-544, 1966, as amended, (P.L. 91-579 and P.L. 94-279) 7 U.S.C. 2131 et. seq. Implementing regulations are published in the Code of Federal Regulations (CFR), Title 9, Subchapter A, Parts 1, 2, 3 and 4, and are administered by the U.S. Department of Agriculture.

D. Assurance

Animal Welfare Assurance, the documentation on file wit (or submitted when requested by) the OPRR, from an awardee or a prospective awardee institution, assuring institutional compliance with this policy.

E. Guide

Guide for the Care and Use of Laboratory Animals, DHEW, NIH Pub. No. 78-23, 1978 edition or succeeding revised editions.

F. Institution

Any public or private institution, organization or agency (including Federal, state or local government agencies) in the United States, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

G. Principles

Principles for the Care and Use of Laboratory Animals (see below).

H. Responsible Institutional Official

An individual who bears final responsibility for the entire program of animal care and use at the institution, and who has the authority to sign the institution's assurance and to make a commitment on behalf of the institution that the requirements of the PHS policy will be met.

III. PRINCIPLES FOR THE CARE AND USE OF LABORATORY ANIMALS

A. The Personnel

1. Experiments involving live, vertebrate animals and the procurement of tissues from living animals for research must be performed by, or under the immediate supervision of, a qualified biological, behavioral, or medical scientist.

2. The housing, care, and feeding of all experimental animals must be supervised by a properly qualified veterinarian.

B. The Research

1. The research should be such as to yield fruitful results for the good of society and not random or unnecessary in nature.

2. The experiment should be based on knowledge of the disease or problem under study and so designed that the anticipated results will justify its performance.

3. Statistical analysis, mathematical models, or in vitro biological systems should be used when appropriate to complement animal experiments and to reduce numbers of animals used.

4. The experiment should be conducted so as to avoid all unnecessary suffering and injury to the animals.

5. The scientist in charge of the experiment must be prepared to terminate it whenever he/she believes that its continuation may result in unnecessary injury or suffering to the animals.

6. If the experiment or procedure is likely to cause greater discomfort than that attending anesthetization, the animals must first be rendered incapable of perceiving pain and be maintained in that condition until the experiment or procedure is ended. The only exception to this guideline should be in those cases where the anesthetization would defeat the purpose of the experiment and data cannot be obtained by any other humane procedure. Such procedures must be carefully supervised by the principal investigator or other qualified senior scientist.

7. Post-experimental care of animals must be such as to minimize discomfort and the consequences of any disability resulting from the experiment, in accordance with acceptable practices in veterinary medicine.

8. If it is necessary to kill an experimental animal, this must be accomplished in a humane manner, i.e., in such a way as to ensure immediate death in accordance with procedures approved by an institutional committee.

C. The Facilities

1. Standards for the construction and use of housing, service, and surgical facilities should meet those described in the publication, Guide for the Care and Use of Laboratory Animals, DHEW No. 78-23 (reprinted in 1980 DHEW 80-23), or succeeding editions or as otherwise required by the U.S. Department of Agriculture regulations established under the terms of the Animal Welfare Act (P.L. 89-544) as amended.

D. Transportation

1. Transportation of animals must be in accord with applicable standards and regulations, especially those intended to reduce discomfort, stress to the animals, or spread of disease. All animals being received for use as experimental subjects and having arrived at the terminal of a common carrier must be picked up and delivered, uncrated, and placed in acceptable permanent facilities promptly.

IV. IMPLEMENTATION BY AWARDEES

Before an institution is eligible to receive PHS support for projects in which animals are to be involved, the institution must submit to the Office for Protection from Research Risks (OPRR), Office of the Director, National Institutes of Health, an Animal Welfare Assurance acceptable to OPRR, stating that the institution will meet the requirements detailed in this policy and that the institution

- accepts as mandatory the Principles for the Care and Use of Laboratory Animals (Principles),
- has implemented the requirements of the Guide for the Care and Use of Laboratory Animals (Guide) and is committed to implementing the recommendations of the Guide, and
- is complying and will continue to comply with the Animal Welfare Act and all other applicable Federal statutes and regulations.

This policy does not affect applicable state or local laws or regulations which impose more stringent standards for the care and use of laboratory animals.

A. Animal Welfare Assurance

The Animal Welfare Assurance (assurance) shall be typed on the institution's letterhead and signed by a responsible institutional official who has the authority to make a commitment on behalf of the institution and who bears final responsibility for the entire program of animal care and use at the institution. OPRR will provide the applicant institution with necessary definitions, instructions, and an example of an acceptable assurance. Subsequent to the institution's submission of an assurance, OPRR will notify the institution as to the acceptability of the assurance. No project proposing to use animals will be supported, and no active PHS project will be permitted to continue, in the absence of an acceptable assurance. Significant changes in the status of an existing assurance, departures from information submitted in an annual report (see Option 2), or problems encountered in implementing this policy shall be reported immediately to OPRR. After reviewing changes or problems, OPRR may require renegotiation of the assurance or other appropriate actions. In any case each institution must submit a new and complete assurance to OPRR at least every 5 years.

1. Program for Animal Care and Use

The assurance must contain a description of the institution's program for animal care and use, designating:

a. appropriate lines of authority and responsibility for administering the program and ensuring compliance with this policy; and

b. the veterinarian(s) qualified in laboratory animal medicine who will be responsible for supervising the housing, feeding, and care and use of all animals.

2. Institutional Status

The assurance must include a statement indicating that the institution has adopted one of the following options:

Option 1 - The institution is fully accredited by the American Association for Accreditation of Laboratory Animal Care (AAALAC) or other accrediting body recognized by PHS2 and (a) accepts as mandatory the Principles for the Care and Use of Laboratory Animals (Principles), (b) has implemented the requirements of the Guide for the Care and Use of Laboratory Animals (Guide) and is committed to implementing the recommendations of the Guide, and (c) is complying and will continue to comply with the Animal Welfare Act and all other applicable Federal statutes and regulations.

An institution may not adopt Option 1 unless the institution has received full accreditation, by AAALAC or other accrediting body recognized by PHS, for all of its programs and facilities, including satellite facilities. An institution that has received provisional or probationary accreditation, or whose accreditation is revoked or is currently being withheld for any of its facilities, including satellite facilities, must select Option 2.

Option 2 - The institution has conducted a self-assessment (as described in the institution's assurance and annual reports) and the institution (a) accepts as mandatory the Principles for the Care and Use of Laboratory Animals (Principles), (b) has implemented the requirements of the Guide for the Care and Use of Laboratory Animals (Guide) and is committed to implementing the recommendations of the Guide, and (c) is complying and will continue to comply with the Animal Welfare Act and all other applicable Federal statutes and regulations.

Institutions covered by Option 2 must submit with the assurance and thereafter annually a report to OPRR. These reports will become a part of the assurance. Failure to submit an annual report may result in withdrawal by OPRR of the acceptance of the assurance.

Each report shall contain, at a minimum:

(a) a description of the nature and extent of the institution's adherence to the Principles and to the requirements and recommendations contained in the Guide;

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2 As of March 1984, the only accrediting body recognized by PHS is the American Association for Accreditation of Laboratory Animal Care (AAALAC).

(b) a description of deficiencies, if any, in the institution's adherence to the requirements and recommendations contained in the Guide;

(c) a plan of action, including a specified time frame, for correcting deficiencies described in "(b)" above;

(d) progress towards remedying deficiencies previously described in "(b)" above; and

(e) the Animal Research Committee's recommendations for changes or improvements as forwarded to the responsible institutional official and other appropriate institutional officials (see B. Functions of the Animal Research Committee).

Upon consideration of the annual report and the institution's implementation of its assurance OPRR may impose specific restrictions or requirements pertaining to the care and use of laboratory animals.

3. Animal Research Committee (ARC)

Each institution shall appoint an Animal Research Committee (ARC), sufficiently qualified through the experience and expertise of its members to maintain oversight of the institution's animal program, facilities and procedures, and to provide complete and adequate review of research activities involving animals conducted by the institution.

The assurance must include the names, position titles and credentials of the ARC members, the ARC chairperson, and the responsible institutional official (see definitions). The membership of the ARC shall include:

a. at least five members;

b. at least one Doctor of Veterinary Medicine who is responsible for supervising the housing, feeding, and care and use of all animals at the institution, and who has appropriate qualifying expertise in laboratory animal medicine (demonstrated either by certification from the American College of Laboratory Animal Medicine, or by other evidence of expertise determined by OPRR to be satisfactory);

c. at least one practicing scientist experienced in research involving animals;

d. at least one member whose primary vocation is in a nonscientific area; and

e. at least one individual who is not otherwise affiliated with the institution and is not a member of the immediate family of a person who is affiliated with the institution.

Changes in the membership of the ARC must be reported promptly to OPRR.

B. Functions of the Animal Research Committee

The Animal Research Committee (ARC) will be the principal advisory group on humane care and use of animals to the institution and to researchers who use animals. The ARC is the appropriate body for resolving concerns involving the care and use of animals brought to the attention of the committee by veterinarians, researchers, animal caretakers or others. As necessary, the ARC will recommend to the responsible institutional official and other appropriate institutional officials, changes and improvements regarding the institution's animal program or facilities. Annual reports to OPRR (required under Option 2 only) must include any committee recommendations as forwarded to the responsible institutional official.

The ARC or the ARC Doctor(s) of Veterinary Medicine in conjunction with the ARC must be prepared to alter or to suspend a research activity whenever either of them determines that the activity is not in compliance with this policy. The ARC has responsibility to terminate the research activity if it determines that the activity cannot be brought into compliance with this policy.

In the conduct of its duties, the ARC at a minimum shall:

1. review annually the institution's program for humane animal care and use;

2. inspect annually all of the institution's animal facilities, including satellite facilities;

3. review and approve the care and use of animals as set forth in applications or proposals when PHS funds are requested (see C. Review of PHS Research Applications and Proposals);

4. review and approve proposed changes in ongoing research funded by PHS which introduce significant concerns regarding the use of the animals involved, or when animal studies were not originally proposed and approved by the ARC; and

5. when requested by PHS, review specific animal welfare issues identified during the PHS review process.

C. Review of PHS Research Applications and Proposals

Review and approval of the care and use of animals as set forth in all applications or proposals is required. However, unless one of the categories listed below pertains, the review may be conducted by the chairperson of the ARC, or another member of the ARC designated by the chairperson and qualified to conduct the review.

The care and use of animals as set forth in applications and proposals must be reviewed at a convened meeting of at least a majority of the full membership of the ARC and must be approved by a majority of the full membership whenever a research activity would:

1. include the use of nonroutine or harmful invasive procedures; or

2. include prolonged restraint; or

3. require the use of animals that have a serious natural or experimental disease and which would be maintained in that state for an extended period of time; or

4. propose methods of euthanasia that differ from those recommended by the American Veterinary Medicine Association (AVMA) Panel on Euthanasia[3]; or

5. involve any animal procedure or use which is stipulated by the ARC or by OPRR as requiring ARC review and approval.

The ARC shall approve the application or proposal only when the care and use of animals has been reviewed and found to comply with this policy and with the conditions of the institution's assurance. The ARC may not have a member participate in the ARC's review or approval of a project in which the member has a conflicting interest (e.g., the principal investigator for the project), except to provide information requested by the ARC.

An ARC may invite ad hoc technical consultants with competence in special areas to assist in the review of complex issues which require expertise beyond or in addition to that available on the ARC. These ad hoc consultants may not vote with the ARC.

Verification of approval by the ARC shall be indicated by the signature of the responsible institutional official on the face page of the application or proposal. OPRR will ask institutions that do not have an acceptable assurance on file to submit verification of approval after the institution has complied with an OPRR request to submit an assurance and establish an ARC (see D. Information Required in Applications and Proposals Submitted to PHS).

D. Information Required in Applications and Proposals Submitted to PHS.

1. All Institutions

Applications and proposals submitted to PHS that involve the care and use of laboratory animals shall contain the following information:

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[3]Journal of the American Veterinary Medical Association (JAVMA), 1978, Vol. 173, No. 1, pp. 59-72.

a. identification of the species and number of animals to be used;

b. rationale for involving animals, and for the appropriateness of the species and numbers to be used;

c. a complete description of the proposed use of the animals;

d. assurance that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research, and that analgesic, anesthetic, and tranquilizing drugs will be used where indicated and appropriate to minimize discomfort and pain to animals; and

e. if euthanasia is to be involved, a description of the method to be used.

2. Institutions Which Have an Acceptable Assurance

Applications and proposals involving animals from institutions with an acceptable assurance on file with OPRR shall contain verification of approval by the ARC, indicated by the signature of the responsible institutional official on the face page of the application or proposal. PHS will consider applications or proposals incomplete if they lack verification of approval. If verification of approval is not received at the time of submission to PHS of a grant application or contract proposal, the application or proposal may be returned to the institution.

3. Institutions Which Do Not Have an Acceptable Assurance

Applications and proposals involving animals from institutions that do not have an acceptable assurance on file with OPRR shall contain a declaration that the institution will establish an ARC and submit an assurance upon request by OPRR. After such assurance has been accepted by OPRR, the ARC (or appropriate ARC member) shall review and approve the care and use of animals in the research. The responsible institutional official must submit, by letter, verification of approval of the proposed care and use of animals in the research by the ARC before an award will be made.

E. Recordkeeping.

The awardee institution shall maintain:

1. an Animal Welfare Assurance approved by the PHS;

2. minutes of ARC meetings, including records of attendance, activities of the committee, and committee deliberations;

3. records of applications, proposals and proposed changes in ongoing research reviewed and approved or disapproved;

4. records of ARC recommendations as forwarded to the responsible institutional official; and

5. records of accreditating body determinations.

All records shall be maintained for at least 3 years. Records that directly relate to applications, proposals, and proposed changes in ongoing research reviewed and approved by the ARC shall be maintained for at least 3 years after completion of the research. All records shall be accessible for inspection and copying by authorized OPRR or other PHS representatives at reasonable times and in a reasonable manner.

V. IMPLEMENTATION BY PHS

A. Responsibilities of the OPRR.

OPRR is responsible for the general administration and coordination of this policy and will:

1. request and approve Animal Welfare Assurances and related reports;

2. distribute to executive secretaries of initial review and technical evaluation groups, and to PHS awarding units, lists of institutions that have filed an acceptable Animal Welfare Assurance;

3. advise awarding units and awardee institutions concerning the implementation of this policy; and

4. evaluate allegations of noncompliance with this policy.

B. Responsibilities of PHS Awarding Units

PHS awarding units may not make an award for a project involving animals unless the institution submitting the application or proposal is on the list of institutions that have an acceptable assurance on file with OPRR, and the responsible institutional official has provided verification of approval by the ARC. If an institution is not listed, the awarding unit will ask OPRR to negotiate an assurance with the institution before an award is made. No award shall be made until the assurance has been submitted by the institution, accepted by OPRR, and the responsible institutional official has provided verification of approval, by the ARC, of the care and use of animals as set forth in the application or proposal.

No initial, competing continuation, or recompeting award will be made if the application or proposal does not satisfy the terms of this policy.

C. Conduct of Special Reviews/Site Visits

Each awardee institution is subject to a special review, which may include a site visit, when questions are raised regarding its compliance with this policy. Institutions covered by Option 2 may be selected at random for site

visits by PHS staff and advisors to assess the adequacy of compliance with their assurance, but institutions that are covered by Option 1 will not be subject to such random site visits.

D. Waiver

Institutions may request a waiver of a provision or provisions of this policy by submitting a request to OPRR. No waiver will be granted unless sufficient justification is provided and the waiver is approved in advance and in writing by OPRR. In any event, such waivers will be granted only in exceptional circumstances.

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INVITEES

April 27-28, 1984
AMA/APS/AAMC Meeting
on
Animals in Research

AMERICAN CANCER SOCIETY

AMERICAN COLLEGE OF SURGEONS

AMERICAN FARM BUREAU FEDERATION

AMERICAN FEDERATION FOR CLINICAL RESEARCH

AMERICAN HEART ASSOCIATION

AMERICAN INSTITUTE OF BIOLOGICAL SCIENCES

AMERICAN MEDICAL ASSOCIATION

AMERICAN PHYSIOLOGICAL SOCIETY

AMERICAN PSYCHOLOGICAL ASSOCIATION

AMERICAN SOCIETY FOR CELL BIOLOGY

AMERICAN SOCIETY FOR MICROBIOLOGY

AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS

ASSOCIATION FOR BIOMEDICAL RESEARCH

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ASSOCIATION OF AMERICAN UNIVERSITIES

ASSOCIATION OF PROFESSORS OF MEDICINE

CALIFORNIA BIOMEDICAL RESEARCH ASSOCIATION

COUNCIL OF STATE GOVERNMENTS

FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

HEALTH INDUSTRY MANUFACTURERS ASSOCIATION

MASSACHUSETTS GENERAL HOSPITAL

MASSACHUSETTS SOCIETY FOR MEDICAL RESEARCH

MICHIGAN SOCIETY FOR MEDICAL RESEARCH

NATIONAL ASSOCIATION OF STATE UNIVERSITIES AND LAND-GRANT COLLEGES

NATIONAL SOCIETY FOR MEDICAL RESEARCH

PHARMACEUTICAL MANUFACTURERS ASSOCIATION

SOCIETY FOR NEUROSCIENCE

Observers:

INSTITUTE OF LABORATORY ANIMAL RESOURCES

INSTITUTE OF MEDICINE

association of american medical colleges

JOHN A. D. COOPER, M.D., PH.D.
PRESIDENT

202: 828-0460

May 29, 1984

Dear :

Enclosed you will find summaries of the workshop reports and the discussion that followed the presentations of those reports at the April 27-28 meeting in Washington on the use of animals in research, testing and education.

As suggested at that meeting, an ad hoc steering committee has been established consisting of representatives of:

American College of Surgeons
American Heart Association
American Medical Association
American Physiological Society
American Society for Cell Biology
American Society for Microbiology
Association for Biomedical Research/Foundation for Biomedical Research
Association of American Medical Colleges
National Society for Medical Research
Pharmaceutical Manufacturers Association

That committee met on May 23 to initiate discussions about the planning and implementation of future cooperative activities. Various organizational models were also discussed. While no model was selected, it was agreed that no new bureaucratic, formal organization was either desirable or necessary. A survey will be initiated in the near future of those organizations represented at the April meeting in order to gain some approximation of the degree of commitment, resources and nature of activities currently under way. The ad hoc committee has begun drafting papers on strategies to be considered and on proposals for the organizational format of a coalition of concerned organizations. Those papers will be mailed to you and others who attended the April meeting within the next few weeks for your consideration. Additionally, a resolution is being prepared on the importance of animals for research, testing, and education, which hopefully will be adopted eventually by a large number of organizations. Another meeting of the Steering Committee is scheduled for June 29, and information will be provided to you as to the nature of discussions held at that meeting.

Thank you for your continued interest and your willingness to consider collective activities. If, on further reflection, you have any suggestions or comments stimulated by the summaries or the nature of the April meeting, please don't hesitate to contact us.

Sincerely yours,

John F. Sherman, Ph.D.
Vice President

Enclosures

SURVEY OF FACULTY PRACTICE PLANS

The recent inauguration of the Prospective Payment System together with substantial legislative momentum directed toward modifying the system for reimbursement of physician services has created a significant interest in the academic community in the subject of faculty practice plans. On the one hand, there is concern with the technical aspects of the reimbursement system and the rules governing the nature and extent of compensation. Faculty physicians and business managers wish to assure that the system itself does not disadvantage them and to assure that their own appropriate compliance with the rules permits maximum recovery. On the other hand, there is concern that this new focus on the financial aspects of clinical practice in academic medical centers may be diverting attention from the educational, research and public service missions of the institutions.

The AAMC has conducted studies and surveys of medical practice plans in the past, but has not undertaken a significant initiative in this arena since 1980. The attached questionnaire is intended to provide updated information for the Association and its members and to identify issues for further study.

The questionnaire consists of two parts, the first asks six brief questions which are intended primarily to update previous information and to provide a context for the questions which follow. It will permit the classification of each institution's plan into appropriate categories and will make more meaningful the deans' responses to Part II. The second part of the questionnaire is designed to stimulate the deans to identify for the Association key policy and operational issues with respect to their faculty practice plans, to address the subject of potential or developing conflicts with the academic mission of the institution, and to report on pressure from the faculty to change the form, structure or governance of the plan.

Finally, the questionnaire would provide the Association with an identification of both the practice plan business managers and the chairman of the policy setting board or committee responsible for the plan. This information will permit the Association to engage in appropriate follow-up action that may emerge from the responses to the other questions.

RECOMMENDATION: That the Administrative Boards provide comments and suggestions on the survey instrument.

Part I -- Classification of Practice Plans

1. Please indicate the circumstances which best describe the practice arrangements at your institution.

____ There is no practice plan at the institution.

____ There is a single institutional practice plan with a membership requirement for some or all of the clinical faculty.

____ There are departmental practice plans in some or all clinical departments.

____ There are several plans, some or all of which involve more than one department.

____ Other (please explain).

2. What manner of organization best describes the plan at your institution?

____ The practice plan is an organizational unit of the medical school.

____ The practice plan is a formally independent, non-profit entity, but controlled in effect by the medical school administration.

____ The practice plan is a formally independent, non-profit entity, actually independent of the medical school administration.

____ The practice plan is a collection of non-profit entities, organized by department.

____ The practice plan is an independent, for-profit corporation.

____ The practice plan is a collection of for-profit entities, organized by department.

____ The practice plan is an organizational unit of an affiliated teaching hospital.

____ Other (please explain).

3. What circumstances best describe the nature of individual physician compensation through the medical service plan?

____ Compensation is generally stable from year to year regardless of individual practice plan earnings.

____ Compensation gradually increases/decreases in accordance with a long term trend in individual practice plan earnings.

____ Compensation varies directly according to the current year's individual practice plan earnings.

____ Compensation varies directly according to the previous year's individual practice plan earnings.

4. Is a portion of the practice plan income, other than an institutional service charge, provided to the dean?

____ Yes, with no restrictions on the purposes for which the funds may be used.

____ Yes, with some restrictions on the purposes for which the funds may be used.

____ No.

5. Is a portion of the practice plan net income (after clinical salaries are paid) distributed to the department?

____ Yes, with no restrictions on the purposes for which the funds may be used.

____ Yes, with some restrictions on the purposes for which the funds may be used.

____ No.

6. Is it the practice of your institution or any clinical department within it to include practice earnings in the salary base used to compute fractional income charged to NIH research grants?

____ Yes.

____ No.

Part II -- Deans Opinionnaire

1. Please name the two most significant policy issues confronting your institution with respect to the faculty practice plan(s):

   1.

   2.

2. Please discuss operational issues you are now confronting which you believe would be of interest or significance to your colleagues and the membership of the AAMC:

   1.

   2.

3. Do you perceive a developing conflict with the academic mission of your institution resulting from the operation of the faculty practice plan? Please describe in detail:

4. Are you experiencing pressures from members of the clinical faculty to change the form, structure, or governance of the plan? Please specify and give your view of why the change is being sought.

5. Please provide us the names of the:

   a. Practice Plan Manager -

   _____
   Name

   _____
   Title

   _____
   Telephone number

   b. Chairman of the policy setting board or committee responsible for the direction of the faculty practice plan -

   _____
   Name

   _____
   Title

   _____
   Telephone number

1986 COD SPRING MEETING LOCATION

The recent poll of the membership of the Council of Deans regarding preferences for the 1986 Spring Meeting location resulted in an expression of 43 for Hawaii, 38 for Florida, and three stating no preference. Thus, it appears that while there is no overwhelming majority for Hawaii there is substantial interest on the part of the membership. Under these circumstances it appears that the appropriate course of action would be for the Administrative Board to review all of the factors and make an appropriate decision rather than allow this narrow margin to be determinative.

The attached pages provide relevant details on each of the sites in Hawaii and Florida that have reserved dates for us. The Florida sites represent a wide geographic diversity; should the Board select Florida, our recommendation is that we select either Ocean Reef or Amelia Island. This recommendation is based on the greater certitude regarding weather and our overall assessment of their suitability.

Should we select Hawaii, our recommendation is the Wailea Beach Resort. This is based not only on our own assessment from the promotional materials and discussions with the hotel staff, but the endorsement of Dr. Terry Rogers and his staff at the University of Hawaii.

The Board should also consider the time and cost involved in the additional travel for all but those from the West Coast. Also relevant is the fact that the selection of this western site immediately after the Cottonwoods/Scottsdale meeting in 1985 interupts our traditional rotation between the east and west coasts sites. In this regard it should be noted that the Annual Meeting sites are:

1984 - Chicago
1985 - Washington, DC
1986 - New Orleans
1987 - Washington, DC
1988 - Chicago
1989 - Washington, DC
1990 - San Francisco

Time and cost factors are set out below:

Departure From	Travel Time and Current Costs
East Coast	13 hrs. - There are no direct flights to Maui from the East Coast. Therefore, it is necessary to include travel time for connections from East coast locations. Connections can be

made through Chicago, Dallas, Los Angeles, and San Francisco.

Excursion Cost: Tues/Wed. Departure
- $500 Roundtrip

Coach Cost: Sat/Sun. Departure
- $1380 Roundtrip

(Flight example: DEP 7:25 am DC/ARR 10:50 am LAX
DEP 11:30 am LAX/ARR 2:00 pm Maui)

Midwest — 11 hrs. - Excursion Cost: Tues/Wed. Departure
- $500 Roundtrip

Coach Cost: Sat/Sun. Departure
- $1380 Roundtrip

(Flight example: DEP 8:40 am Chicago
ARR 2:10 pm Maui)

West Coast — 6 hrs. - Coach Cost: Mon/Sun. Departure
- $380 Roundtrip

(Flight example: DEP 11:30 pm Los Angeles
ARR 2:00 pm Maui)

(Convention airfares can be negotiated with specific airlines at a 30% discount from the regular coach fare.)

Dr. Allen Mathies, Dean, University of Southern California, has expressed an interest in facilitating the selection of the Hawaii site and is preparing a proposal for consideration by the Administrative Board. At the time the agenda was printed we did not receive this material but will mail it to you in advance of the meeting if possible.

RECOMMENDATION: That the COD Administrative Board consider the relevant factors and select a site for the 1986 COD Spring Meeting.

FEATURES	Amelia Island Plantation Jackonsville, Florida	The Ocean Reef Club Key Largo, Florida	Inter-Continental Hotel & Spa at Bonaventure Ft. Lauderdale, Florida	Saddlebrook Wesley Chapel (Tampa), Florida
ACCESSIBILITY	Located 29 miles northeast of Jacksonville International Airport; private airport on Amelia for charter and private planes	Located 50 miles south of Miami Int'l Airport; a privately owned community closed to the public--surrounded by ocean	Located 25 minutes from Ft. Lauderdale Airport; 40 minutes from Miami International Airport; 20 minutes to ocean beaches	"Walk-to-Everything" resort located 25 minutes north of Tampa Int'l Airport; clustered within distance of all amenities; 30 minutes to ocean beaches
LIMO SERVICE	Jacksonville Airport - $13/one-way	Miami Int'l Airport - $20/one-way	Ft. Lauderdale Airport - $9/one-way Miami Int'l Airport - $12.50/one-way	Tampa Int'l Airport - $10/one-way
ACCOMMODATIONS	500 inn/villa rooms--located on 900 acres with unspoiled beaches surrounded by lagoons and marshland; meeting facilities accommodate up to 500	200 hotel/inn rooms--isolated on 4,000 acres w/ the Atlantic on one side, Card Sound to the West and the natural islets and vegetation of the Keys both North and South	600 guest rooms--amidst lake and woods in Florida's countryside; meeting facilities accommodate up to 800	450 Condominium guest suites; located on 330 acres of woods and gardens; meeting facilities can accommodate up to 650
AMENITIES	Three-9 hole golf courses; 21 tennis courts w/ night play; 4 miles of beach; two pools; fishing; bicyling; paddle boats; sailing, & volleyball	Three-18 hole golf courses; 15 tennis courts w/ night play; fishing; sailing; bicycling; volleyball; pool; stretches of beach which include scuba diving, snorkeling and scheduled recreational activities	Two-18 hole golf courses; complete spa facilities; 23 tennis courts w/ night play; horseback riding; racquetball; fitness trails; squash and 3 swimming pools	One-18 & 9 hole golf coures; 15 tennis courts w/ night play; two pools; complete spa facilities fishing and boating
RESTAURANTS	Three - gourmet/casual; two snack shops; two lounges & room service; lounges	Four restaurants - gourmet/casual; three snack shops and lounges	Four - two at resort/gourmet & garden restaurants; two at golf clubs/casual; snack shops; room service	Four - gourmet/casual; snack shops lounges; health bar
COST	Single/dbl Inn rooms - $118/dy w/ parlor - $25 add'l/dy Villas: 1-bdrm - $173/dy 2-bdrm - $210/dy 3-bdrm - $243/dy (1984 rates w/ ≤ 10% increase for 1986)	Single/dbl hotel rooms - $130/dy Suites: 1-bdrm - $135/dy 2-bdrm - $140/dy (1985 rates w/ ≤ 10% increase for 1986)	Single hotel rooms - $100/dy Double hotel rooms - $125/dy Suites 1-bdrm - $190/dy 2-bdrm - $275/dy (1986 rates, guaranteed)	Single/Dbl hotel rooms - $116/dy Suites: 1-bdrm - $136/dy 2-bdrm - $204/dy (1985 rates w/ ≤ 10% increase for 1986)
LOCAL ACTIVITIES	Downtown Jacksonville a 45 minute drive; St. Augustine--America's oldest city--historical & boutiques	Miami is an hour drive; local community activities provide deep-sea fishing; shopping; excursions to the Vizcaya Museum and Gardens	Boating & beaches of Ft. Lauderdale; Jai-alai; sailing; fishing; scuba diving; Worth Avenue & Galleria Shopping Malls	Beaches less than 1 hour away; Busch Gardens minutes near-by; nature walks; sunken gardens; Disney World; Cypress Gardens; and Sea World
STATUS	Tentatively holding rooms for April 1-5, 1986	Tentatively holding rooms for April 1-5, 1986	Tentatively holding rooms for April 15-19, 1986	Tentatively holding rooms for April 1-4, 1986

FEATURES	The Sandestin Beach Hilton Destin, Florida	Stouffer's Wailea Beach Resort Wailea, Maui	Inter-Continental Wailea Wailea, Maui	Maui Surf Kaanapali Beach, Maui
ACCESSIBILITY	Located on a 1,500 acre resort development on the gulf; serviced by three major airports: Ft.Walton-30 min; Panama City-50 min; and Pensacola-70 min.	Located 25 minutes from Kahului Jet Airport (Maui); 20 minutes by jet from Honolulu Airport; located on the leeward shore of Maui at the base of Mount Haleakala	Located 30 minutes from Kahului Jet Airport (Maui); 20 minutes by jet from Honolulu Airport; located on the leeward shore of Maui	Located 30 minutes from Kahaluli Airport (Maui); 20 minutes by jet from Honolulu Airport; located on the Kaanapali Beach Resort
LIMO SERVICE	Ft. Walton Airport - $12.00/one-way Panama City Airport- $30.00/one-way Pensacola Airport - $35.00/one-way	Kahului Aiport - $8.50/one-way/limo $23.00/ " " /taxi	Kahului Airport - $8.50/one-way/limo $23.00/ " "/ taxi	Kahului Airport - $10.50/one-way (limo) $30.00/one-way (taxi)
ACCOMMODATIONS	400 suites--directly overlooking the gulf beaches; all rooms include kitchen and a private patio area; meeting facilities accommodate up to 800	350 guest rooms--with ocean, garden mountain and beachfront view; surrounded by beach and a 15 acre tropical garden; meeting facilities accommodate up to 400	600 guest rooms--with both ocean and mountain views; amidst ocean-front gardens and beaches	550 guest rooms--majority of the rooms oceanview; surrounded by beaches and tropical gardens
AMENITIES	Three-18 hole golf courses; 24 tennis courts; 2 pools/indoor; sailing; windsurfing; saunas; miles of beach	Two-18 hole golf courses; 14 tennis courts; pool; sailing; snorkeling; windsurf; scuba diving; bicycling; fitness trails; horseback riding; jacuzzi	Two-18 hole golf courses; 14 tennis courts incld. 3 grass courts; two pools; sailing; snorkeling; scuba diving; bicycling; horseback riding	Two-18 hole golf courses; 3 tennis courts; two pools; sailing; snorkeling; scuba diving; bicycling and fitness trails
RESTAURANTS	Two at hotel; three additional on the resort property/gourmet-casual; lounges and snack shops; and 24 hour room service daily	Three at resort - gourmet/casual; six add'l in walking distance; snack shops; lounges and room service daily	Four at resort - gourmet/casual; six add'l in walking distance; lounges; snack shops; and room service	Five at resort - three gourment, two breakfast and lunch only; three lounges; snack shops; and room service
COST	Single/dbl Suites - $86/dy Deluxe Suites - $150/dy (1985 rates ≤ 10% increase for 1986)	Single/dbl hotel rooms - mountain views - $105/dy garden views - $120/dy ocean views - $125/dy beachfront - $195/dy Suites: 1-bdrm; 2-bdrm/$325-600/dy (1985 rates w/ $15 increase for 1986)	Single/dbl hotel rooms - $95/dy ocean views - $125/dy Suites: junior 1-bdrm - $220/dy family 1-bdrm - $327/dy (1986 rates guaranteed)	Single/dbl hotel rooms - standard - $85/dy superior - $100/dy deluxe - $120/dy Suites: 1-bdrm; 2-bedrm/$275-400/dy (1986 rates guaranteed)
LOCAL ACTIVITIES	Deep sea fishing; shopping at Destin villages and Baytown Resort; sailing; snorkeling; scuba diving; nature walks	Cruises of islands; nature excursions to mountains/volcanos; deep sea fishing; skiing; shopping; whale-watching	Nature hikes; island cruises to the tropical gardens and volcano parks; deep sea fishing; skiing; shopping; whale-watching	Tours by glassbottom boats; island cruises of moutains and tropical gardens; whale-watching; fishing; shopping at arcade; helicopter tour
STATUS	Tentatively holding rooms for April 15-19, 1986	Tentatively holding rooms for April 1-5, 1986	Tentatively holding rooms for April 1-5, 1986	Tentatively holding rooms for April 1-5, 19

COD ROSTER

The COD Roster distributed in conjunction with the nominating committee's advisory ballot stimulated much interest and discussion at the COD Spring Meeting. It provided a mechanism for several deans to demonstrate that they had not been called upon to be of service to the Association. One suggestion that seemed to have widespread endorsement was that the roster would be more useful if it contained several additional pieces of information. While the inclusion of each dean's specialty can be accommodated administratively, the addition of other items of personal information, such as areas of interest, experience, and personal involvement in organizations of relevance to the AAMC and colleague deans would appear to require a submission from each dean, perhaps annually.

The Department of Institutional Development is currently working with the Association's Computer Services to develop a coordinated database containing deans' biographical information. This database will permit the simultaneous updating of mailing lists, dean source book, regional distribution, and biographical data. It will also permit the Association to update Dr. Marjorie Wilson's tracking of deans' career patterns. With appropriate additions, the database could also be used as a source for the annual production of the "COD Roster," which the deans found of particular interest at the Spring Meeting. The attached questionnaire is the first draft of an instrument to acquire the additional information from each dean.

RECOMMENDATION: That the COD Administrative Board discuss, critique, and advise the staff on the construction of the questionnaire.

COD ROSTER QUESTIONNAIRE

1. Please list national or local activities or organizations, study groups, or task forces which are of interest or relevance to your colleagues or the AAMC:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

2. Please identify your areas of interest or experience of relevance to your colleagues and the AAMC in the following areas:

a) Research: _____

_____

b) Public policy: _____

_____

c) Management of expertise on: _____

_____

d) Other: _____

_____

3. Please attach a current Curriculum Vitae to assist in the updating of the COD Roster and Biographical Database.

_____
Name

_____
Institution

(All responses will be published annual in the COD Roster Booklet)

NATIONAL IDENTIFICATION PROGRAM

FORUM FOR WOMEN

At its last meeting the Council of Deans Administrative Board agreed that the AAMC and the American Council on Education should co-sponsor a National Identificaton Program Forum for Women. The goal of the forum is to provide an opportunity for approximately 20 women in academic medicine to meet with deans, vice presidents, and other officials who could advance their careers through discussion, counseling, and recommendation.

It is suggested that the male panelists be chosen first from among the members of the COD Administrative Board who are able to participate, and that any remaining slots be filled from the attached list as augmented by Board nominees. To identify the women participants, staff proposes that a letter be sent to medical school deans inviting them to nominate one or two women from their institution as possible participants in the forum. The Board should consider whether self-nomination and staff nominations will be allowed. Actual participants for the forum would be chosen by a three member selection committee from the Council of Deans appointed by the Chairman. The Board should also consider whether any specific eligibility criteria related to degree or other factors should be established and specified in the letters asking for nominations.

A draft letter to the members of the Council of Deans is attached for review and comment. It is proposed that the letter be sent by the end of July and that nominations be submitted by September 1. Then the selection committee could meet in conjunction with the next Administrative Board meeting. The forum is planned for February.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #84- Date

TO: Council of Deans

FROM: John A. D. Cooper, M.D., President

SUBJECT: National Identification Program Forum for Women

For several years the American Council on Education has sponsored a series of National Identification Forums for the Advancement of Women in Higher Education Administration. Under this program workshops are arranged to put talented women in contact with one another and with high level men administrators. At its April meeting the COD Administrative Board gave enthusiastic support for the Association of American Medical Colleges to co-sponsor such a forum for women in medical academia on Febuary 7 and 8, 1985, and we are asking your help in identifying potential women participants.

The 1-1/2 day forum will be fairly structured, and will include sessions broadly dedicated to the discussion of national issues, institutional issues, and personal development and advancement. During these discussions the men panelists meet the women, learn about their talents and knowledge, and, it is hoped, return to their institutions with a new list of women whom they might consider for positions in their own institutions or recommend to

colleagues and search committees seeking candidates for top level positions in medical and university academic administration.

We hope you will nominate as possible participants one or two women from your institution whom you believe are good candidates for advancement in academic medicine. Although the women may not at present be ready to be considered for deanships, they should be individuals who, in your judgment, might some day wish to consider that career step. In planning this first forum, the Administrative Board has decided that the following criteria should apply to all nominees: (to be discussed at Board meeting).

Please submit c.v.s for your nominees no later than September 1, 1984 to:

Kathleen S. Turner
Special Assistant to the President
Association of American Medical Colleges
1 Dupont Circle, N.W., Suite 200
Washington, D. C. 20036

A selection committee will meet in mid-September to make final recommendations on forum participants, and those selected will be notified directly about the forum.

Possible Invitees for National Indentification Program Forum

Harry Beaty

Steven Beering

Stuart Bondurant

David Challoner

William Danforth

Marvin Dunn (San Antonio)

John Eckstein

Leo Henikoff

John Hogness

John Jones

Donald Kennedy

Julius Krevans

Richard O'Brien

Richard Reynolds

John Sandson

Donald Weston

COUNCIL OF DEANS - ISSUES IDENTIFICATION

Background

The past twenty years have been a period of remarkable growth for medical schools: a fifty percent increase in the number of institutions, a 100 percent increase in medical school enrollments, and a 300 percent growth in the number of full-time faculty. Financial support of U.S. medical schools (1960-61 through 1981-82) has grown over 500 percent, from $436 million to $2,351 million. The proportion from tuition and fees has remained constant at six percent, while state and local support has risen from 17 percent to 22 percent. The most dramatic shift has been a rise in the dependence on medical service income from six percent to over thirty percent. Federal research support has dropped from 31 to 22 percent of the medical school budgets, while other Federal support has dropped from 10 to 6 percent.

The Graduate Medical Education National Advisory Committee (GMENAC) predicted that there will be a significant surplus of physicians in the U.S. by 1990. By that year, the physician to population ratio is expected to exceed 220 per 100,000 and by the year 2000, reach 247 per 100,000. Levels in 1960 and 1978 were 141 and 171 per 100,000 respectively. While there is no universally agreed upon calculus by which need can be determined, it does appear that the large number of physicians being prepared is having an impact on the economics of medical practice and on both the geographic and specialty distribution of physicians.

Notwithstanding this dramatic growth of capacity of the U.S. for providing medical education for its citizens, ever larger numbers are enrolling in foreign schools. While we have no direct figures on foreign matriculants, several indirect measures give some assessment of the magnitude:

- the number of U.S. citizens who have graduated from foreign schools and seek certification to enter graduate medical education in the U.S. through NRMP rose from 860 in 1974 to 2,793 in 1982;
- In 1982, 1826 U.S. nationals enrolled in foreign medical schools sought advanced placement in U.S. schools (1,337 of these came from seven proprietary schools located in Mexico and the Carribean);
- The 1980 GAO Report estimated a foreign school enrollment of between 8,000 and 11,000.

We have now entered a period of cost consciousness. Efforts are being made to restrain governmental outlays by regulations, encouragement of competition or straightforward budget cutbacks. Most notable, perhaps, is the effort to constrain the growth of Medicare expenditures through prospective pricing of hospital care for Medicare beneficiaries on the basis of statistically generated norms. This shift from retrospective cost reimbursement places new management imperatives on the hospitals and their medical staffs which, in turn, may place new constraints on the ability and/or motivation of the hospital to continue historic and traditional missions related to education, research, and provision of care to the indigent. The NIH budget does not appear as robust as in times past, and programs for institutional support of medical schools and financial assistance for medical students have disappeared or are markedly diminished.

The Issues

The issues facing deans and thus, the Council of Deans, in large measure, mirror these developments; the size, cost, and quality of the enterprise are uppermost on everyone's mind. In times of plentiful resources, objectives related to effectiveness predominate; in times of scarcity, efficiency objectives gain more prominence. Thus, efficiency now appears to have gained the upper hand, but efficiency in service of trivial objectives is of no service to society nor does it contribute to the traditional missions of academic medicine. Thus, the first questions to be asked should be mission oriented; the one mission which characterizes all medical schools and academic medicine centers is undergraduate medical education.

Undergraduate Medical Education

The quality of undergraduate medical education is the subject of an entire day's discussion at the Spring Meeting; its enhancement is the objective of the GPEP project; its preservation is the principal object of the LCME (now considering revised set of minimum standards).

Chief among the criticisms of medical education is the charge of information overload and the lack of an organized attack on the problem:

- Are we devoting sufficient attention to limiting the burden of unproductive short-term, fact memorization?
- Are we preparing students for independent learning to handle the accelerating growth knowledge from biomedical research?
- Are we developing appropriate conceptual tools and problem solving skills?
- Are we fostering high ethical standards and humanistic values?

- Is the faculty devoting adequate time to its academic responsibilities, particularly with respect to medical students?

Recruitment and Admissions

Some observers, focusing on the decline of the applicant pool, (from a peak of 42,624 in 1974-75 to 36,730 in 1982-83), anticipate a problem of recruitment to the medical profession. They cite a number of factors:

- perceptions of a loss of status of the profession;
- difficulty in financing an education;
- concern that a physician surplus will constrain practice opportunities and limit ability to pay off sizable debts;
- fear that physician numbers will require a competitive life style, highly entrepreneurial and marketing oriented;
- observation that specialty choice may be constrained;
- alternate career paths that are competitively fulfilling.

Questions of sociologic and economic diversity of those entering the study of medicine persist. Many minority students have experienced both personal and financial difficulties in attempting this career and fewer students from under-represented backgrounds are selecting it, probably because of pragmatic considerations.

Are we using appropriate criteria and assessment instruments for admission decisions?

Size

How do we best respond to perceptions that the academic medical enterprise is too large? too costly?

- What are the implications of reducing class size?

- How can program reconfigurations strengthen rather than weaken institutions?
- Are faculties larger than necessary or appropriate?
- Are faculty salaries simply a marketplace phenomena or is there merit to the notion that they should be examined and possibly adjusted?

Financing

What are the implications of contemporary medical school financing being so heavily dependent on income derived from professional medical services?

Are hospitals and clinical faculty members overly preoccupied with financial matters at the expense of academic considerations?

Are faculty practice plans organized and operated in a way which best serves the academic mission of the institution?

Organization

Is the medical center organized in a way which both permits appropriate differentiation of responsibilities for patient care, research and education and fosters adequate integration of these tasks to permit them to be accomplished effectively and efficiently?

Should we be evaluating new models of organization which reflect more explicitly the interdisciplinary nature of contemporary science?

Should we undertake an exploration of the larger task of the dean: pulling together the pieces--finance, clinical practice, research and the health services organizations--to accomplish the institution's mission?

Graduate Medical Education

Are there adequate positions available to provide appropriate graduate medical education opportunities for our graduates?

Is the process of specialty selection and GME placement sound?

Have we adequately accounted for the threats to the current system of funding GME and the implications of alternatives being proposed?

Are we tracking and communicating the experience of novel and experimental approaches to the organization and financing of GME programs?

Foreign Medical Graduates

Are there adequate screening mechanisms to prevent unqualified graduates of foreign medical schools from undermining the quality of medical care in this country? Of graduate medical education programs for which member institutions are responsible?

Have we given adequate consideration to the contending positions of those favoring relatively free access and those advocating tighter regulations and restrictions?

Licensure

Does the impending replacement of the National Board of Medical Examiners Examination by FLEX I and II pose the threat of impermissible control of medical education by state licensing boards?

Quality of Care

With the current concentration on cost cutting strategies are we likely to see the adequacy of quality of medical care as a major future issue?

- Are we appropriately positioned to assess quality?
- What indicators should be developed and monitored?
- What resources should be devoted to such tasks? How directed?

Research

Competition for research dollars is producing stresses which manifest themselves in various ways:

- Proprosals for radical modification of the award system (e.g., the sliding scale proposal).
- Invidious comparisons between the funding of intramural and extramural NIH.
- Fissures between faculty and administration, government, and academia over indirect costs.

Are we adequately attending to the capital needs of the research enterprise?

Aside from funding, ethical issues related to the conduct of research are among the most prominent. Are we appropriately positioned to deal with questions regarding:

- The probity of investigators?
- The treatment of human subjects of research?
- Of animal subjects?

With the prospect of increasing interconnections between industry and academic medicine, have we developed the appropriate culture, infrastructure or ethic to assure that the involvement assists rather than detracts from our ability to carry out fundamental missions?

Proprietary Hospitals

Fourteen member medical schools have affiliation (or closer) relationships with for-profit or investor owned hospitals. In at least one case (University of Louisville) such a hospital is the school's primary teaching hospital. Under current AAMC rules, these hospitals are ineligible

for COTH membership. Should a mechanism be found for including such hospitals in the AAMC?

ROLE OF AAMC

With respect to each of the issues identified, the role of the AAMC needs to be assessed. Is there a role and what should it consist of? The COTH paper sets out the following framework for analysis:

"Associations of autonomous service and business entities, generally focus their activities on one or more of five goals.

Advocacy--the association works to advantage its members by obtaining favorable or avoiding unfavorable treatment from the environment in which it operates. Advocacy activties may be directed at the political process (legislative and executive) or at the private sector environment.

Economic--the association works to develop programs and member services designed to improve the efficiency and profitability of its members. Examples of such programs include group purchasing, standardized operating procedures, and multi-firm benefit and personnel programs.

Information--the association provides its members with a convenient and reliable network designed to furnish members with significant information on developments in the environment. To the extent that members are willing to share internal information with each other, the association provides a means of facilitating the exchange of "within member developments."

Education--the association develops educational programs specifically designed to meet the specialized needs of its members.

Research--the association develops an organized program to monitor the performance of its members, to develop methods or techniques which can be used by all members, and/or to identify early developments likely to affect the environment in which a member operates.

In most associations, each of these goals is present. Differences in associations seem to reflect differences in the emphasis given a particular goal and in the balance of activity across the five goals."

Governance of the AAMC and the COD

As a result of the Coggeshall Report, Planning for Medical Progress Through Education, completed in April of 1965, the AAMC was reorganized to formally involve teaching hospitals and academic societies in its governance. Thereupon, the old "deans club" was rapidly transformed into an organization with the specific objective of initiating continuous interaction between the leadership of all components of the modern medical center. This has led to the addition of two new Councils, one of which included over 400 chief executives from a diverse group of hospitals importantly involved in medical education, the other of which consists of representatives of over 70 academic societies--organizations involved in teaching, patient care and biomedical research--designed to provide a channel of communications through their specialty perspectives. While much was achieved as a result of this transformation, there have been costs as well. Though the AAMC retained its name, and recognized the primacy of its medical school constituency by preserving a plurality of deans as voting members of the Executive Council, the increased number of interests and

perspectives involved in policy making for the organization has led to a diminution of the sense of immediacy previous felt by the deans. Perhaps chief among these has been that the deans' sense of personal involvement with their organization has been attenuated.

The 50 percent increase in the number of schools greatly added to the difficulty of the deans personally, and the AAMC as an organization in maintaining effective communications. But numbers alone were not the problem; increasing diversity added to the complexity as well. New schools consciously adopted a non-traditional approach to teaching, faculty, and relationships to hospitals. New interest groups were formed, as deans and others sought colleagueship and help from others whose situation resembled their own.

The diversity of interests represented and the complexity of the issues required new integrating mechanisms, more bureaucratic procedures and sometimes intricate decision making processes. The multitude of enviromental factors impinging on medical education, biomedical research and patient care, together with the rapidity with which developments occur required a full-time professional staff not otherwise occupied by responsibilities for managing institutions. Staff played an increasingly prominent role not only in coordinating the processes, but in identifying issues, analyzing their implications and proposing responses as well. On urgent matters, such as legislative developments requiring rapid response, the process often directly engaged only the Council's officers, some of the most directly affected members and/or those with possible legislative influence. The membership at large sometimes was unaware of the deliberations until after the decisions had been made, or they were asked to

respond only after directions had been well established and there appeared little possibility of exerting significant influence.

Several specific strategies have been designed to advance the objective of assuring that the Council of Deans serves as the deans professional society:

- The COD Spring Meeting with its mix of program, business and unscheduled time designed to facilitate maximum interchange among the deans.
- The establishment of the AAMC's Management Education Programs recently recast to emphasize the continuing education function of the program.
- The new deans "package" and orientation program.

Most recently the Board has considered approaches which would enhance this objective:

- A proposed new session at the annual meeting emphasizing dialogue and deliberation in contrast to routine business and reports.
- A new level of responsibility and accountability on the part of the Board members for communication with the membership as a whole.
- Acceptance of a greater level of responsibility on the part of Board members for the initiation of new Council members into the club.
- Also suggested is the strategy that more deans be invited to participate in the AAMC through task forces and committees and that there be increased interaction between AAMC staff and member deans.

Issues:

- Are the affairs of the Council of Deans conducted so as to realize the goal of the Council serving as the deans' professional organization?
  - Are approprite meeting sites chosen, issues identified, speakers selected, opportunities for effective dialogues offered?
  - Do appropriate mechanisms exist for involving the deans in AAMC issue selection and analysis? Policy setting deliberations?
  - Are the deans adequately informed of AAMC activties?
  - Are the deans adequately staffed and given support for their involvement in AAMC programs?
- With respect to the AAMC as a whole, is there a proper balance between its various programmatic activties?
- Are there adequate mechanisms for each council to consider and evaluate the views of the other councils? To communicate its own views to the other councils?
- Are there ways to create a broader sense of participation in the policy setting activities of the AAMC?
- Is the CAS, which represents academicians in their specialty perspective, the best mechanism for involving medical school faculties in the AAMC deliberations? Is the perception that the CAS structure inevitably leads to a focus on faculty as clinicians or faculty as investigators, rather than faculty as educators, accurate?
- Should the AAMC have a more systematic approach to examining the horizon within which it is working? Should it consider educational programs for it members devoted to horizon scanning and interchange

of perceptions regarding impending forces which will shape their futures?

AAMC Programs

- Are there new or expanded programmatic initiatives which the AAMC should undertake?
  - Would it be appropriate and feasible for the AAMC to engage in efforts to enhance faculty career development, such as providing traveling fellowships akin to those offered by the American College of Physicians and the American College of Surgeons?
  - Similarly, should the AAMC concern itself with career development for current or prospective deans or hospital administrators by offering programs similar to the Administrative Fellowships offered by the American Council on Education?
- Are those subjects which would lend themselves to exploration by membership task forces or committees? Examples might be follow-up activity related to the GPEP project, further consideration of the dimensions of the problems and issues related to foreign medical graduates, or more focused topics such as the emerging role of computers in academic medicine.

Are there issues which require that the AAMC develop new or different relationships with other organizations such as the AMA, the AAHC, or the Association of Professors of Medicine, for example?

Are there issues or problems which call for the AAMC to engage in new or expanded data collection, analysis, projection or modeling activities? It has been suggested that the development of a more realistic method of projecting future physician incomes would be of great service to members in counseling on student debt levels.

Can the AAMC play a more active role in assisting its members to track local, state or regional issues?

- With respect to the AAMC as a whole, is there a proper balance between its various programs and activities?

University of Nebraska Medical Center

College of Medicine
Office of Academic Affairs
42nd and Dewey Avenue
Omaha, NE 68105
(402) 559-4205

May 1, 1984

MEMO TO: Mr. Robert Boerner (AAMC)
Mr. Gus Swanson (AAMC)

FROM: Robert T. Binhammer, Ph.D.
Associate Dean, Academic Affairs

SUBJECT: California Licensure
M.D.-D.D.S. Program

The enclosed letter from the Board of Medical Quality Assurance is being sent for your information.

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

(916) 920-6353

April 18, 1984

Robert T. Binhammer, Ph.D.
Associate Dean, Academic Affairs
University of Nebraska Medical Center
42nd and Dewey Avenue
Omaha, Nebraska 86105

Dear Dr. Binhammer:

Thank you for your letter of March 2, 1984 concerning California licensure for your M.D. - D.D.S. program.

California law is very specific on the training of physicians and our Division of Licensing is mandated to enforce that law. Additionally, the Division is concerned with both the quality of each educational experience and the depth of knowledge which is imparted through the accumulated learning experiences.

We are bound without exception, by California law and Section 2089 of the Business and Professions Code as amended in 1980, requires all applicants for licensure to have completed a medical curriculum extending over a period of four years in a medical school or schools. The law further specifies that the curriculum shall include adequate instruction in specified courses and that the number of course hours shall be no less than 4,000.

We have reviewed several schools Ph.D. to M.D. program with special attention to the concepts of collapsing the basic sciences to six months and foreshortening the clinical rotation experience. The Division is prepared to accept the validity of collapsing basic sciences for doctorates in the field of life sciences but, by careful consideration of aceademic equivalence and application of California law, must reject the shortening of the clinical training. It appears that our Ph.D. - M.D. reservations are equivalent to the D.D.S. - M.D. program.

The absolute minimum legal requirements have been determined to be:

1) 36 months of actual instruction exclusive of examination, preparation and vacation periods for schools in which the curriculum extends over less than four calendar years.

2) 1400 hours of basic sciences

3) 450 hours of pre-clinical rotation training.

4) 36 weeks of core rotations in Surgery, OB/GYN, Pediatrics, Medicine and Psychiatry.*

5) 36 weeks of rotations in required or free electives.*

*72 total weeks of clinical rotation experience shall be required of all graduates applying for a California license.

This Board will recognize graduates of your Ph.D. to M.D. program for entrance into residency training, but the degree shall not qualify one for licensure in this state. We appreciate your position in this matter and after much deliberation, we have adopted the following policies in an attempt to lessen the impact on your graduates:

a) Graduates of your D.D.S. to M.D. program now engaged in residency programs affilitated with California medical schools will be allowed to continue their programs provided that the deans of the medical school will certify that the individual's concurrent participation in clinical activities will remediate the graduate's shortage of senior elective rotations. In order for the individual to obtain licensure in this state, the applicant must submit proof of completion of not less than 72 weeks of clinical training exclusive of periods of vacations, examinations or time off for preparation for examinations.

Individuals who have been accepted for PGYI positions through the residency match for FY 84-85 may petition the Division for consideration for inclusion under the above provision on an individual basis. Persons accepted for residency after the 1984-85 match shall not be considered for participation in concurrent remediation.

Dr. Maire McAuliffe, President Elect of the Division of Licensing, has offered to consult with the deans to develop programs and establish contracts between the schools, residency programs and the Board.

b) Past graduates without licensure who are not in residency residency programs in California or who have completed a residency in another state will not be deemed eligible for California licenusre until they have remediated their deficient electives.

c) Existing California licensees will be affected and their licenses will continue to be renewed.

d) Current enrollees in your D.D.S. to M.D. program will not be accepted for licensure until they have remediated their senior electives as described in #a above. They must demonstrate evidence satisfactory to the Division of Licensing of the completion of all California requirements as outlined in this letter and applicable statute. This requirement may not be waived.

It is the recommendation of the Division of Licensing that serious consideration be given to an extension of the D.D.S. to M.D. program in order that your graduates may be licensed in this state in accordance with California law. In our conversations with other state physician licensing boards, I sense that there will be gradual tightening of the academic requirements for licensure in the future. Your medical school should be aware of this and take appropriate measures to protect future graduates.

Finally, while we can appreciate the anxiety that you and your students are experiencing, you should understand that our posture in this matter is based upon existing statute and principles of equivalency. The Division has weighed carefully both academic and legal considerations, and there is little doubt that we have exercised our widest possible latitude in attempting to accomodate your program.

Our staff stands ready to assist in any way possible graduates of your program in residency training in California or who are considering future licensure in this state.

Sincerely,

Richard C. DeWalt
Deputy Program Manager
Division of Licensing

RCD:kml

ANNUAL MEETING PROGRAM FOR THE COUNCIL OF DEANS

At its last meeting, the Board confirmed its intention to expand the Council of Deans activities at the AAMC Annual Meeting. This idea was suggested to the full Council at the Spring Meeting and received a highly favorable response. Dr. Stemmler announced that he would appoint a committee to plan the program.

On May 14th, a committee consisting of Drs. Stemmler, Brown, Friedlander, Russe, Christakos and Sawyer, met by telephone conference call. As a result of that meeting, efforts are proceeding to develop a program along the following lines:

- The Albany Practice Plan Litigation
  --Robert Friedlander, M.D.

- Rush Medical Center v. HCFA, "Calculating Allowable Costs"
  --Henry Russe, M.D.

- Constructing the Cost of Medical Education: The West Virginia Experience
  --James King, Staff to the West Virginia Board of Regents
  John E. Jones, M.D., Vice President for Health Affairs, WVU
  Richard A. DeVaul, M.D., Dean, WVU, School of Medicine
  Robert W. Coon, M.D., Vice President for Health Affairs & Dean, Marshall University

Dr. Sawyer reported that he has become aware of the fact that the student affairs deans had been devoting substantial attention to the handling of student disciplinary problems. He suggested that the topic might merit the attention of the deans themselves, particularly in light of the prospect for litigation that these cases held.

Dr. King had written to Dr. Stemmler his notion that the deans would benefit from a scientific program which would keep them abreast of major research development. One rationale offered for this conclusion was that it would facilitate the accomplishment of one of the deans chief tasks, recruiting and assessing the capabilities of prospective department chairmen.

Both of these suggestions were endorsed by the committee as appropriate topics for consideration. They were commended to the attention of the Spring Meeting Planning Committee.

This program will be scheduled for Sunday afternoon from 2:00 - 5:00 pm. Dr. Russe volunteered to work with the Illinois deans to plan an interesting social occasion for Sunday evening. That group has met. It concluded that the most appealing suggestion was a private party, cocktails and buffet perhaps with musical accompaniment by a string quartet or a brass quintet, at either the Art Institute or the Field Museum. This met with enthusiastic endorsement by staff and the COD Chairman; Dr. Russe has been asked to proceed with the planning.