COUNCIL OF DEANS
ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel
Washington, DC

AGENDA

Wednesday, April 3, 1985

5:30 pm - 7:00 pm

I. Joint meeting with CAS to discuss AAMC follow-up to the GPEP Report

Thursday, April 4, 1985

8:00 am - 12:00 pm

I. Call to Order

II. Report of the Chairman

III. Approval of the Minutes 1

IV. Action Items

A. MCAT Fee Increase
(Executive Council------p. 15)

B. LCME Functions & Structure of a Medical School
(Executive Council------p. 16)

C. Addition to the General Requirements for GME
(Executive Council------p. 63)

D. NIH Reauthorization Legislation
(Executive Council------p. 65)

E. OMB Proposal to Reduce Research Project Grants
(Executive Council------p. 67)

F. Department of Research
(Executive Council------P. 70)

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V. Discussion Items

A. Financing Graduate Medical Education
(Executive Council------p. 72)

B. Certification and GME
(Executive Council------p. 89)

VII. Old Business

VIII. New Business

IX. Adjourn

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

MINUTES

January 24, 1985
8:00 a.m. -12:00 noon
Hamilton Room
Washington Hilton Hotel
Washington, D.C.

PRESENT

(Board Members)

Arnold L. Brown, M.D.
William Butler, M.D.
D. Kay Clawson, M.D.
Robert Daniels, M.D.
Louis J. Kettel, M.D.
Walter Leavell, M.D.
Thomas Meikle, M.D.
Richard Moy, M.D.
John Naughton, M.D.
Henry Russe, M.D.
Edward J. Stemmler, M.D.

(Staff)

David Baime
Janet Bickel
John A.D. Cooper, M.D., Ph.D.
Debra Day
Paul Jolly, Ph.D.
Robert Jones, Ph.D.
Joseph A. Keyes, Jr.
Thomas Kennedy, M.D.
James Schofield, M.D.
Xenia Tonesk, Ph.D.
Kathleen Turner

(Absent Board Members)

L. Thompson Bowles, M.D.

(Guests)

Richard Janeway, M.D.
Ricardo Sanchez
Rick Peters

I. Call to Order

The meeting was called to order at 8:00 a.m.

II. Report of the Chairman

Dr. Brown opened the meeting by noting the changes in schedule for the Administrative Board and Executive Council meetings. The Board meetings will now start at 8:00 a.m. The luncheon program has been shortened and the Executive Council meeting has been moved to earlier in the afternoon. He indicated that members of the Presidential Search Committee would meet that afternoon and evening with selected AAMC staff

members as part of the search process. The committee has also been talking to representatives from prominent organizations who interact with the AAMC. Advertisements for the position of AAMC President have gone out. There is yet no decision on whether or not an executive search firm will be hired to assist with the search process.

Dr. Brown reported that the Executive Committee met the previous day and discussed three items that were of interest to the deans. First, preparations are underway for the 1985 Annual Meeting. The speakers and alternates have been selected, and the process of invitations begun. The theme of the meeting is entitled "From Flexner to Cooper and Beyond: The Road to Quality in Medical Education."

Dr. Brown also reported that the AAMC had received a request from the University of Michigan to file an amicus brief in a pending law suit brought by a student who had been dismissed. The plaintiff took Part I of the National Boards and upon receiving a very low score, was summarily dismissed from the school. The student argues that students at the school had always received at least two chances to pass the Boards and that he had been treated differently than other students. The Trial Court upheld the school, but the decision was reversed upon appeal. Our assistance was being sought to persuade the Supreme Court to hear the case. The Executive Committee did not believe that the school's position in this matter represented the defense of an important academic principle and decided that the AAMC should not file an amicus.

Dr. Brown reported on a third issue discussed by the Executive Committee regarding membership in the Group on Institutional Planning (GIP). Traditionally, members to that group have been appointed by the dean. Since many of the planning issues considered at the GIP meetings are of interest to hospitals planners, the suggestion was made that teaching hospital directors be permitted to appoint hospital planners to the group. The Executive Committee agreed. This change may not affect greatly the composition of the GIP, since many deans currently confer with hospital directors and include their suggestions in appointing members to that group. The current change will simply make this process more straightforward. Kathleen Turner, Special Assistant to the President of the AAMC, mentioned that the Group on Public Affairs accepts nominations directly from hospital directors, a policy resulting directly from an Executive Council action in the mid-1970's.

Dr. Brown indicated that planning for the Spring Meeting of the Council of Deans is well along and that his "Dear Colleague" letter, sent after the Annual Meeting in Chicago, had stimulated several very interesting responses from the membership regarding future directions for the AAMC.

III. Approval of the Minutes

The minutes from the October 31, 1984 Administrative Board meeting were approved without change.

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IV. Action Items

A. Vaccination Injury Compensation

The issue addressed was whether or not the AAMC should endorse the creation of an administrative award system to compensate victims for adverse effects of childhood vaccines. In the discussion, Dr. Clawson raised the question of what support for this proposal means. He drew a distinction between supporting proposals that are for a societal good and supporting proposals that are central to the mission of the AAMC. While he was not clearly disagreeing with the proposal, he expressed concern that the AAMC may be weakened in its attempt to advocate on issues that are of central importance to the mission of the AAMC if it engages in a broad spectrum of endorsements. Dr. Stemmler distinguished between "lobbying" issues and expressing a view as to what would contribute to the general social welfare in a domain where members have an expertise but no self interest at stake. He saw the proposal as endorsing a social good and not necessarily as a lobbying issue for the AAMC. It became clear that the AAMC is not and will not take a lead position on this issue but is simply joining with other groups such as the AMA in providing support for the proposal. Dr. Moy cautioned that this might be viewed as an example of "bad luck insurance" and suggested that the nation cannot afford to insure its people against all "bad luck." A motion to endorse the proposal was made, seconded, and carried.

B. ACGME Revisions in General Requirements

The Board considered two changes in the General Requirements for Accredited Residencies approved by the ACGME and which must be approved by its five parent organizations. The first ACGME change (section 4.3) which stated expectations for transitional year residents to continue graduate medical education in a categorical specialty and for all residents to complete categorical programs passed without comment. Alternate language to the second ACGME change (section 5.1.1) to be proposed to the Executive Council read as follows:

> The number of students for whom residents have educational responsibility should be sufficiently balanced so that the institution can insure that the education of both students and residents is augmented and not diluted.... Adequate records should be kept of all those trained, including residents and medical students.

This new language met with the Board's approval.

C. Low-Level Radioactive Waste Disposal

Dr. Thomas Kennedy described an action plan to avert a looming crisis relating to the disposal of low-level radioactive waste. The plan had been developed by staff in response to a request from the Executive Council. P.L. 96-573, The Low-Level Radioactive Waste Policy Act passed in 1980, placed the responsibility of radioactive waste disposal squarely on each state. States were encouraged to form regional waste disposal compact arrangements by January 1, 1986. After that date, approved

compact groups would be permitted to exclude non-compact states from using their disposal sites. Institutions in such excluded states may be threatened with a curtailment or shut down of many essential diagnostic and therapeutic activities, as well as ongoing research activities which use radioactive material. The progress in forming regional compact agreements has been slow in many states.

The AAMC action plan endorses the broad outline of a proposal by Rep. Morris K. Udall (D-AZ) to alter the Low-Level Radioactive Waste Policy Act. This proposal would essentially permit disposal at licensed sites by generators from out-of-compact states upon submission of a detailed timetable for development of their own site, provide for appropriate penalties for lack of compliance, and grant federal laboratories, particularly NIH, access to any regional site. Actions to be taken at the state level to encourage the development and ratification of compact legislation were also outlined.

The action plan met with the Board's approval.

V. Discussion Items

A. GPEP Follow-up Activities

Dr. Brown reminded the Board that four members, Drs. Brown, Chapman, Moy, and Stemmler, had agreed to engage in a close reading of the GPEP report with the purpose of identifying those recommendations which were: a) purely within the confines of local consideration and action, b) those that might suggest some form of inter-institutional cooperation, and c) those that required deliberation and activity at the national level through the AAMC. The four readers convened through conference call and produced a list of topic areas that suggested a role for the AAMC. (see attachments I & II).

LCME

In relation to several of the GPEP recommendations, Dr. Moy had suggested that the LCME require that each school describe its commencement objectives, (i.e., the knowledge, skills, attitudes, and professional behavior the school required to be demonstrated as a condition for the award of the M.D. degree) and demonstrate that it had in place mechanisms to evaluate students against those objectives. Several Board members noted the magnitude of this recommendation, suggested that few schools could now meet such a standard and expressed concern that it contained a potential homogenizing effect. Nevertheless, these was substantial support for the proposition that passing a series of courses should not, in itself, be regarded as adequate assurance that a student is prepared to enter graduate medical education. Dr. Schofield, Secretary to the LCME, noted that since 1975 the LCME committee has asked schools to list its objectives for the educational program. He was particularly concerned about the feasibility of the LCME requiring each school to have in place formal evaluation mechanisms to assess students against its objectives. Dr. Schofield also noted the large degree of correspondence between the GPEP report and Draft #12 of the new LCME standards. He also described the review and approval

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process. The board concluded that it would review the new LCME standards in the context of their final ratification, expected at the April Executive Council meeting, with an eye toward this issue.

NBME

Discussion of this issue centered on the influence of the NBME examinations on medical school instruction, how movement toward a pass/fail score reporting system might diminish this influence, and the way in which the AAMC might have a positive impact in this area. Dr. Swanson stated at the outset that it was the sense of the GPEP panel that the NBME examinations have a negative influence on teaching and instruction in medical schools. It was his view that the AAMC ought to enter into discussions with the NBME if invited, or to approach them, if not. He noted that the AAMC has not had significant interaction with the Executive Board of that organization in recent years. In discussing specific issues related to the examination, for example, advocacy of pass/fail score reporting, there was a sense that it would be difficult to achieve consensus among faculties and the schools. Schools tend to use the examination in different ways and differing views of the value of and importance of the score information abound. Drs. Butler and Stemmler saw the NBME issue as one needing to be viewed within the general context of evaluation in medical schools. Dr. Stemmler felt that the AAMC's role should be in increasing the awareness of faculties as to the nature and limitations of the NBME assessment in order to assist them in their determination of its appropriate place in their evaluation system. A consensus did emerge that the deans should continue to look at evaluation in the broader sense and the role of the NBME in that process, that they work with the NBME in exploring areas of commonality and in avoiding current pitfalls in the use of the examination, and that they invite one of their members, Dr. Tom Bowles, who also sits on the NBME's Executive Committee, to report current activities of the NBME at the next Administrative Board meeting.

Graduate Medical Education

The four GPEP readers felt that the Board should explore ways to persuade specialty groups to avoid using procedures for selecting residents that are becoming increasingly disruptive to the academic process. Of particular concern was the premature selection of medical students into the second post-graduate year or beyond and the requirement that students participate in on-site electives as a condition of eligibility for selection into the residency program. Dr. William Stoneman, Dean at St. Louis University School of Medicine, had, in a letter to the Board, noted that this latter practice was beginning to intrude on the third year program as well as the fourth year. Dr. Schofield opened the discussion by reading language from draft #12 of the LCME standards that encourages schools to withold letters of recommendation and other credentials for their students seeking residency positions until the fall of their senior year. Dr. Kettel noted that the effectiveness of this recommendation depends upon the importance attached to dean's letters in the selection process. Dr. Swanson highlighted the need for more and better documentation of these problems and suggested

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that the AAMC graduation questionnaire could be used to survey students' experience with the residency application process.

Admission to Medical School

The specific issue addressed was whether and how the AAMC might take a role in effecting a reduction in the number of courses required by medical schools for admission, policies which are seen as interfering with the attainment of a broad undergraduate education. The likelihood that any AAMC initiative in this area would be effective was regarded as small. It was the widely held view that the standard for premedical students is set by the school with the longest list of requirements. Consequently, impact could only be achieved by uniform constraint among all 127 schools. However, the deans did endorse increased efforts at the local level to improve communications between the medical school and premedical advisors. The extent to which misinformation on admissions policies continues was noted. This communication was also seen as vital in the face of the projected decline in the applicant pool.

Dr. Stemmler suggested a broader initiative for the AAMC to undertake, perhaps with the support and cooperation of other organizations: an examination of biological science education at the secondary and post-secondary levels from the perspective of the knowledge expected of entering medical students. Such a study might lead to ways of re-packaging science education to effect improved articulation of educational objectives at the college and medical school interface.

The role of the MCAT in this area emerged in the discussion. Board members observed that the MCAT is the one factor in all these deliberations about GPEP directly under the AAMC's control. The test has a direct impact on both the content of undergraduate courses and students' course selection. Some limited review of the MCAT program was called for by several deans to seek ways to ameliorate the negative effects the test has on undergraduate education. As one example, Dr. Meikle suggested the possibility of not reporting MCAT scores above a certain point.

In further consideration of GPEP follow-up activities, the Board then reviewed the questions for discussion posed in the Executive Council agenda in Dr. Swanson's memorandum outlining possible AAMC post-GPEP activities. First considered was the area of faculty development. The Board generally supported the concept that AAMC sponsor seminar-workshops for deans and department chairmen aimed at developing more effective approaches to teaching and learning. It suggested that if effective consultants could be identified, schools might benefit from bringing in teams that would demonstrate techniques such as socratic dialogue, which place greater demands on the learner than the lecture system.

The proposal to develop annual seminars for admissions deans regarding the appropriate uses of the MCAT received a somewhat limited endorsement from the Board. Several members observed that this would probably not be effective unless admissions committee members are involved. It was suggested that the seminar, perhaps modeled on the Simulated Minority Admissions Exercise (SMAE), should focus on the MCAT

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in the context of the broader issue of student selection. Board members opined that there were other activities that the AAMC should undertake to improve the use of the examination, but except for a look at score reporting schemes that eliminate distinguishing among students at the high end of the score range, none were suggested. Returning to the domain of student evaluation, the Board reiterated its support for the proposal for the AAMC to enter into discussions with the NBME on score reporting policies and the use of the examination.

Suggesting that, as written, it lacked sufficient specificity, the Board refrained from endorsing the proposal for an AAMC task force on the clinical education of medical students. There was general concurrence with the view that changes in the teaching hospital environment are causing problems for clinical education. These observations were seen as valid and demanding high priority attention from the AAMC. However, it was not clear to the deans that a task force was the appropriate mechanism to deal with this issue. One alternative mentioned was to support a scholarly study by individuals with experience and expertise.

Finally, the Board strongly endorsed the notion that the problem of the resident selection process, as increasingly intruding into the undergraduate medical education program, is an area of high priority for AAMC action. They agreed that the trend toward requiring that a student take a particular clerkship at an institution in order to be considered for residency training in that specialty has resulted in premature specialization and a consequent distortion of the student's general professional education. The Board was not clear on the best strategy for dealing with this issue, but did support discussions with the ACGME and others involved in graduate medical education.

B. AAMC Survey on Faculty Practice Plans

The Board reviewed a draft questionnaire on faculty practice plans. which was developed by staff, and general Association efforts in this area. Mr. Keyes explained that this represented an effort by staff to respond to the deans' expressed interest in the area of practice plans, while not yet entirely clear as to what the AAMC should to be doing with regard to them. Two studies have been completed in the past which describe the structure and arrangements of faculty practice. Further description of plans was not now seen as the fundamental need. The approach selected was to identify the issues currently faced by institutions regarding faculty practice and the expertise needed to assist the institutions in this area. The questionnaire was seen as a way to educate ourselves. A second objective was to obtain greater clarity about who is involved, and in what roles at the institutional level and who the AAMC ought to involve in future efforts. Business managers of practice plans tend to have important but sometimes hidden policy roles because their understanding of the reimbursement system gives them influence with the policy setters. On the other hand, faculty members of policy committees have specific responsibility for forming the plan policies. While the business managers have an opportunity to participate in the Group on Business Affairs, there appears to be a tendency for them to look for guidance on practice plan issues to other organizations, such as the Medical Group Management Association Academic

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Practice Assembly and the National Health Lawyers Association. Dr. Stemmler felt strongly that other organizations to whom our people are looking for leadership in this area do not offer a perspective wich is solicitous of the academic values that we should be seeking to protect. While the questionnaire may be a useful first step, the AAMC should move quickly to assume a more active role. Dr. Daniels and Dr. Clawson reiterated these same points. Dr. Clawson mentioned the dependence medical schools have on practice plan revenues, thus the need to have some section or part of the AAMC being active in the area of faculty practice plans, lest the issues escape our influence. Specific discussion of the questionnaire seem to produce a consensus that Part III, Identification of Issues, was the central focus and that this should be given prominence in a new draft, perhaps by making other sections as appendices. The group encouraged quick action on the questionnaire and individuals agreed to put into writing immediately to Mr. Keyes a list of practice plan issues they felt to be important.

C. Membership and Service Issues for the Council of Teaching Hospitals

Dr. Brown referred the group to the Executive Council Agenda section which discussed issues faced by the Council of Teaching Hospitals with regard to providing economic services to its members. Dr. Brown indicated that he expected the Council of Teaching Hospitals to reaffirm its stand against getting into this area.

D. COD Spring Meeting/Discussion of Future Directions for the AAMC

Dr. Brown explained that the COD membership has been organized into twelve groups, each led by an administrative board member, for two purposes: 1) to facilitate the discussion at the spring meeting on future directions for the AAMC, and 2) to provide a mechanism for improved communication between the Board and the Council membership throughout the year. Board members were encouraged to keep in contact with members of their group to solicit their views on agenda items put before the board and to suggest other agenda items. The groups were formed through a random process. Their constitution and purpose will be explained to the COD membership at the spring meeting.

E. Invitation of the Society for Health and Human Values

Dr. Brown referred the Board members to a letter from David C. Thomasma, Ph.D., President, Society for Health and Human Values, inviting them to hold a joint forum with the Society on the GPEP report at some future meeting. The deans noted that the 1985 COD spring meeting had already been planned. They agreed to refer the letter to the 1985 annual meeting planning committee.

VI. Information Items

Dr. Brown informed Board members that a letter, reproduced in the agenda materials, was sent by Dr. Cooper to Mr. Edward Pratt, President of Pfizer Pharmaceuticals, as a follow-up to Dr. Wroblewski's presentation to the Board at its last meeting. The letter applauds Pfizer's programs designed to build bridges between the pharmaceutical

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industry and academic medicine. It responds to the Pfizer solicitation of additional suggestions and outlines several areas of potential interest that could be explored.

Dr. Brown also referred the Board members to the draft materials for a National Invitational Conference on Clinical Education in the Undergraduate Medical Curriculum. Dr. Robert Daniels, a member of the Board, and Dr. Arthur Christakos are two deans represented on the Conference Advisory Committee.

VII. OSR Report

Mr. Ricardo Sanchez reported that the OSR Administrative Board had a fruitful meeting. It reviewed a first draft of a paper titled "Challenges Identified by the OSR" which the Board intends to have ready in April as the OSR contribution to the ongoing self-examination by the Councils. He said that the spring issue of OSR Report is devoted to helping students work toward realization of the GPEP recommendations and also will include an article on "The Role of Medical Students in the Animal Research Debate". The Board decided that in order to prepare OSR members to lobby on issues important to them and the AAMC, it appointed a legislative coordinator so that better liaison can be established with AAMC staff. He concluded by noting that the Board had nominated students to the Flexner Award Committee, the Women in Medicine Planning Committee and the GSA-MAS Coordinating Committee.

VIII. Adjournment

The meeting was adjourned at 12:00 p.m.

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