



**association of american  
medical colleges**

**AGENDA  
FOR  
COUNCIL OF DEANS**

**ADMINISTRATIVE BOARD**

**THURSDAY, APRIL 10, 1986  
8:00 AM - 12:00 PM  
FARRAGUT ROOM**

**WASHINGTON HILTON HOTEL  
WASHINGTON, DC**

**one dupont circle, n.w./washington, d.c. 20036**

**COUNCIL OF DEANS  
ADMINISTRATIVE BOARD MEETING**

Washington Hilton Hotel  
Washington, DC

AGENDA

**Wednesday, April 9, 1986**

6:30 pm - 7:15 pm

**Reception**

Farragut Room

7:15 pm - 9:00 pm

**Dinner**

Edison Room

Thursday, April 10, 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. Revision of the General Requirements Section of the Essentials of Accredited Residencies (Executive Council Agenda-----p.18)
  - B. Report of the Committee on Financing GME (Executive Council Agenda-----p. 19)
  - C. Report of the Ad Hoc Committee on Federal Research Policy (Executive Council Agenda-----p. 102)
  - D. AAMC Finance Committee Report (mailed separately)
  - E. Interpreting the AAMC Policy in the Treatment of Irregularities in Medical School Admissions (Executive Council Agenda-----p. 164)
  - F. Changes in GME Training Requirements (Executive Council Agenda-----p. 166)
  - G. Tax Reform Update (Executive Council Agenda-----p. 169)
  - H. Proposed Medicare Regulations on Payments for Medical Education (Executive Council Agenda-----p. 171)
- V. Discussion Items
  - A. Marketing and Advertising: The Role of the AAMC (Executive Council Agenda-----p. 179)
  - B. Current Proposals on Reimbursement of Indirect Costs (Executive Council Agenda-----p. 189)
- VI. Information Item
  - A. Pfizer Pharmaceutical's Advertisement Regarding Support for Biomedical and Behavioral Research . . . . . 12

- VI. OSR Report
  - A. OSR Critical Issues Paper . . . . . 16
- VIII. Old Business
- IX. New Business
- X. Adjourn

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

MINUTES

January 22, 1986

4:00 p.m. - 6:00 p.m.

January 23, 1986

8:00 a.m. - 11:30 a.m.

Chevy Chase Room

Washington Hilton Hotel

Washington, D.C.

PRESENT

(Board Members)

Arnold L. Brown, M.D.  
D. Kay Clawson, M.D., Chairman  
Robert Daniels, M.D.  
William B. Deal, M.D.\*  
John W. Eckstein, M.D.  
Fairfield Goodale, M.D.  
Louis J. Kettel, M.D.  
Walter F. Leavell, M.D.  
Richard H. Moy, M.D.  
Richard Ross, M.D.

(Guests)

Vicki Darrow  
Richard Janeway, M.D.\*  
Jack Myers, M.D.\*  
Richard Peters\*  
Charles Sprague, M.D.\*  
Edward J. Stemmler, M.D.\*

ABSENT

William Butler, M.D.  
John Naughton, M.D.

(Staff)

David Baime\*  
James Bentley, Ph.D.\*  
Robert Beran, Ph.D.\*  
Janet Bickel  
Melissa Brown  
Brendan Cassidy, Ph.D.\*  
John A.D. Cooper, M.D., Ph.D.\*  
Debra Day  
John Deufel\*  
Paul Elliott, Ph.D.\*  
James Erdmann, Ph.D.  
Charles Fentress  
Paul Jolly, Ph.D.\*  
Robert F. Jones, Ph.D.  
Thomas J. Kennedy, M.D.\*  
Joseph A. Keyes, Jr.  
Richard M. Knapp, Ph.D.  
James R. Schofield, M.D.  
Nancy Seline\*  
John Sherman, Ph.D.  
August Swanson, M.D.\*  
Kathleen Turner\*

\*Present for part of meeting

## I. CALL TO ORDER

Dr. Clawson called the meeting to order at 4:00 p.m. He welcomed the new Board members who were present, Drs. Eckstein, Goodale, and Ross and explained that Dr. Deal, the fourth new Board member, would be joining the meeting the following day. Dr. Clawson indicated that he would focus his leadership in the coming year on building consensus among the members on a number of issues the Board and Council would be facing.

## II. DISCUSSION OF SPRING MEETING

Ms. Day provided a description of the Ocean Reef Club, the site for the spring meeting, and addressed questions on the particulars of various lodging alternatives. Dr. Clawson reported that a new deans and spouses breakfast would be held on the morning of April 2, followed by orientation sessions. Mrs. Clawson would orchestrate the session for spouses. The Spring Meeting would feature small group discussions on four major themes: 1) the attractiveness of medicine as a profession, 2) corporate responsibility for medical student education, 3) corporate responsibility for graduate medical education, and 4) the transition between medical school and residency education. Spencer Foreman, M.D., David Dale, M.D., Harry Beatty, M.D., and Leon Rosenberg, M.D. respectively had been asked to introduce each of these discussion sessions with a brief presentation. In addition, staff were preparing draft background papers for each topic which would be given to the Administrative Board for review. The business meeting was to be scheduled at the conclusion of the meeting. Dr. Clawson expressed his hope that from the discussions several points of action would emerge and be considered at the business meeting. A maximum of ten groups of deans would be constructed for the discussion sessions, with each group reflecting a diversity of types of schools.

There were questions on an appropriate mechanism for summarizing the suggestions emanating from the discussion groups, and concerns about the nature of resolutions which might emerge during the business meeting. The Board agreed that there should be no attempt to summarize each discussion group. Rather, the Board would meet, identify areas worthy of follow-up and limit the reporting back and Council discussion to a few key issues. A concern was expressed that resolutions might be hastily drawn up without adequate staff analysis and sufficient reflection by Council members. The question was also raised whether the COD could have position on issues independently of the AAMC. The Board concluded that nothing should be done to dampen the deans' enthusiasm for discussing and building consensus on issues. It was the responsibility of the Administrative Board to handle the process by which ideas could be formalized for appropriate action. Furthermore, it was appropriate for the COD to

develop positions on issues as a first step in developing an AAMC position and strategy for action.

### III. DISCUSSION OF PROPOSED POLICY POSITIONS ON THE THE TAX REFORM ACT OF 1985 AND ON DEFICIT REDUCTION STRATEGIES

The Board considered proposed policy positions for the AAMC on the Tax Reform Act of 1985 and the potential impact on AAMC members of the Gramm-Rudman-Hollings Deficit Reduction Act. Dr. Sherman noted at the outset the hectic pace of legislative activity in these areas. Staff had hastily put together two background and analysis documents which detailed legislative provisions which were of primary concern to AAMC members.

Tax reform legislation, H.R. 3838, and presidential proposals which had preceded it were viewed as separable from the issue of appropriate level tax revenues. Provisions in the House bill were aimed at lowering overall tax rates by broadening the effective tax base. A major provision was with regard to the tax exempt bonding authority of 501(c)(3) organizations. Presidential proposals would have eliminated this authority, while the House bill would have restricted university and hospital access to tax exempt bonds. Other higher education organizations were strong in opposing any restrictions on tax exempt bonding authority for their institutions, while hospitals, which had been the focus of Congressional concern because of their ability to channel these funds into commercial and profit making ventures, were seeking a compromise in the legislation. This put the AAMC which represented both medical schools and hospitals in a difficult position. AAMC options were to lobby to have all 501(c)(3) organizations excluded from all restrictions consistent with the position of other higher education organizations, to lobby for a modified version of the House bill that would relieve 501(c)(3) organizations of the cap but not the other restrictions, or to lobby for the House version, which, while restrictive, was an improvement over the Presidential proposal to eliminate all access to tax exempt bonds. The Board members did not reach a conclusion on which position should be taken.

Another provision was the question of deductibility of state and local taxes. The President had proposed that these no longer be deductible; the House bill retained this deductibility. Board members concluded that this was not an issue which should receive primary attention by the AAMC.

A set of provisions with major significance to AAMC members had to do with retirement benefits. They had the effect of removing the highly favorable treatment of academic pensions and placing them in a competitively disadvantageous position vis-a-vis the pension arrangements available to organizations and institutions which would be competitors for high quality employees. With regard to IRC section 403(b) annuities, the annual contributions via salary reduction would

be capped at \$7,000 with an offset reducing the IRA dollar limit. Deferred compensation plans of tax-exempt organizations under section 1103 would have amounts to be deferred limited to the lesser of \$7,500 or one-third of the participants includible compensation. Tax exempt organizations would also not be eligible to adopt an IRC section 401(k) cash or deferred arrangement plan and TIAA-CREF assets would be taxed, reducing the amounts available to purchase annuities for persons now entering the system by an estimated 15 percent.

The one point of discussion on these provisions was the visibility which the AAMC should have in lobbying against these provisions. Dr. Cooper pointed out that TIAA had encouraged the AAMC before not to be highly visible on such issues, because the highly paid clinical faculties of medical schools were not viewed with sympathy by the tax writing committee staffs. The taxation of TIAA assets, however, was clearly a question of equity with other private pensions and could be argued against without being self-serving. Lobbying against the caps appeared to be another matter. Dr. Janeway pointed out that the limitations on 403(b) plans would complicate the governance of faculty practice plans, driving integrated plans into a chaotic series of individual for-profit corporations which would provide greater tax advantages. He urged that the AAMC make every effort to preserve a fiscal equity among plans and avoid this scenario. The Board agreed that the AAMC should strongly oppose the adverse impact on 501(c)(3) pension plans of the House bill.

The Board next considered a strategy to deal with the deep cuts in federal programs expected under the Gramm-Rudman-Hollings Act. A staff analysis had concluded that, absent an increase in tax revenues, programs in which the AAMC had a vital interest were liable to be devastated over the next five years. Barring significant change in the status of this legislation, the inevitable conclusion reached was that preservation of these programs required an increase in taxes. This raised the question of whether the AAMC should take a visible leadership role in calling for tax increases. Dr. Weldon noted that this represented an unusual policy question for the AAMC and observed that an AAMC position calling for an increase in taxes on tobacco, liquor, and firearms, which were related to the nation's health, might be more appropriate. A consensus developed that the AAMC should concentrate on describing the devastation of programs that would result from Gramm-Rudman-Hollings, imply the need for more tax revenues, but not specifically call for them. A description of the impact of Gramm-Rudman-Hollings was seen as being more persuasive if it was specific to local situations. AAMC staff was asked, therefore, to develop guidelines by which members could project the effect of Gramm-Rudman-Hollings on their institutions. It was noted that a consensus seemed to be developing on the Hill and among political observers on the need for tax increases, and



proposals to this effect, phrased in various euphemistic terms, could be expected.

#### IV. ADJOURNMENT

The meeting was adjourned at 6:00 p.m., until the following day.

Thursday, January 23, 1986

#### I. CALL TO ORDER

Dr. Clawson reconvened the meeting at 8:07 a.m. To complete the previous day's discussion of the COD spring meeting, he announced plans to honor Dr. Cooper at the meeting with a reception and dinner. Dr. Clawson had arranged to have selected Council members prepare a series of tributes as part of the dinner program.

All deans who had served on the Administrative Board during Dr. Cooper's tenure had been asked to write letters of commendation, which Dr. Clawson would have bound in a booklet. The Board also agreed to honor Dr. Sherman Mellinkoff who was retiring after 24 years of service as a member of the Council of Deans.

#### II. CHAIRMAN'S REPORT

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

- The Executive Committee approved the charge to the Finance Committee, which was to review the financial structure of the AAMC. The committee was chaired by Mitchell Rabkin, M.D. and would report its findings to the Executive Council no later than its June meeting.
- Targets for the 1987 AAMC budget were discussed. It was recommended that salary increments for staff be in the 5 to 6 percent range.
- HCA had offered a grant of \$15,000 to the Group on Public Affairs to be used at their discretion. The Executive Committee approved GPA acceptance.
- The theme for the annual meeting was to be "Leadership in Academic Medical Centers." John Gardner was the choice for the first speaker at the first plenary session, with Alistair Cook and David Gardner as alternates. The second plenary speech would be devoted to "Maintaining Diversity in Medical Education." The MAS had requested Clifton Wharton, Ph.D., chancellor of

the State University of New York. That request was approved. Alternate choices recommended were David Satcher, M.D. and Walter Leavell, M.D. A third speech would be devoted to "Leadership in Meeting Ethical Challenges." Al Johnson, professor of ethics at UCSF, was everyone's first choice, with Arthur Kaplan as a second choice. Also, either Robert Buchanan, M.D. or Robert Heyssel, M.D. would be asked to speak on faculty roles in the changing health care system. The second plenary session was to feature the theme of "Attractiveness of Medicine as a Profession," with Paul Beeson, M.D., as first choice for speaker, and Arnold Relman, M.D. and Sam Thier, M.D., as alternate choices. A place on the program was reserved for a speech by the new President of the AAMC.

- The Executive Council would vote on funding for an executive search firm to assist the presidential search committee.
- The Executive Committee had recommended that its meeting be held on Wednesday afternoon instead of early Thursday morning. However, the CAS had expressed reluctance to forego its Wednesday afternoon session. After a brief discussion, the Board also expressed its interest in retaining its Wednesday afternoon sessions. Dr. Clawson suggested that the cocktail reception and dinner might be moved back to accommodate an Executive Committee meeting in late afternoon or early evening.
- The Executive Committee decided to join other research groups in filing an amicus brief in a suit against NIH by animal rights activists. The suit sought to obtain the custody of laboratory animals.

### III. CONSIDERATION OF MINUTES

The minutes from the September 11-12, 1985 meeting of the COD Administrative Board were approved without change.

### IV. ACTION ITEMS

#### A. LCME Involvement in the Accreditation of Foreign Medical Schools

The Board considered the issue of LCME involvement in the accreditation of foreign medical schools, a provision of a bill sponsored by Rep. Claude Pepper (D-FL) to deal with the problem of inadequately trained foreign medical graduates. Mr. Keyes directed the Board's attention to a staff analysis of this question which had recommended that the AAMC oppose this involvement, primarily on the basis of legal and financial liability concerns. The recommendation was that the AAMC reaffirm its support for other measures including the restriction of Medicare funds for GME to LCME-graduates, restrictions on guaranteed student loans to students in

foreign medical schools, the development of a satisfactory "hands-on" examination of clinical competence, and as an interim measure, the requirement that FMG's be required to pass both parts of the FMGEMS examination at the same administration. On the second point, Dr. Moy had been influential in having Rep. Tauke introduce and the House pass an amendment to the Higher Education Renewal Act which restricted guaranteed student loans to students in schools in which 90 percent of the student body had scored in the upper quartile on the MCAT.

The Board's discussion focused on a concern that simple opposition to the Pepper proposal without some expression of willingness to cooperate in solving the problem risked the enactment of unpalatable alternatives. There was also discussion of the problems of state licensing boards which were leading to increasingly prescriptive curriculum requirements from which LCME-accredited schools were not exempted. This second point was addressed by Dr. Schofield who gave Board members a summary of new provisions in the California Medical Practice Act, effective January 1, 1986, as an example. Board members, sensitive to the problems with the LCME taking responsibility for the accreditation of foreign medical schools, supported the four alternatives proposed. In addition however, they concluded that AAMC opposition to LCME involvement should be framed to reflect AAMC reservations and concerns with the Pepper bill as written but to express a desire to work with the AMA, the state licensing boards, and Pepper staff in fashioning an alternative mechanism.

#### **B. Report of the Steering Committee on the Evaluation of Medical Information Science in Medical Education**

Dr. Clawson introduced Jack Myers, M.D. who was on hand to discuss the above mentioned report as chairman of the steering committee. Dr. Clawson also noted the contributions of Kat Turner, special assistant to Dr. Cooper, in the development of the report. Dr. Myers provided a brief background to the project and outlined the report's recommendations. These included 1) that medical informatics should become an integral part of the medical school curriculum, 2) that there should be an identifiable locus of activity in medical informatics in academic medical centers, 3) that training and career development in medical informatics be fostered by a series of coordinated actions (detailed in the report), 4) that professional societies and scientific journals be encouraged to publish in the field, 5) that the AAMC should design educational programs related to medical informatics, and provide a national information network on computer applications in medical education, and 6) that the National Library of Medicine should help coordinate the assessment of medical software and provide an information clearinghouse for software.

Richard Peters reported that the OSR had applauded the report but had two observations to make. First, the students were dismayed about how much energy was going into the development of artificial intelligence for diagnosis, an area they felt was best performed by physicians, and how little energy went into the development of a clinical information base. Secondly, they disputed the contention that a limited number of expert personnel existed in the field.

Action: On motion, seconded and passed, the Board voted to approve for distribution the report of the steering committee on the evaluation of medical information science in medical education.

Dr. Clawson next raised the question of how to move forward from the report toward implementation of its recommendations. He noted schools' needs for financial support. Comments from Board members focused on the need for faculty to get involved, for physicians and educators in medical schools to take the lead and not leave it to computer experts, and for examination systems which tend to drive instruction to exploit the use of computer technology. In this regard, Dr. Erdmann noted two initiatives by the Group on Medical Education, the Innovations in Medical Education program and the Curriculum Network Project, which were active in disseminating information on computer applications in medical education. Board members recommended an activist role for the AAMC in seeking external support for medical schools to assist them in the development of resources and technical capability to implement the report's recommendations.

### C. Malpractice Insurance Legislation

Nancy Seline, staff associate in the AAMC's Department of Teaching Hospitals, outlined a bill introduced in the House and Senate (S. 1804, H.R. 3865) that would establish a federal incentive grant program for states that reformed their laws governing malpractice insurance in various ways, including a limitation on non-economic damages and restrictions on attorney fees. The AMA had been the force behind the introduction of this bill and the issue was whether or not the AAMC should actively press for its passage. Board members agreed that tort reform at the state level was needed and this federal legislation might bring a focus to this issue. Dr. Moy commented that what was really needed at this time was "bad luck" insurance, which might help to draw a distinction between malpractice and misadventure. Dr. Clawson pointed to workman's compensation as a model for this type of insurance. In response to a question by Dr. Ross, Ms. Seline indicated that Congress appeared prepared to support limitations on attorneys' fees. The bill, which did not mandate tort reform, was seen as analogous to the highway speeding issue where changes in state laws were encouraged by federal funding incentives.

The Board concluded that the AAMC should support this legislation. It also concluded that at this time malpractice issues specific to the academic medical centers should not be pursued in the legislation.

#### D. Ad Hoc Committee on Graduate Medical Education

Dr. Clawson reminded the Board of its proposal to create an ad hoc committee on the transition to graduate medical education. That proposal was subsequently approved by the Executive Council. A discussion which had taken place more recently at the Officers Retreat concluded that problems at the transition between medical student and residency education could not be isolated from overall graduate medical education issues. The retreat participants had recommended that the Executive Council authorize instead an ad hoc committee to review the Association's past involvement in graduate medical education policies and recommend strategies to address immediately perceived problems and enhance the long-range influence of the Association on graduate medical education.

Board members expressed a fear that by being more global in scope the committee would not focus sufficient attention on the transition issues which were of immediate concern to the deans. Dr. Weldon concluded that as presently written the charge to this committee was too vague. She suggested that staff develop a charge that, while not circumscribing the committee's discussions unnecessarily, was more specific about the issues to be dealt with and that would identify the transition problems as the highest priority issue. Board members assented to this suggestion.

#### E. Coordinated Medical Student Loan Program

Mr. Deufel reviewed the staff's progress in developing an alternative loan program for medical students. Deliberations had reached the point where the Executive Council was being asked to approve implementation of the program, with the AAMC entering into contracts with a national lending institution and with the Higher Education Assistance Foundation (HEAF), which would act as loan guarantor. The program was viewed as having many advantages for medical students and financial aid officers. The AAMC would be compensated for its processing services and receive a small loan origination fee from the lender. AAMC liability extended only to the faithful transcription of loan application information. Mr. Peters applauded this effort and Dr. Clawson commended the staff for this innovative idea.

Action: On motion, seconded and passed, the Board voted to endorse the proposal that staff be authorized to enter into contracts and proceed with the implementation of the Coordinated Medical Student Loan Program.

## V. DISCUSSION ITEMS

### A. Incorporation of the ACCME

The Council for Medical Affairs (CFMA) was considering the advisability of incorporating the ACCME for the purpose of limiting the potential liability of the parent associations. The stimulus for this suggestion was a lawsuit by an entrepreneur against a school which named the ACCME and its parent bodies as co-defendants. Mr. Keyes reported that a preliminary analysis of the legal issues had suggested that it would be possible to incorporate the ACCME but the degree of protection afforded from liability would be in direct proportion to the surrender of control by the parent bodies. Thus a trade-off was involved; the only absolute protection from liability would be a total delegation of control. In a brief discussion following Mr. Keyes' remarks, the Board expressed little interest in the need for the ACCME to become separately incorporated.

## VI. OSR REPORT

Mr. Peters reported that the OSR had recommended that consideration be given to including a resident, who had previous experience on the OSR, on the ad hoc committee on graduate medical education. It also had advocated the inclusion of a fourth year student on the committee. The OSR issues paper had been completed and would be distributed within the next month.

The OSR had expressed interest in seeking outside funding for two projects. The first was a study comparing traditional versus problem-based medical school curricula. The second was a series of seminars led by Dr. Patch Adams on the attractiveness of medicine as a profession. It was the OSR's understanding that it needed COD permission to take this request to the Executive Council.

Board members supported the concept of both of these projects. The discussion focused on the process by which the OSR could apply for funding in the AAMC's name. Mr. Keyes clarified that while the Executive Council was the governing body of the Association, the staff was under the direction of the AAMC President. All programmatic activity came under the aegis of the President. Thus, it was not appropriate for funding to come directly to the OSR as a group; instead it would come to the AAMC and the activity would be under the direction of the President. Mr. Peters welcomed staff input into the project but noted that a proposal had already been written and expressed a concern about the time involved in moving through channels. An alternative they would consider was not to seek funding in the name of the OSR or AAMC but in the names of their institutions. The Board concluded by reiterating its support for the concepts of the two projects and

recommending that the proposals be reviewed by staff in time for Executive Council action at the April 9-10 meeting.

#### VII. NEW BUSINESS

For the purpose of developing new agenda items, Dr. Clawson polled each of the Board members to determine what issues at their institutions were of paramount concern. It became quickly evident that efforts to preserve the patient base for teaching and research were consuming the deans' energies. Other issues mentioned included malpractice insurance and the development of talented young faculty for positions as assistant or associate deans.

Mr. Keyes expressed a concern with the response to announced Management Education Program seminars on alternative delivery systems. The Board advised him to consider a direct mailing to department chairmen. Dr. Schofield repeated his call for recommendations for LCME site team secretary positions and for senior students to serve an elective at the AAMC. Dr. Kennedy asked the Board to send to AAMC staff copies of letters sent to Congressmen.

#### VIII. ADJOURNMENT

The meeting was adjourned at 11:30 a.m.



# association of american medical colleges

February 20, 1986

Rita Wroblewski, M.D.  
Director of Medical Affairs  
Pfizer Pharmaceuticals  
Pfizer Inc.  
235 East 42nd Street  
New York, NY 10017

Dear Rita:

On behalf of the Ad Hoc Group for Medical Research Funding and also the Association of American Medical Colleges, I wish to express our very deep appreciation to you and your colleagues at Pfizer Pharmaceuticals for your innovative and persistent efforts to enhance cooperation between your organization and medical schools and the scientific community.

The advertisement placed by Pfizer recently in the print media that urged public support for biomedical and behavioral research certainly provides solid evidence of your interest in this subject that is of such importance to our community as well as for the public good. We are most grateful to you for your willingness to discuss the strategy as well as the content of the document prior to its publication. Furthermore, the location and the timing of the ad placed in the Washington Post provides an excellent example of the thoughtfulness and skill with which you, Chuck Fry and others have pursued this initiative. Enclosed is a copy of the ad as it appeared in the Post together with my memo covering a mailing of it to the full membership of the Ad Hoc Group.

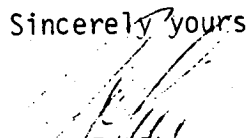
We are in the midst of preparing the Ad Hoc committee's brochure for FY1987 and expect to have that task completed within the next two to four weeks. As soon as the document is available, I shall be certain to forward a copy to you, and call to discuss its distribution with you. At the moment the uncertainties arising particularly from the Gramm-Rudman-Hollings legislation but also the President's 1987 budget proposals have placed us in a bit of quandary as to the best strategy to employ for the current year.

Thank you again for your continuing and thoughtful assistance. We look forward to working with you on other projects in the future.

Enclosure

Sincerely yours,

cc: John A. D. Cooper, M.D.  
Thomas J. Kennedy, M.D.  
✓ Joseph Keyes  
Elizabeth Short, M.D.  
Len Koch  
Ad Hoc Group for Medical  
Research Funding Steering Committee

  
John F. Sherman, Ph.D.  
Vice President





# association of american medical colleges

February 20, 1986

Mr. Charles L. Fry  
Director, Policy and Communications  
Pfizer Pharmaceuticals  
Pfizer Inc.  
235 East 42nd Street  
New York, New York 10017

Dear Chuck:

On behalf of the Ad Hoc Group for Medical Research Funding and also the Association of American Medical Colleges, I wish to express our very deep appreciation to you and your colleagues at Pfizer Pharmaceuticals for your innovative and persistent efforts to enhance cooperation between your organization and medical schools and the scientific community.

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We are in the midst of preparing the Ad Hoc committee's brochure for FY1987 and expect to have that task completed within the next two to four weeks. As soon as the document is available, I shall be certain to forward a copy to you, and call to discuss its distribution with you. At the moment the uncertainties arising particularly from the Gramm-Rudman-Hollings legislation but also the President's 1987 budget proposals have placed us in a bit of quandary as to the best strategy to employ for the current year.

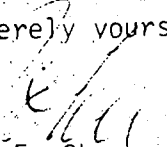
Thank you again for your continuing and thoughtful assistance. We look forward to working with you on other projects in the future.

With best wishes.

Sincerely yours,

Enclosure

cc: John A. D. Cooper, M.D.  
Thomas J. Kennedy, M.D.  
Joseph Keyes  
Elizabeth Short, M.D.  
Len Koch  
Ad Hoc Group for Medical Research  
Funding Steering Committee

  
John F. Sherman, Ph.D.  
Vice President

# The Ad Hoc Group For Medical Research Funding

February 20, 1986

## MEMORANDUM

To: Ad Hoc Group for Medical Research Funding

From: John F. Sherman, Ph.D.  
Chairman, Steering Committee

Subject: Pfizer Pharmaceuticals' Efforts on Behalf of Biomedical and Behavioral Research

Enclosed you will find a copy of an advertisement placed by Pfizer Pharmaceuticals on The Federal Report page of the Washington Post on February 6, 1986.

Officials of that company have been discussing with us activities which could benefit our cause, and this ad is tangible evidence of that initiative on their part. We are presently exploring the possibility of using our forthcoming brochure, covering NIH and ADAMHA appropriations for FY1987, to respond to inquiries received as a result of the invitation at the close of the narrative part of the ad.

On behalf of the Ad Hoc Group, I have expressed our deep appreciation to the company for their support, but I hope you would be moved to convey similar sentiments on behalf of your organization.

Enclosure

# Medical Research— building a healthier future

If you've ever been treated for high blood pressure...heart disease...diabetes...or almost any health problem, medical progress based on research has already touched your life.

Because of medical research, polio no longer strikes in epidemic proportions every summer. Today about three-quarters of patients diagnosed as having Hodgkin's disease will survive five years or longer—as opposed to less than half twenty years ago. Current treatment options for people with heart disease and high blood pressure include medication that helps the body's natural regulators to control blood pressure and volume, enabling the heart to function with less strain.

Scientists are now working on new ways of treating such devastating afflictions as heart disease, cancer and Alzheimer's disease. They are testing new enzyme inhibitors that may control or reverse the late complications of diabetes. Forthcoming breakthroughs in understanding biological processes and treating disease may change the quality and perhaps the length of your life.

Medical research leading to such results takes years of patient, often frustrating experimentation by many different teams throughout the public and private sectors of our scientific community. The tasks involved are not simple.

Advances in research stem from a partnership that includes federal agencies such as the National Institutes of Health (NIH), universities and teaching hospitals across America, and private industry laboratories. Each partner often works independently to acquire knowledge and test new concepts. They must build on the knowledge developed in all laboratories, and they often coordinate efforts in their search for answers.

Whether an idea originates in a university laboratory or starts with basic product research carried on in the private sector, important findings percolate through the entire scientific community, where each new finding serves as a building

block to establish a deeper understanding of what we are and how we function.

Medical research is an expensive process. It needs steady funding for equipment and personnel—even when progress is slow. Government and industry often work with university-based scientists and the medical profession not only in the acquisition of new knowledge and the development of new treatments, but also in funding these advances.

Now more than ever, we all must do our part to help keep the flow of discoveries active and ongoing. If funding for medical research is reduced, major advances in knowledge about some of the most dreaded diseases facing us today could be delayed for years to come.

What can you do?

- *Speak up.* Let your legislators know that you want funding of biomedical research by NIH and other government agencies to be kept at the highest possible levels.
- *Contribute* to voluntary health organizations supporting disease research.

Research-based pharmaceutical companies such as Pfizer are also increasing their financial investment in research. For instance, in 1984 alone, pharmaceutical companies in the United States spent over 4 billion dollars on research and product development.

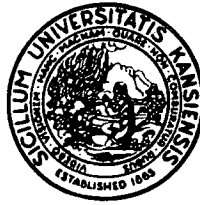
At the same time, we at Pfizer realize the importance of committing more than money to research. As a partner in healthcare, we are continually working to discover new ideas, test new concepts, and turn new understanding to practical and beneficial uses. Now we are working harder than ever to make sure that this nation's medical research effort receives the attention—and funding—it deserves.

*For more information on the future of medical research in America, write to Pfizer Inc., P.O. Box 3852 FR, Grand Central Station, New York, NY 10163.*



PHARMACEUTICALS • A PARTNER IN HEALTHCARE

*Washington Post - Feb. 6, 1986*



**THE UNIVERSITY OF KANSAS**

Office of the Executive Vice Chancellor  
College of Health Sciences and Hospital  
39th and Rainbow Blvd., Kansas City, Kansas 66103  
(913) 588-1207

January 24, 1986

Joe Keyes  
Director, Department of Institutional  
Development  
Association of American Medical Colleges  
One Dupont Circle, N.W. Suite 200  
Washington, D.C. 20036

Dear Joe:

I am enclosing Rick's recent letter to me regarding pass/fail on National Boards. I had a brief discussion with both Rick and Vicki at the recent meeting. As you know, I have long favored the use of National Boards as a tool to evaluate medical school teaching as well as a route to licensure. I believe we would not lose anything from the exam if it was reported it as pass/fail as far as the accreditation process is concerned and I believe it would have a very salutary affect on both the students and faculty. While I recognize some faculty point to high scores on the National Boards to justify their teaching, I believe it does inhibit inovation. I recognize this issue has been discussed many times over the past years but would like to see it reviewed once again by both the COD and CAS. I doubt if COTH would have much interest in it.

Most sincerely,

D. Kay Clawson, M.D.  
Executive Vice Chancellor

DKC:lmd

Enclosure

1010 Muirlands Vista Way  
La Jolla, CA 92037  
January 8, 1986

D Kay Clawson, MD  
Executive Vice-Chancellor and Dean  
University of Kansas School of Medicine  
University of Kansas Medical Center  
39th and Rainbow Blvd  
Kansas City, Kansas 66103

RECEIVED  
EXECUTIVE VICE-CHANCELLOR-KUMC

JAN 9 1986  
AM PM  
7:30, 10, 11, 12, 1, 2, 3, 4, 5, 6

Dear Dr. Clawson,

I am taking this opportunity to write to you concerning various considerations of importance to the Association of American Medical Colleges in the upcoming year. Vicki Darrow and I are in the process of planning where and how to apply our energies and that of the OSR Ad Board and are very interested in working closely, and perhaps in consort, with the COD, CAS and COTH.

One area of concern to our student constituency, that was reiterated strongly at the National Meeting, is over the perceived misuse of National Board scores. In light of the COD session, and your own opinion concerning this issue, we were wondering if it would be appropriate to bring the issue up for discussion and possible action within the COD. I am certain that this issue has not escaped your attention, but would like to state that we are interested in actively pursuing a change to Pass/Fail score reporting by the NBME while encouraging the continued development of their 'new' exam. We are unsure at the moment as to the best way to approach this ideal.

We also feel that many things that are issues and concerns to us are in closer accord with feelings and opinions of the other councils than is generally perceived. We would like to take some time this year to ameliorate conflicting notions and proceed with the tasks at hand.

We look forward to working with you this year, and are very pleased that you are Chairman of the Council of Deans. We welcome any opportunity to sit and talk with you.

Sincerely,

  
Richard M Peters Jr

RMP:bf1

FUTURE MEETING DATES

1986 Meeting Dates:

*Executive Council/COD Admin. Board -*

January 22-23  
April 9-10  
June 18-19  
September 10-11

*AAMC Annual Meeting -*

New Orleans Hilton  
New Orleans, Louisiana  
October 25-30

*COD Spring Meeting -*

The Ocean Reef Club  
Key Largo, Florida  
April 2-5

1987 Meeting Dates:

*Executive Council/COD Admin. Board -*

January 21-22  
April 15-16  
June 17-18  
September 9-10

*AAMC Annual Meeting -*

November 7-12  
Washington Hilton Hotel  
Washington, DC

*COD Spring Meeting -*

April 4-8  
Stouffer Wailea Beach Resort  
Maui, Hawaii