COUNCIL OF DEANS
ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel
Washington, DC

AGENDA

Wednesday, January 22, 1986

4:00 pm - 6:00 pm

Meeting of the COD Administrative Board — Page

I. 1986 COD Spring Meeting 14

A. Logistics

B. Program

C. Dinner

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6:30 pm

Reception & Dinner

Honoring Carolyne Davis

Thursday, January 23, 1986

8:00 am - 12:00 pm

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I. Call to Order

II. Report of the Chairman

III. Approval of Minutes 1

IV. Action Items

A. Report of the Steering Committee on the Evaluation of Medical Information Science in Medical Education
(Executive Council Agenda-----p. 24)

B. Malpractice Insurance Legislation
(Executive Council Agenda-----p. 81)

C. LCME Involvement in the Accreditation of Foreign Medical Schools
(Executive Council Agenda-----p. 87)

D. Ad Hoc Committee on Graduate Medical Education
(Executive Council Agenda-----p. 120)

E. Coordinated Medical Student Loan Program
(Executive Council Agenda-----p. 122)

V. Discussion Items

A. Incorporation of ACCME
(Executive Council Agenda-----p. 125)

VI. OSR Report

VII. Old Business

VIII. New Business

IX. Adjourn

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

MINUTES

September 11, 1985

8:15 p.m. - 9:00 p.m.

September 12, 1985

8:00 a.m. - 12:00 p.m.

The Embassy Room

Omni Shoreham Hotel

Washington, D.C.

PRESENT

(Board Members)

L. Thompson Bowles, M.D., Ph.D.
Arnold L. Brown, M.D., Chairman
William Butler, M.D.
D. Kay Clawson, M.D.
Robert Daniels, M.D.
Walter F. Leavell, M.D.
Thomas Meikle, M.D.
Richard H. Moy, M.D.
John Naughton, M.D.
Henry Russe, M.D.
Edward J. Stemmler, M.D.

(Guests)

Dean Borg*
Richard Janeway, M.D.*
Richard Peters
Ricardo Sanchez, M.D.

ABSENT

Louis J. Kettel, M.D.

(Staff)

James Bentley, Ph.D.
Janet Bickel
Melissa Brown
John A.D. Cooper, M.D., Ph.D.*
Debra Day
John Deufel
Paul Elliott, Ph.D.*
James Erdmann, Ph.D.
Charles Fentress
Robert F. Jones, Ph.D.
Thomas J. Kennedy, M.D.*
Joseph A. Keyes, Jr.
James R. Schofield, M.D.
John Sherman, Ph.D.
August J. Swanson, M.D.*
Kathleen Turner*

*Present for part of meeting

I. Call to Order

The meeting was called to order at 8:15 p.m., September 11, 1985 by Arnold L. Brown, M.D., Chairman, recessed at 9:00 p.m., and reconvened at 8:00 a.m., September 12. The order of agenda items was changed to accommodate the schedules of presenters. Those items discussed on September 11 are noted.

II. Report of the Chairman

Dr. Brown reported on the meeting of the Executive Committee held earlier that morning.

- The Committee had accepted the audit report. The Association appeared to be in reasonable financial health with a comfortable balance of income over expenses.

- The election of distinguished service members was discussed. Dr. Brown had agreed to bring back to the Executive Committee names of those suggested by the Administrative Board. Betty Mawardi, Ph.D., associate professor emerita of medical education, Case Western Reserve University School of Medicine, was recommended for emerita membership in the AAMC.

- The American College of Physician Executives and American Academy of Medical Directors had appointed a representative to act as liaison to the AAMC. The Committee responded by suggesting that a registration form for the annual meeting be forwarded to that person.

- A discussion took place on the Public Health Service medical education amendments which represented an effort by the Senate Labor and Education Committee to acquire jurisdiction over some of the issues generally in the domain of the Senate Finance Committee. The bill provided for voluntary registration of teaching hospitals. Hospitals who chose to be registered would have to agree to limitations on their residencies, tilting them in favor of primary care. Since the intent of the bill was in opposition to long-standing policies of the Association, the Committee agreed that every effort should be made to defeat it.

III. Approval of Minutes

An amendment to the minutes of the June 20, 1985 Council of Deans Administrative Board meeting was introduced to change all references to the OSR Chairman from "Mr. Sanchez" to "Dr. Sanchez," in recognition of his recently awarded degree. The minutes of that meeting were then approved as amended.

IV. Action Items

A. Election of Distinguished Service Members*

The Board considered recommendations for nomination of new distinguished service members of the Association. The Board had received from Council members only two recommendations: Robert Berliner, M.D., dean emeritus, Yale University School of Medicine and Sherman Mellinkoff, M.D., dean, UCLA School of Medicine. The Board determined that Dr. Mellinkoff was not eligible for nomination until his retirement in July, 1986. The recommendation of Dr. Berliner raised discussion on the purpose of distinguished service membership. Mr. Keyes read the definition from the AAMC Bylaws, "persons who have been actively involved in the affairs of the Association and who no longer serve as AAMC representatives of any members described under Section I". No one contested the contributions of Dr. Berliner to medical education, specifically his efforts in behalf of NIH. However, several members argued that distinguished service membership should be reserved for those who have made an important and long-standing contribution to the AAMC and who might not be recognized in other ways. Dr. Berliner's specific contributions were listed, notably his recent chairmanship of the committee which reviewed the report of the Institute of Medicine on the NIH and his previous membership on a committee on biomedical research policy. The Board generally felt that Dr. Berliner's contributions to medical education and research deserved honor, but that election to distinguished service membership in the AAMC was not appropriate.

Dr. Russe recommended Joseph J. Ceithaml, Ph.D., recently retired as dean of students, University of Chicago School of Medicine, for distinguished service membership. Dr. Ceithaml was noted as being one of the founders of the Group on Student Affairs and was the second chairman of that group. His participation in the AAMC had spanned a period of over thirty years.

Action: On motion, seconded, and passed, the Board recommended the nomination and election of Joseph J. Ceithaml, Ph.D. as a distinguished service member of the Association. The motion to recommend Robert Berliner, M.D., for distinguished service membership was defeated. However, the Board recommended that Dr. Berliner be elected to emeritus membership in the AAMC.

B. Election of Institutional Member

Action: On motion, seconded, and passed, the Board approved the recommendation that the Morehouse School of Medicine, having received full accreditation by the LCME, be elected to full institutional membership by the AAMC Assembly.

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*Part of the discussion of this agenda item took place on September 11, 1985.

C. Proposed Revision of GSA Rules and Regulations

The GSA had proposed a revision in their rules and regulations that would shift the elected GSA officers from two (Chairman and Vice-Chairmen), with two year terms in each position, to three (Chairman, Chairman-Elect, Vice-Chairman), with a one year term in each position. There was little discussion and no disagreement with this change. However, it raised the question of continuity of leadership in all AAMC Councils and Groups. Dr. Stemmler suggested that the AAMC was ill-served by its failure to include the immediate past Council chairmen in its governance process. At present only the Chairman-Elect of the Assembly survived from one year to the next on the AAMC Executive Committee. This was seen as defeating institutional memory and failing to harness the experience one gains from serving as a Council chairman. Dr. Stemmler noted the difficulty a sitting Council chairman had in proposing such a change in procedures, because of its appearance of being self-serving. Dr. Clawson recommended that this issue should be taken under advisement by the Councils.

Action: On motion, seconded, and passed, the Board approved the proposed revision to the GSA rules and regulations.

D. Revision of the AAMC Policies and Procedures for the Treatment of Irregularities in the Admissions Process

The Board considered a revised document outlining the policies and procedures for the treatment of irregularities in the admissions process. The last substantial revision of that document had occurred in 1973. Dr. Cooper noted that, in the last twelve years, the staff had gained substantial experience in handling these matters and practices had evolved to the point where they were not entirely consistent with the existing policy statement. A major change in emphasis in the revised document was the avoidance of a conclusory judgment on the part of the Association staff regarding moral culpability with respect to the events in question. The AAMC role was simply to serve as a collector of information and transmitter of relevant material to the medical school. Other changes included the separation of matters of internal processing instructions from the document, and a change in the procedures governing arbitration of decisions.

Dr. Butler raised the question of a possible loophole in the procedures for some students applying to schools which did not require the MCAT nor participate in AMCAS. For such students the irregularity might be reported only after an acceptance decision had been made, the time at which the AAMC learned of their application to the school. AAMC staff acknowledged the loophole but noted the student would have to apply only to Johns Hopkins or Rochester and not take the MCAT, even though both schools still consider MCAT scores when forwarded. Dr. Butler suggested that irregularity reports be sent to all schools, but Dr. Cooper explained that AAMC lawyers had specifically advised against this. Mr. Keyes pointed out that the legal problem was with the AAMC sending out information in which the school had no legitimate interest. He proposed that the AAMC could forward to schools a list of names which schools could use in making specific requests for information, an acceptable legal practice.

Dr. Butler next suggested an amendment that would have added the words "or matriculated" to a sentence in the document which currently read "forwards a report... to all medical schools to which a person has applied during the current cycle and to schools the applicant may apply in the future". The point was also raised that the wording "may apply in the future" could be interpreted to mean all medical schools. Dr. Bowles and Dr. Clawson both cautioned against the Board changing the language of a carefully worded document constructed with legal advice. The amended language was then introduced with the provision that it be subject to approval of legal counsel. However, some Board members felt that it would be desirable simply to approve the document as it stood, while conveying the sense of the discussion to the Association staff and legal counsel for changes. Dr. Butler subsequently withdrew the motion to amend the document.

Dr. Sanchez raised a concern of OSR that the exclusion of oral arguments by the applicant in question, for reasons of logistics and costs, might affect negatively the small number of students who could be "false positives." The sense of the OSR was that, if the expenses and travel arrangements were not unreasonable, consideration should be given to allowing students to appear on their own behalf to present oral arguments.

Several Board members asked for clarification on other specific matters in the document, specifically regarding procedures for the paying of the arbitration fee and whether financial matters were the basis of an irregularity. Dr. Elliott explained that what was now considered an irregularity represented any deviation from the norm, and could range from a direct and systematic falsification of credentials to a simple failure to list all medical schools to which a person had applied to in the past. Failure to pay an MCAT or AMCAS fee was also considered an irregularity that should be brought to the attention of the school.

Action: On motion, seconded, and passed, the Board approved the revised irregularity document. The Board urged that the language surrounding the determination of who was eligible to receive copies of irregularity reports should be examined further with the assistance of legal counsel.

E. Investor-Owned Teaching Hospital Participation in COTH

Dr. Brown reviewed the previous Board meeting discussion regarding investor-owned teaching hospital participation in COTH, which had resulted in a 6 to 4 vote in favor of their inclusion, pending legal review of the consequences of such action for the Association's non-profit status. Dr. Bowles spoke in favor of this change in membership policies. He disclosed that George Washington University would probably come to an agreement with American Medical International (AMI) on a forty year lease of its university hospital, which would take effect pending approval by the government of the District of Columbia. He was sympathetic to concerns of some Board members about the motives of investor-owned hospitals, but suggested that these corporations should not all be stereotyped in a negative fashion. Dr. Moy stated that the arguments he had heard in favor of investor-owned hospital participation had been cogent and moved the Board's approval of this amendment to the AAMC bylaws.

The discussion then turned to the specific language of the bylaws change. Dr. Stemmler noted that the rewording of the bylaws had an ambiguous

interpretation and suggested it be improved. The specific language of the revision read "Except that Class H. Teaching Hospitals may include as voting members organizations not so described, each member that has the right to vote shall be a) an organization described in Section 501(c)(3) of the Internal Revenue Code.... The referent of the phrase "not so described" was the source of ambiguity. The language could have been interpreted to mean that investor-owned hospitals were not required to meet any of the criteria set forth previously.

Dr. Meikle noted that the IRS letter stated an assumption that no more than 10 percent of the AAMC membership would be investor-owned hospitals and suggested that the bylaws language might reflect this limit. He anticipated an increase in the number of community hospitals with teaching programs being bought out by investor-owned corporations. There was further discussion about the likelihood of this happening and no clear agreement. Board members concluded that the percentage of COTH members which were investor-owned should be monitored periodically and the issue dealt with at the time when their numbers were seen as jeopardizing the AAMC's non-profit status.

Action: On motion, seconded, and passed, the Board approved the change in the AAMC bylaws, but urged that the wording of the revision be improved to eliminate any possible ambiguities.

F. The Independent Student Issue

Dr. Elliott provided the background for discussion of a policy stance on student financial assistance that placed the AAMC in opposition to a consortium of higher education organizations under the leadership of the American Council on Education (ACE). This was the definition of student independence. The ACE consortium had recommended automatic emancipation from dependent status for all graduate and professional students. The AAMC had traditionally stressed that students and their families bear primary responsibility for financing medical education and supported current administration policy with respect to Title IV aid, which required students to submit information on parental resources or seek an exemption by meeting certain criteria. Response to the ACE consortium position at GSA regional meetings had been mixed but generally supportive. However, the GSA Committee on Student Financial Assistance, after a more thorough discussion, had unanimously supported opposition to that position. Staff had recommended that the AAMC retain its present position on this issue in opposition to the ACE consortium.

The discussion centered on the AAMC's public liability in taking a position in opposition to the consortium. Public liability seemed to be greater were the AAMC to join in a crusade for a new definition of independent status. Agreement was reached that the AAMC should quietly refrain from joining the ACE consortium on this issue.

Action: On motion, seconded, and passed, the Board voted to retain current Association policy on the definition of independent student status.

G. Health Planning

Dr. Bentley provided an introduction to and review of changes in AAMC policy recommended by the Council of Teaching Hospitals with respect to

health planning. AAMC policy in this area had been discussed at the previous meeting of the Board. It had been decided that the AAMC should collect further information on state policies and that Board members be given an opportunity to reflect on the impact of any policy statement on their local situations. The Council of Teaching Hospitals had discussed the issue at length and recommended that AAMC policy should support state-wide CON review of construction projects which resulted in increased bed capacity (a previous COTH position had also covered replacement of beds), but oppose CON review of major medical equipment or new institutional health services. The latter recommendation was based on the opinion that it would not be possible to have all providers covered and any selective coverage would disadvantage hospitals.

Dr. Stemmler expressed support for the COTH recommendation but questioned in the current environment why COTH believed CON review of bed capacity necessary. Dr. Bentley responded that teaching hospitals in inner city areas might be vulnerable to companies building a suburban ring of hospitals and drawing patients away. Dr. Meikle questioned whether the recommended position on equipment would have any impact. In response, Dr. Bentley gave examples of how the administrative procedures involved in CON review of equipment had caused problems for academic medical centers and Dr. Janeway provided an example of this from his own institution.

Action: On motion, seconded, and passed, the Board voted to change AAMC policy with respect to health planning in line with the recommendations of COTH.

H. Commentary on the GPEP Report

Dr. Brown noted that the current Commentary on the GPEP Report, written by a COD-CAS working group, included changes suggested at the previous Board meeting -- to clarify the meaning of "scholarly endeavors" of faculty and to avoid the impression that the sound undergraduate preparation in biology called for required necessarily an undergraduate major in that subject. An OSR recommendation for further modification of the document, dealing with a clarification of what constituted "essential knowledge," was considered. As described by Dr. Sanchez, this change would have eliminated the words "simply," "minimal," and "relevant" from the sentence, "`Essential knowledge' is not simply a minimal collection of relevant facts to be memorized as the `core knowledge' all physicians should know." The word "possess" was suggested as a substitute for "know." A motion to amend the document in this manner was made.

Dr. Clawson noted the liberal use of underlining for emphasis and suggested that the underlining of the phrase, "particularly in biology," be stricken. This suggestion was further expanded to strike all instances of underlining for emphasis, retaining it only in stylistically mandated situations, for example, references to publications.

Dr. Meikle expressed his disappointment that neither the GPEP report nor the Commentary dealt forcefully with problems created by the MCAT and NBME examinations, programs for which the medical education community shared a collective responsibility. Dr. Naughton reinforced this point by disputing the sense of the Commentary that problems with the MCAT rested with its use by admissions committees, opining that the central

problem was its pervasive negative effect on undergraduate college preparation for medical school. Dr. Brown noted that the deans would be discussing the NBME examinations at its annual meeting Sunday program session. Dr. Stemmler argued that the recent appointment of a committee to review the MCAT was evidence of continued responsibility for the test consonant with the Working Group's recommendations. Dr. Butler noted the absence in the Commentary of any direct mention of the use of information technology to foster independent learning. It was explained that the GPEP Report had given this strong emphasis and the intent of the Commentary was not to re-write the GPEP Report but to clarify parts of it with which the COD and CAS felt an uneasiness.

Action: On motion, seconded, and passed, the Board voted to amend the language of the Commentary on the GPEP Report in concert with the recommendation of the OSR and to strike all uses of underlining (italics) for emphasis. On motion, seconded, and passed, the Board voted to approve the document as amended.

I. Research Facilities Construction Legislation

Dr. Kennedy provided the background to H.R. 2823, the "University Research Facilities Revitalization Act of 1985," introduced by Rep. Don Fuqua (D-FL). The bill was in response to growing concerns about the deterioration of university research facilities. Since it would have to be approved by four Congressional committees before reaching the House floor, its provisions were expected to undergo substantial modifications. The AAMC therefore had an excellent opportunity to shape the final legislation.

At the heart of the bill was a 10 percent set-aside provision which the AAMC staff in a preliminary analysis had recommended opposing for various reasons, including its fear that money would be diverted from research to construction. Other staff recommendations included the addition of hospitals and research institutes to the program, the limitation of the bill to construction projects only, the endorsement of 50/50 matching requirements while arguing for a more favorable ratio, elimination of a sub-set-aside for institutions with smaller research programs, and addition of provisions for right of recovery and the allowance of continued availability of funds until expended.

Dr. Butler commented that he had attended a roundtable conference at the National Academy of Sciences which discussed the issue of the deteriorating infrastructure for research. Rep. Fuqua had stated candidly that the purpose of his bill was to draw out discussion on this issue. The proposed 15 percent set-aside for smaller research institutions was a deliberate attempt to garner their support for the bill but the figure was carefully calculated to match current allocations. The participants were quite concerned about the effect of a 10 percent set-aside on the current level of funding for research investigators. Congressman McKay had made an intriguing suggestion that a case could be made for Department of Defense funding for research facilities as contributing to the nation's security and defense.

Action: On motion, seconded, and passed, the Board voted to approve staff recommendations for a position on H.R. 2823.

J. Report of the Committee for the Governance and Management of Institutional Animal Resources

Dr. Sherman provided the background for the current draft report on the government and management of institutional animal resources, produced by a joint AAMC-AAU ad hoc committee. He noted that several changes had been incorporated in the recent version for the purpose of explicitly recognizing hospitals as one of the institutions serving as sites for animal research to which the report was directed. Dr. Clawson, a member of the ad hoc committee, indicated that the report was a consensus document which was intended not to be overly prescriptive. He commended Dr. Short in her handling of the process of the committee, which represented a heterogeneous assortment of views. He suggested that institutions found themselves not in compliance with rules and regulations primarily because of ignorance and noted that the report highlighted this point.

Dr. Stemmler also expressed strong support for the document as a minimum statement on institutional policies and procedures. He cautioned the Board that the mores of society in this area were changing. Society now expected the academic leadership not just to maintain decent animal care facilities but to monitor the activities of investigators who used animals in their research, a change with implications for academic freedom.

Dr. Butler raised concerns about the language and wording in two parts of the document. The first dealt with the suggested designation of a high ranking official reporting directly to the chief executive officer to be responsible for the animal resource program. This was seen as overly prescriptive and failing to take into account the variety of organizational governance structures in medical schools. Others pointed out that the key point of the suggestion was that the person in charge be high ranking and that other language in the document emphasized that these points were only to be interpreted as guidelines which could be met in a number of ways.

The second point dealt with the recommendation that institutional committees advising on animal care and use "document all discussions" regarding their decision to approve research protocols which necessitated a departure from institutional guidelines. The concern was with the liability potentially involved in that level of disclosure. Mr. Keyes suggested that the wording might be changed to "document the committee's rationale."

Action: On motion, seconded, and passed, the Board voted to endorse the AAMC-AAU Report on the Governance and Management of Institutional Animal Resources. The Board expressed concern about the recommendation concerning "documenting discussions" and suggested that it be modified to reflect the need to "document a rationale or justification."

Dr. Sherman recognized the contributions of Melissa Brown of the AAMC staff to the development of the report.

V. Discussion Items

A. Discussion with Dean Borg, GPA National Chairman*

Dean Borg, chairman of the AAMC's Group on Public Affairs (GPA), gave a presentation as part of the Board's continuing attempts to relate more closely with AAMC Groups. His presentation described the characteristics of GPA members, program highlights, services to members, and a summary of the organization's evolution to its current status. Currently, there were 422 GPA members whose institutional responsibilities consisted of public relations, alumni relations and/or development. Annual meeting programs had featured presentations by Chrysler Corporation on its marketing program and by Johnson and Johnson on the handling of the Tylenol crisis. The coming annual meeting was to feature representatives from investor-owned hospital corporations who would be interviewed by a GPA-member panel. Regional meetings were also conducted as well as conferences on special topics. Notable was one held in February, 1985, entitled "A Special Conference in Defense of the Use of Animals as Medical Research Subjects," which was attended by more than 200 persons. A videotaped presentation prepared for that meeting was still being widely circulated.

A professional journal, News and Comment was published quarterly. An "Awards in Excellence" competition was conducted annually, supported by a $5,000 annual grant from Merck, Inc. The GPA was formulating a public affairs "crisis team," which would be available to assist AAMC members in handling extraordinary situations which required public relations expertise.

The GPA began to take shape in the early 1950's and was granted official Section status by the AAMC in 1967. In 1971, it was awarded Group status under the name Group on Public Relations. In 1973, public relations staff of COTH institutions were invited to join and, in 1980, alumni and development staff were included. The GPA then adopted its current name to reflect this diversity in its membership.

Dr. Moy spoke for the Board in thanking Mr. Borg for his spirited presentation.

B. Transition to Graduate Medical Education

Norma Wagoner, Ph.D., chairperson of the GSA, had prepared for the Board with the assistance of others a comprehensive statement of issues relating to the transition to graduate medical education. The statement included problems and suggestions regarding graduate medical education and the selection process, clinical curriculum, and counseling process. Dr. Brown, noting the growing interest and concern about these issues, read the following recommendation for a motion:

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*This agenda item was discussed on September 11, 1985.

The Administrative Board of the Council of Deans recommends to the Executive Council that a committee to be known as the Committee on the Transition to Graduate Medical Education be formed and that it be charged as follows: 1) it shall study the present process by which admission is granted to graduate medical education programs and based on this study it shall recommend changes in the process; 2) the committee will consider the effects on the curricula of medical schools caused by GME selection processes with particular emphasis on effects regarding the general professional education of the physician; 3) the committee will also consider present practices regarding the counseling of medical students for entry into graduate medical education. Because of the importance of these problems to all the Councils of the AAMC as well as to the Organization of Student Representatives, the Group on Student Affairs, and the Group on Medical Education, it is recommended that each of these bodies be represented on the committee. The committee should report the results of its studies and its recommendations to the Executive Council no later than the annual meeting of the AAMC, October, 1986.

Action: On motion, seconded, and passed, the Board approved the motion to recommend creation of a Committee on the Transition to Graduate Medical Education.

Dr. Stemmler suggested that if the committee were endorsed by the Executive Council, the Wagoner paper should be distributed widely for comments and suggestions that the committee might consider. Two comments were made on the Wagoner paper. Dr. Moy raised an additional issue with regard to the selection process: the asynchrony of the NRMP match with that of the American Osteopathic Association (AOA). This had been discussed at a meeting of the Illinois Council of Deans. Dr. Tom Allen, secretary to that group and CEO of the Chicago School of Osteopathy, had volunteered to raise this issue with the AOA. Dr. Moy suggested that the committee might include this as part of its discussion. Dr. Butler expressed concern that the issue of program directors' requirements for electives to be taken in their hospitals in order for an applicant to be interviewed was not highlighted sufficiently in the paper's recommendations.

Dr. Swanson suggested consideration of some first steps to be taken to deal with this multi-faceted problem: a further structuring by schools of the fourth year of medical school, the establishment of a uniform date for forwarding information and letters of recommendation, the development of a centralized application service, and the development of better information for students on the characteristics of various programs.

Dr. Janeway cautioned the Board that there were many organizations involved in this issue. While not opposed to the creation of a committee, he advised that the issue might be best considered at the AAMC Officers Retreat, where an appropriate charge for the committee and AAMC strategy in dealing with the various organizations could be developed.

C. 1985 AAMC Annual Meeting

Dr. Brown reported that the Sunday afternoon program session would feature two themes: changes in the NBME examinations and issues involved in the transition to graduate medical education. Dr. Bowles who was to moderate the first part announced that the panel would consist of Dr. Moy, Richard Peters of the OSR, David Citron of the Federation of State Licensing Boards, and Robert Volle, of the NBME committee that reviewed the examinations. Dr. Brown announced that panelists for the second part of the program would be decided upon shortly. Mr. Keyes reported that a Sunday evening reception and dinner would be held at the Mayflower Hotel, at a cost not yet determined but expected to be $50 per person.

VI. Information Items

Dr. Brown drew the attention of the Board to a printed list of members selected to participate in the ad hoc MCAT Review Committee.

Dr. Stemmler reported that the ad hoc Committee on Faculty Practice had held an interesting and productive first meeting the day before. The goal of the committee was to examine carefully the role of the AAMC in helping its members deal with changes in the practice environment. The committee had encouraged staff to develop seminars under the Management Education Programs and/or a national conference dealing with changes in the health care delivery system and their impact on faculty practice. The discussions which would take place at such gatherings were to provide guidance to the committee in their recommendations.

VII. OSR Report

Dr. Sanchez reported that the OSR had completed its revision of an Issues Paper which was written to complement similar papers produced by the AAMC Councils. It also finalized plans for an annual meeting program that would feature as speakers Kenneth Ludmerer, M.D., Washington University School of Medicine and Arnold Relman, M.D., editor, New England Journal of Medicine.

VIII. New Business

Some of the deans had received letters from the VA Central Office with regard to relationships between VA faculty and drug companies. The Inspector General's review of records of Smith, Kline, and French had revealed that substantial sums of money had been made available to VA faculty, directly or indirectly, that had at least the appearance of a conflict of interest. Mr. Keyes reported that Association staff, at the request of deans, had looked at the regulations but were not aware of the specifics of the allegations. It was clear that under certain circumstances VA and federal employees could receive honoraria. There had been apparently some discussion and debate within the VA about how stringent the regulations regarding conflict of interest should be interpreted. A total of 88 letters had been sent by the VA to faculty members whose impact ranged from a mild admonition to severance from VA service. A further analysis required more specific details concerning the allegations.

The discussion of this issue was expanded by Dr. Cooper who questioned whether this problem existed with non-VA faculty as well. A sense emerged that this was a growing concern with regard to all types of faculty and extended into issues such as rebates on medical supplies, e.g., inter-ocular lenses, pacemakers, etc. Smith, Kline and French appeared to be the most aggressive drug company in these activities, but the VA Inspector General was investigating others as well. The question was raised whether this was more appropriately to be referred to the CAS as an issue involving faculty standards. However, it became clear that the deans could not afford to ignore this problem. Institutional policies tended not to be very specific in this area. The fact that some drug company money had furthered the academic mission, for example, through endowed chairs, made it a sensitive matter.

Dr. Russe raised as a new issue policies and procedures in dealing with the AIDS virus among students, house officers, and health care personnel. Dr. Elliott reported that he had knowledge of four instances of AIDS related problems affecting medical students, two at midwestern schools, one at a northeastern school, and one at a southern school. One of these students had died. Another did not have the virus but was the homosexual partner of someone who was so diagnosed. Each of these schools was discussing their policies and seeking assistance. These events raised questions about patient rights, student rights, institutional responsibility and reputation, and confidentiality and disclosure of information. The issue appeared to be worthy of continued discussion to develop ways the AAMC might assist medical schools which were faced with these problems. Dr. Elliott planned to raise the issue with the GSA at the annual meeting. Dr. Brown encouraged staff to continue work on this issue for discussion at a subsequent meeting.

Dr. Schofield announced that a transition from the old to new standards for accreditation would be conducted during the coming cycle. He encouraged those deans who would be serving on site visit teams to call him prior to the site visit to discuss changes in the standards and their implementation. Following the Sunday program session at the annual meeting, a session would be presented for school representatives on how to prepare for site visits. This would be followed by a training seminar for those serving as team secretaries. Dr. Schofield was hoping to recruit chief academic officers of schools to serve as team secretaries and asked for nominations from the deans. If the AMA approved, the stipend for team secretaries would be increased. The current stipend was $500.

IX. Adjournment

The meeting was adjourned at 12:05 p.m. Dr. Brown asked the Board to stay for a brief Executive Session.

COUNCIL OF DEANS SPRING MEETING

As Dr. Clawson mentioned in his "Dear Colleague" letter, this year's Spring Meeting will be designed to enable the deans to engage in productive deliberations on issues of direct concern. The hope is that the process will facilitate mutual commitment to action on a few positive steps to be taken on current and significant problems. In order to accomplish this, prepared addresses will be de-emphasized in favor of small group discussions. Each of the four program sessions will begin with a general convocation at which the framework for the discussion to follow will be briefly laid out. The group will then be divided into the twelve small groups constituted as set out on the attachment to this write-up. Each Board member will be asked to lead a group discussion.

In preparation for the program, background/issues papers will be prepared by the staff in consultation with the chairman and designated presentors. Each issue paper will conclude with a series of questions designed to focus the deliberations of the discussion groups. The hope is that through this process a consensus can be built around a reasonably short list of propositions which the deans assembled could then endorse as a Council on Saturday morning at the Business Meeting.

This approach is intended to develop the theme that the Spring Meeting Planning Committee meeting developed as its approach to the meeting, namely, the notion that "Deans would be unstopable if we get out act together." This idea reflects the perception that the deans might represent a more potent power in influencing the directions or resolving some of the pressing problems facing academic medicine if sufficient time were devoted to to identifying their common interests. The intention of this process, then, is to attempt to develop an influential commitment to act on the part of the deans.

The four issues identified by the planning committee and through subsequent refinement by the chairman are:

I. Attractiveness of Medicine as a Profession

This segment will explore two aspects of the relationship between applicants and physicians of medical schools. The decline in number of applicants and the consequent problems for medical schools in filling their classes with highly qualified students will be explored. But perhaps more significally, this session will occasion a reflection on the future dimensions of the profession, giving consideration not only to those factors which appear to undermine the professional autonomy and financial pre-eminence that medicine has enjoyed in recent history, but also to those aspects of the profession that promise that medicine will continue to be a challenging and exciting field. Dr. Spencer Foreman, President, Sinai Hospital of Baltimore, has been asked to make the opening address for this initial session.

II. Corporate Responsibility for Medical Student Education

The second session will be devoted to a consideration of medical school education leading to the M.D. degree. This is intended to develop reflections on one notion which was central to the GPEP panel report and subsequent commentary, namely, that some new mechanism is needed to permit the faculty to exercise its responsibility for ensuring the integrity, coherence and completeness of the program leading to the M.D. degree. It proceeds from the perception that the curriculum committee is insufficient to the task. It is too heavily focused on allocating time and turf and insufficiently inattentive to assuring that what is fundamental is included, that excessive detail is not required in the education of medical students; that skills are developed with adequate attention to issues of sequencing and redundancy. The underlying perception is that there is something unhealthy about the fragmentation of the students' time into uncoordinated and unreviewed responsibilities born by a sequence of departmentally focused activities.

III. Corporate Responsibility for Graduate Medical Education

During each of the Council meetings over the past several years, one recurring perception is voiced, namely, that the role of the medical school as an academic institution responsible for the continuum of medical education is inadequately developed with respect to residency--graduate medical--education. The AAMC, responding to the first general initiative of the Council of Academic Societies, adopted a statement urging corporate responsibility for graduate medical education in 1968. While this ultimately found expression in the General Essentials for Approved Medical Education adopted by the ACGME, there has been little real progress in achieving the objectives set out at that time. This session will explore the roles played by the deans, medical school faculties, program directors, service chiefs, hospital directors, specialty societies, specialty boards, residency review committees, the accreditation council, and the sponsoring organizations in the conduct of graduate medical education programs. The interplay between the organizational setting and economics of medical practice and the academic content of education programs will also be considered.

IV. Transition Between Medical School and Residency Education

This final segment will concentrate on the problems at the interface. It will permit the deans to revisit the problems so well presented by Norma Wagoner and Philip Felts.

Unfortunately, we are not at this time able to provide you with well developed issues papers in these areas. In advance of the meeting, we plan to forward some initial reflections on how we would expect to proceed. We would be very grateful to have your assistance on directions to take in the refinement of our efforts.

The University of Arizona

Health Sciences Center
College of Medicine
Office of the Dean
Tucson, Arizona 85724
(602) 626-7383

1885

1985

A Proud Beginning

December 13, 1985

Virginia V. Weldon, M.D.
Deputy Vice Chancellor for Medical Affairs
Washington University School of Medicine
660 South Euclid Avenue
St. Louis, Missouri 63110

Dear Ginny:

Following upon the discussions at the Officers' Retreat, some thoughts occurred to me in regard to the applicant pool issues raised. The following are ideas in the form of a policy statement for the AAMC which might be suitable future agenda material.

Background:

The applicant pool is declining according to recent AMCAS data. It appears that the characteristics of the decline are along a normal curve for grade point average and Medical College Admission Test scores. On the other hand, the pool is not declining uniformly regarding personal characteristics of the applicants, i.e., women, minorities, etc. are not declining equally. The relationship of this issue to health manpower, medical school class size, and quality of applicants is not yet clear, therefore.

Observations:

1. There still are underrepresented groups in the medical health care profession.

2. The public at large perceives that there are too few primary care providers and too many specialists.

3. The practice styles of physicians and other providers are changing. It may be that a new type of applicant will choose the profession.

Proposal:

The AAMC adopts the following postures:

1. Defend the quality of applicants for admission to schools regardless of the availability of physicians. That is, if the quality declines, applicants should not be admitted. A minimum standard must be defended.

2. There is now a unique opportunity to make available special programs to the underrepresented groups. A renewed energy to underrepresented minorities, financial excluded groups and rural applicants.

3. Direct financial aid and other innovative funding programs will be necessary, particularly to assist the underrepresented. A needs-based financial system may evolve. This should be studied and appropriate recommendations made to the Congress.

4. Many of the unfilled positions in the classes, because of shifting interest in medicine, might be filled by renewal of the Ph.D./M.D. programs. This should enhance the availability of academic faculty. Such programs could be subsidized to the need necessary to assure the future of the medical education system.

5. Those characteristics of medical education and/or the profession which seem to be distractive to applicants and shift them to other professions should be reviewed and used as arguments and strengthening points to develop curriculum change and other aspects of practice of medicine.

Sincerely,

Louis J. Kettel, M.D.
Dean

LJK:meb

cc: D. Kay Clawson, M.D.
Joseph A. Keyes

COD SPRING MEETING LOGISTICS

LOCATION AND SCHEDULE

This year's Spring Meeting will be held at the Ocean Reef Club in Key Largo, Florida, April 2-5, 1986. General registration will be conducted on Wednesday, April 2 from 1:00 p.m. until 5:00 p.m. The opening session, "Welcome and Overview, and the President's Report" will begin at 5:30 p.m. It will be followed immediately by a reception. Program sessions will run from 8:30 a.m. until 1:00 p.m. with a mid-morning coffee break on Thursday and Friday. The Business Meeting will be conducted on Saturday morning. The afternoons will be free in order to permit you to enjoy the facilities with your colleagues and spouses.

ACCOMMODATIONS

The Ocean Reef Club is located 50 miles south of Miami. There are several types of accommodations. The Club provides a large variety of facilities and activities upon its beautiful grounds, including golf courses, tennis courts, charter boats, a diving school, fresh-water and salt-water swimming, sailboats for rent, and shops, boutiques, and restaurants.

We urge you to return the enclosed reservation card as soon as possible to be assured of receiving the accommodations you request. Rates are as follows:

Lodge Room	$140/single or double
Marina Inn, Chalets & Yachtsman's Inn (Captain's)	$140/single or double
Yachtsman's Inn (Admiral's)	$260/one bedroom unit*
Golf Village & Pumpkin Cay	$190/one bedroom unit*
Fairway Lake, Marina Village, Pumpkin Cay & Villa	$320/two bedroom unit*

*These units are provided on a very limited availability basis. Assignment of these units will be based on the earliest replies.

All of the above rates are European Plan and are subject to a 7% Florida tax. You will be billed for your accommodations at your institution address after check-out. Personal checks may be cashed for up to $100.00 at the Front Desk. Check-in time is 3:00 p.m. Every effort will be made to accommodate early arrivals; however, if your accommodation is not yet ready, you may check your luggage and begin to enjoy the Club's facilities.

Please return the room reservation card which is attached in the enclosed business reply envelope directly to Debra Day, whether or not you plan to attend, NO LATER THAN FEBRUARY 15, 1986. Room reservations cannot be guaranteed after this date. In the event of individual cancellations, notification must be received at least 72 hours in advance of the meeting to avoid a one night room charge.

TRANSPORTATION

The Ocean Reef Club is located in Key Largo, Florida, approximately a 75 minute drive from Miami International Airport.

We have registered with Eastern to act as our sponsor airline for the Spring Meeting. Eastern is offering a minimum 35% off the normal coach airfare; any promotional fares will be offered to you first. Eastern has a convention desk which is open Monday through Friday from 9:00 a.m. to 8:00 p.m. (Eastern Time). You can call for flight reservations or fare information. Eastern's toll free number for this service is 800-468-7022 (in Florida, 800-282-0244) and the Easy Access Number is EZ9AP74. Your travel agent can make these arrangements for you.

Commuter airline service between Miami and Ocean Reef is offered by Trans Air. The cost is $49 one way and the planes are small, nine passenger aircraft. To arrange for transportation, please call Christina at 1-800-432-7723, after February 1, 1986.

Limousine service is provided between Miami International Airport and the Ocean Reef Club. The service is Red Top Sedan and their telephone is 305/526-5764. The estimated cost from Miami's airport is approximately $100 one way.

Because of the cost of alternatives, we recommend that you rent a car. We have negotiated with Hertz for discounted rates. The cost of weekly car rental is less than limo service. You may rent a car for your entire stay at the Club. Please see the enclosed flier for rates. Your travel agent can make these arrangements through the Eastern Airlines convention desk, or by calling Hertz at 800-654-2240.

Avis Rental also offers car rental to the Club. Avis has a one-way rental, with drop-off at the Club. You can also rent an Avis car at the Club for your return trip to the airport.

RECREATIONAL ACTIVITIES

Available for recreational activities are a pool or salt water lagoon on Buccaneer Island; deep sea, bonefish and reef fishing; boat tours and small boat rentals; glass bottom boat tours; two 18 hole golf courses; a jogging track; sailing; scuba diving; snorkeling; waterskiing and parasailing; thirteen tennis courts; and trap and skeet shooting. The Club also has several boutiques and shops. To reserve space or learn more about these activities, please contact Ms. Lia Cackowski at the Club, at 305/367-2611, extension 2275.

DINING

Buccaneer Island is an outdoor tropical island with a lunch bar, open from 11:00 a.m. until 6:00 p.m.

Carysfort Steakhouse offers elegant dining from 6:00 p.m. to 10:00 p.m.

The Dolphin Club Snack Bar offers sandwiches and cocktails. It is open from 9:30 a.m. until 4:00 p.m.

The Galley Coffee Shop, open from 7:00 a.m. until 9:00 p.m., serves sandwiches, salads and hamburgers.

The Islander offers tropical foods in a casual but exotic atmosphere and serves dinner from 6-10 p.m.

The Ocean Room is the Club's gourmet dining room. Light formality, music and dancing form the ambiance of the Ocean Room. Breakfast is served from 7-11 a.m. and dinner from 7-10 p.m.

The Club has several lounges in addition to the restaurants.

Reservations are necessary in all restaurants except the Glley. Call extension 2162 from 9:00 a.m. until 5:00 p.m. for reservations and information.

Dress is casual and comfortable. Name badges are not allowed in public areas, i.e. outside meeting rooms or private functions. Except for the Islander, Buccaneer Island and the Galley, all restaurants require slacks and collared shirts for men and corresponding attire for ladies during the day. After 7:00 p.m., gentlemen are requested to wear sport jackets in the Reef Lounge, Ocean Room and the Carysfort Steakhouse. Buccaneer Island, the Islander and the Galley are always informal.

THEME DINNER

On Friday, April 4th, we have planned a theme dinner. Dinner and dancing will be provided for your enjoyment. The approximate cost of the evening is $50.00. Enclosed are the menu and reservation form.

CLIMATE

The Ocean Reef Club is so close to the Gulf Stream that it provides warm winters - 64 to 77 degrees. The temperature is warm during the day, but a light jacket or sweater is recommended for evening.

COUNCIL OF DEANS SPRING MEETING

1986 Preliminary Program

	Tuesday April 1	Wednesday April 2	Thursday April 3	Friday April 4	Saturday April 5
7:00 am			Southern Deans' Breakfast	Midwest Deans' Breakfast	Community-Based Deans' Breakfast
8:00 am		New Deans'/Spouses Breakfast	General Session	General Session	
8:30 am					
9:00 am		#1 - New Deans Meeting (9-12 pm) #2 - Private-Freest Deans Mtg (9-3 pm)	Small Group Disc	Small Group Disc	Council of Deans Business Meeting
10:30-11:00 am			* BREAK *		
11:30 am		#3 - Spouses' Mtg (9-12 pm)	General Session Small Group Disc	General Session Small Group Disc	
1:00 pm		Registration	"UNSCHEDULED"	COD Administrative Board Luncheon	
2:00 pm				"UNSCHEDULED"	
5:30 pm		Welcome & Overview President's Report Intro of Bus Mtg			
7:00 pm		Reception - COD		Theme Dinner	

PROPOSED DISCUSSION GROUPS
COUNCIL OF DEANS SPRING MEETING

Group 1 - *Clawson*

W. Douglas Skelton, MD
Richard G. Lester, MD
Robert H. Quinn, MD
Larry D. Edwards, MD
Marvin Kuschner, MD
Vincent Lanzoni, MD
Henry L. Nadler, MD
Donald R. Kmetz, MD
Richard M. Krause, MD
Rudi Schmid, MD

Group 2 - *Kettel*

Paul Royce, MD
William H. Luginbuhl, MD
J. O'Neal Humphries, MD
G. Rainey Williams, MD
Richard H. Schwarz, MD
Robert W. McCollum, MD
Joseph E. Johnson, III, MD
Robin D. Powell, MD
Andor Szentivanyi, MD
Robert G. Petersdorf, MD

Group 3 - *Brown*

Raja Khuri, MD
Cecil O. Samuelson, MD
Richard L. Dobson, MD
William D. Sawyer, MD
Robert J. Joynt, MD
Robert M. Daugherty, Jr., MD
W. Donald Weston, MD
Walter J. Daly, MD
Bernard J. Fogel, MD
Sherman M. Mellinkoff, MD

Group 4 - *Butler*

Pedro J. Santiago Borrero, MD
Timothy Caris, MD
David S. Greer, MD
Manuel Tzagournis, MD
Saul J. Farber, MD
Robert H. Waldman, MD
Henry H. Banks, MD
Henry P. Russe, MD
Russell Miller, MD
Gerald Weinstein, MD

Group 5 - *Daniels*

Enrique Mendez, Jr., MD
Roger Bulger, MD
Sol Sherry, MD
Frank G. Standaert, MD
Arthur H. Hayes, Jr., MD
Richard L. O'Brien, MD
Robert E. Tranquada, MD
Harry N. Beaty, MD
L. Thompson Bowles, MD
Hibbard E. Williams, MD

Group 6 - *Deal*

Raul A. Marcial-Rojas, MD
George T. Bryan, MD
Thomas Detre, MD
Colin Campbell, MD
Nathan G. Kase, MD
M. Kenton King, MD
Daniel C. Tosteson, MD
John R. Tobin, Jr., MD
Milton Corn, MD
Peter O. Kohler, MD

Group 7 - *Moy*

Richard A. Cooper, MD
Claud Kern Wildenthal, MD
Edward J. Stemmler, MD
Richard W. Behrman, MD
Robert L. Friedlander, MD
William Stoneman, III, MD
John I. Sandson, MD
Philip M. Forman, MD
Leon Rosenberg, MD
Stanley E. Crawford, MD

Group 8 - *Naughton*

Richard DeVaul, MD
J. Ted Hartman, MD
Harry Prystowsky, MD
Tom M. Johnson, MD
Henrik H. Bendixen, MD
Harry S. Jonas, MD
Jay P. Sanford, MD
Marshall A. Falk, MD
Eugene M. Sigman, MD
James A. Pittman, Jr., MD

Group 9 - *Ross*

Lester R. Bryant, MD
Robert S. Stone, MD
Alton I. Sutnick, MD
William E. Laupus, MD
Dominick P. Purpura, MD
William Bradshaw, MD
John M. Dennis, MD
Donald W. King, MD
Joseph W. St. Geme, Jr., MD

Group 10 - *Eckstein*

David C. Dale, MD
John E. Chapman, MD
Joseph A. Gonnella, MD
Stuart Bondurant, MD
Thomas H. Meikle, Jr., MD
Norman C. Nelson, MD
James T. Hamlin, III, MD
Terence A. Rogers, PhD
David Korn, MD

Group 11 - *Goodale*

Stephen M. Ayres, MD
Robert L. Summitt, MD
Israel Zwerling, MD
Arthur C. Christakos, MD
Leonard M. Napolitano, PhD
David M. Brown, MD
Darryl M. Williams, MD
Louis W. Sullivan, MD
Joseph P. Van der Meulen, MD

Group 12 - *Leavell*

Norman J. Knorr, MD
Herschel L. Douglas, MD
John W. Kendall, MD
George F. Reed, MD
Richard C. Reynolds, MD
Franklyn G. Knox, MD
Robert F. Dyer, PhD
Albert W. Pruitt, MD
G. Gordon Hadley, MD