



**association of american  
medical colleges**

**AGENDA  
FOR  
COUNCIL OF DEANS**

**ADMINISTRATIVE BOARD**

**WEDNESDAY, FEBRUARY 24, 1988**

**6:00 - 7:00 PM**

**JEFFERSON WEST**

**THURSDAY, FEBRUARY 25, 1988**

**8:00 - 9:00 AM**

**MAP ROOM**

**9:00 AM - 12:30 PM**

**CONSERVATORY ROOM**

**WASHINGTON HILTON HOTEL**

**WASHINGTON, DC**

**COUNCIL OF DEANS  
ADMINISTRATIVE BOARD MEETING**

Washington Hilton Hotel  
Washington, DC

**AGENDA**

**Wednesday, February 24**

6:00 - 7:00 pm

Jefferson West

Joint Boards' Session  
Guest Speaker: Hon. David Obey

7:00 - 7:30 pm

Jefferson East

Joint Board's Reception

7:30 pm - 9:30 pm

Cabinet Room

Council of Deans' Dinner

Thursday, February 25, 1988

8:00 - 9:00 am

Map Room

President's Report

9:00 a.m. - 12:30 p.m.

Conservatory Room

COD Administrative Board Meeting

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V. Action Items	
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IX. Old Business

X. New Business

XI. Adjourn

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

MINUTES

September 10, 1987  
8:00 a.m. - 12:30 a.m.  
Caucus Room

Washington Hilton Hotel  
Washington, D.C.

PRESENT

(Board Members)

L. Thompson Bowles, M.D., Ph.D.  
William T. Butler, M.D.  
D. Kay Clawson, M.D.  
Robert S. Daniels, M.D.  
William B. Deal, M.D.  
Robert L. Friedlander, M.D.  
Louis J. Kettel, M.D., Chairman  
John Naughton, M.D.  
Richard S. Ross, M.D.  
Henry P. Russe, M.D.  
W. Donald Weston, M.D.  
Hibbard E. Williams, M.D.

(Guests)

Vicki Darrow, M.D.  
Kimberly Dunn  
Edward J. Stemmler, M.D.\*

(Staff)

M. Brownell Anderson  
James Bentley, Ph.D.\*  
Robert Beran, Ph.D.  
Sarah Carr  
Amy Eldridge  
Paul Jolly, Ph.D.  
Thomas J. Kennedy, M.D.\*  
Joseph Keyes  
Richard Knapp, Ph.D.\*  
Mary H. Littlemeyer  
Elizabeth Martin  
Wendy Pechacek  
Robert G. Petersdorf, M.D.\*  
John F. Sherman, Ph.D.\*  
Allen Shipp\*  
Elizabeth Short, M.D.\*  
Jim Terwilliger  
Kathleen Turner\*

\*Present for part of the meeting

**I. CALL TO ORDER**

The meeting was called to order at 8:05 a.m., by Louis J. Kettel, M.D., Chairman.

**II. CHAIRMAN'S REPORT**

Dr. Kettel reported that the Executive Committee met on September 9. Discussions included the audit agenda and the situation of needed space by the AAMC. A task force

composed of AAMC staff is looking into possible solutions. Dr. Kettel spoke about the VA search committee for the Deputy Director of the VA for Academic Affairs and asked the Administrative Board to think of possible candidates.

### III. APPROVAL OF MINUTES

The minutes of the June 18, 1987 meeting of the COD Administrative Board were approved as submitted.

### IV. ACTION ITEMS

The Administrative Board considered the following action items:

#### A. Report of the Ad Hoc Committee on Housestaff Participation:

Dr. James Bentley reviewed the Report of the ad hoc Committee on Housestaff Participation. The Committee recommended that an Organization of Resident Representatives (ORR), modeled after the Organization of Student Representatives, be formed to represent housestaff within the AAMC. The Committee recommended that one resident representative be selected from each COTH full-member hospital, through a process which each hospital can determine. The hospital directors believe that they should choose the representatives since they will be providing the funds for their delegates' participation. The ORR would report to the Council of Teaching Hospitals, but it would also have a formal linkage to the Council of Academic Societies. The COD Administrative Board expressed concern that the deans did not have any voice in selecting the ORR. Some medical schools increasingly have a more supervisory role over their affiliated hospital programs, and in some systems, the school of medicine would indeed pay the cost of the housestaff representative. A board member suggested that the selection be made by the hospital with the approval of the respective dean. Another member proposed not distinguishing between the "hospital" or the "school" but instead allowing each "institution" to pick a representative.

ACTION: On motion, seconded and unanimously approved, the COD Administrative Board agreed to receive the report with the consideration that a mechanism be derived in which the dean of the school would have some input into the selection process and that the report should be discussed by the full Council before final action by the Assembly.

B. Proposed Policies for the Establishment of a Jointly Sponsored AAHC/AAMC Group of Government Relations Representatives

Dr. Richard Knapp reported on the establishment of a group of Government Relations Representatives of AAHC/AAMC institutions. He described it as a means by which a group of individuals who already exist can be united under the joint guidance of the AAMC and the AAHC. The group would consist of government liaison staff of Deans and/or Vice Presidents for Medical Affairs, although the representatives would not necessarily have to be actual government relations people. Representatives would, however, have to be actual employees of the institutions; consultants hired by an organization will not be included. Since the number of people handling policy making issues varies by institution, the number of representatives is not limited. The purpose of the group is information sharing and gathering, getting current information about regulatory or legislative issues into the right hands.

ACTION: Upon motion, seconded and carried, the COD Administrative Board unanimously accepted the proposed policies for the establishment of a jointly sponsored AAHC/AAMC group of Government Relations Representatives.

On a separate matter, Dr Knapp spoke of the large number of requests that the Association receives to make political contributions. He explained that the Association cannot make such contributions and still maintain its 501(c)(3) status. He also asked the deans to stop by their state congressional offices whenever they come to Washington for meetings.

C. ACCME Guidelines for Accrediting Enduring Educational Materials

The Board considered the ACCME's proposal for accrediting enduring educational materials such as cassettes and videotapes. Books and reference guides are not included in the proposal. Such materials must adhere to the ACCME Essentials; they must include a needs evaluation, an educational goal and assurance that the material is current. Concern was expressed that this type of material can quickly become outdated. The proposal, however, calls for each sponsor to evaluate the material every three years, and the date of release must be clearly displayed on each item.

ACTION: Upon motion, seconded and carried, the COD Administrative Board unanimously accepted the proposed

ACCME guidelines for accrediting enduring educational materials.

D. Full Funding of Research Project Grants

Dr. John Sherman stressed the concern of the Association in defending the legitimate costs of biomedical research and full funding of research project grants. OMB has recently made several proposals to contain the costs of these grants as the Administration tries to "get control" of the NIH funding situation. Dr. Elizabeth Short started her discussion of this issue by explaining the meaning of "full funding" as being whether a grant is funded at the level of the budget as modified only by study section merit review and Advisory Council action. "Scientifically appropriate" peer-reviewed funding would be a more appropriate term to use in the coming year. Dr. Short emphasized that the cost cutters at OMB are moving to cap costs per grant. OMB compares costs with general CPI inflation, and the cost of NIH's research grant portfolio has been rising at a higher rate than CPI. The discussion paper that the Division of Biomedical Research had prepared, however, shows that in unit price per grant, the average cost of an awarded research project grant is less than in 1977. NIH has purchased more grants, but the cost per dollar of these grants has not grown. The House Appropriations Committee report for FY 1988 requests the GAO to conduct a study of the underlying basis for cost increases at NIH, with special emphasis on differentiating between real program expansion and price growth.

ACTION:

On motion, seconded and carried, the COD Administrative Board unanimously approved that the position of the AAMC should be to support full funding of NIH research grants.

E. Policy for Paying Capital Costs in COTH Hospitals

Dr. Bentley described the Administration's current proposal to reimburse hospital capital expenses on a prospective payment basis. This plan would pay hospitals an average amount for costs that vary greatly by hospital. The industry believes that since hospitals have such different circumstances, i.e., some are older with plans to rebuild while others are brand new or recently renovated, this method of payment would not accurately address the paramount issue of equity. They favor cost reimbursement, even if Congress is unwilling to provide full cost, so that their incurred expenditures might be more realistically represented. In 1984, an AAMC ad hoc committee devised a policy statement in favor of a prospective payment plan. However, the hospital

industry now feels that prospective payments have become politicized and unpredictable. Since capital expenditures are such long-term commitments, hospitals favor the more stable method of paying capital expenses on a cost-related basis.

ACTION:

On motion, seconded and carried, the COD Administrative Board unanimously approved that the 1984 policy statement be rescinded.

F. Paper on Housestaff Hours

A draft paper was written in response to the Executive Council decision in June that the AAMC should develop a position paper on the subject of housestaff hours. Dr. Petersdorf stressed that the paper was only a draft; COTH and OSR had already made suggestions for modifying the paper. A concern was expressed that if resident hours are shortened, the downward flow of education to medical students would be hindered. Residents do a large amount of teaching and that gap would have to be filled. Several board members noted the risk of labeling residents as teachers because of the possibility of having to pay them higher stipends in their roles as "educators." A suggestion was also made that a more balanced view of housestaff fatigue needs to be included since there are now published studies indicating that fatigue can impair function. Dr. Vicki Darrow summarized the OSR comments on the position paper. The OSR feels that the core issues should be education, supervision, and ancillary support. They feel that there is nothing magic about working a 20-40 hour period in order to follow a patient through an illness, just as there is nothing magic about a 12-hour period. There is a lot to be gained from shorter hours, including the improvement of communication skills between residents and the idea of a team approach. The OSR believes that supervision of residents does need to be improved and that physical and mental exhaustion from a 36-hour shift is a reality. Dr. Petersdorf suggested that the paper should be redone in light of the suggestions made and that a review committee should be appointed to help prepare the final paper.

ACTION:

On motion, seconded and carried, the COD Administrative Board supported the continued efforts of the AAMC in developing a position paper on housestaff hours.

On other matters, Dr. Petersdorf announced that the AAMC had filled three senior staff positions: Edwin Crocker, Vice President for Administrative Services, Robert Levy, Vice President for Biomedical Research, and Louis Kettel, Associate Vice President for Academic Affairs. A retreat, renamed an "advance",

was recently held for the senior staff to discuss such issues as minority programs, the advancement of housestaff, the promotion and retention of faculty, and the issue of groups and membership. Dr. Petersdorf reported on the decision to withhold deans' letters until November 1. A few letters have been sent early, but the majority of deans have held together in enforcing November 1.

G. Distinguished Service Nominees

Three recommendations for Distinguished Service Members were received. One of them, James Schofield, was deferred since he is still directly affiliated with the AAMC.

ACTION:

On motion, seconded and carried, the COD Administrative Board unanimously approved Fairfield Goodale and Ernst Knobil as Distinguished Service Member nominees and submitted them to the Executive Council.

H. Proposed Resolution on Affirmative Action Salary Analysis

The Board discussed the proposed resolution concerning salary equity and the survey instrument prepared by the AAMC. A suggestion was quickly made to include all minorities in the survey, not just women. The University of Pennsylvania and SUNY-Buffalo had used the survey and found it to have some salutary effects. The National Council of Women in Medicine sponsored the resolution endorsing the AAMC approach for all medical schools. Dr. Paul Jolly explained that the Section for Operational Studies can collect the data from a school and produce an equity report which compares the school's salary data on a national and regional level, as well as cross-tabulating a school's own faculty to reveal any inequities. The Administrative Board felt that salary analyses were being conducted at many schools, and a suggestion was made to survey each dean to discover how many schools actually have an existing equity policy. Several board members expressed concern over passing a resolution that mandated using "the AAMC/University of Pennsylvania methodology" since many schools have existing methods and if the particular methodology stated in the resolution was not used, a school could be open for libel. The Board did agree that they should encourage each school to look within their own institution to minimize any potential inequities. A suggestion was made to distribute to the deans the availability of the survey for anyone who wishes to access it. It was pointed out that equity is becoming a complicated issue since clinical departments now have a vast array of non-M.D.s. An institution needs

to compare job descriptions rather than just concentrating on a specific salary range per degree.

ACTION: On motion, seconded and carried, the COD Administrative Board agreed that information on the survey should be distributed to the deans with encouragement to perform such an analysis.

## V. Discussion Items

### A. Informal Discussion of Changes in the Examination Sequence for Licensure

Dr. Bowles stated that pressures are building in a growing number of states, especially New York and California, to require a single pathway to licensure. The NBME and the Federation of State Licensing Boards have concluded that the timing is correct to review licensing procedures in an attempt to establish a single route to licensure. The support of the academic community is essential if a single track is to be implemented. The three-step pathway would consist of NBME Parts I & II as they are now administered and a third exam combining the current FLEX 1 and 2. The Administrative Board was alarmed that this process would have to be open to all candidates, not just graduates of LCME accredited schools. If the LCME criteria is eliminated, an important control over the certification of clinical competency is lost. Also, board members agreed that once a single pathway is implemented, the pressure on legislators to drop the FMGEMS requirement will be enormous. It was pointed out that New York currently has a requirement that FMGs must complete three years of post-graduate training before becoming eligible for licensure. LCME graduates have only a one-year requirement. A suggestion was made to include a similar requirement in the single-route proposal. The Board strongly felt that certification of clinical competency needs to be included somewhere in the system. The National Board has not discussed, as yet, the issue of retaining NBME certification.

### B. NRMP Match Announcement Date and Conflict with COD Spring Meeting

A conflict currently exists between the last day of the 1988 COD Spring Meeting and Match Day. It is impossible at this late time to change the meeting date. Board members suggested that the planning committee for the spring meeting should take this conflict into consideration and plan accordingly. The feedback on the small group discussions at the spring meeting has been positive, so that format will be continued.

### C. COD Annual Business Meeting

Items suggested for discussion included salary equity, indigent care, ambulatory education, an update on the ORR and full research funding.

## VI. Information Items

### A. Report on November 1 Dean's Letter Release Date

Dr. Robert Beran gave a progress report on the November 1 release date. At least 110 schools have firmly refused to send out letters early.

### B. Deferment of Student Loans

Dr. Beran explained that the Department of Education has stated that "a borrower who is enrolled in a residency program at an eligible institution may, if he/she is considered by the school to be a full-time student, receive a deferment based on in-school status." This DOE ruling can only be applied to those residents in academic hospitals, and it is up to each institution to decide what constitutes "enrollment." He also clarified that under the GSL program, the two year deferment period for residents only applies to new borrowers since July, 1987.

### D. Council of Deans' Annual Meeting Program

Amy Eldridge reported that the Council of Deans' annual dinner will be held on Monday, November 9th at the Old Ebbitt Grill. Cost per person will be \$51.00.

## VII. OSR Report

Dr. Darrow commented that the OSR Administrative Board had lunch with several staff people from Capitol Hill to exchange views about current health issues. She will encourage the OSR representatives at the Annual Meeting to visit their congressmen while in Washington. The OSR is currently working on a project to have medical students become more involved in educating high school students about the AIDS problem. Another project underway pertains to indigent care, an issue of great concern to students. The OSR is working on a proposal which would encourage the AAMC to comment publicly on the issue of indigent care.

## IX. New Business

Joseph Keyes commented on the Deans Seminars sponsored by the Division of Institutional Planning and Development. The sessions and discussion groups have proved to be very successful. He asked the Administrative Board to encourage new deans to sign up

for the seminars. Board members agreed that the programs are extremely helpful. Several board members expressed interest in serving as resource people for the seminars.

**X. Adjourn**

1990 COUNCIL OF DEANS SPRING MEETING SITE

The Administrative Board is asked to select an area on the East Coast for the 1990 COD Spring Meeting. Listed below are the locations of the 1982-1989 meetings:

1982	Kiawah Island, South Carolina
1983	Scottsdale, Arizona
1984	Callaway Gardens, Georgia
1985	Scottsdale, Arizona
1986	Key Largo, Florida
1987	Maui, Hawaii
1988	Hilton Head, South Carolina
1989	Santa Barbara, California

## MEMBERSHIP & ORGANIZATION OF GROUPS

January 19, 1988

MEMORANDUM TO EXECUTIVE STAFF (condensed by L.J. Kettel)

FROM: Kat Turner

SUBJECT: Staff Task Force on Groups

### 1. Membership

a. **Limitations:** Limitations on the numbers of persons who could be appointed to groups is a matter of considerable concern to the Group on Institutional (GIP) planning and the Group on Business Affairs (GBA), but not to the Group on Medical Education (GME) or the Group on Student Affairs (GSA) which currently operate with membership limitations. The issue for the Group on Public Affairs (GPA) was somewhat different, since the dean does not appoint "free" members now. A letter is sent to each dean annually asking for confirmation of current group appointments. This letter was sent to the deans on January 19 asking for a list of names for each group and a request to confirm, and, in the case of GPA which has some non-participating schools, a request to consider participation. The AAMC staff has suggested a limitation on numbers appointed to groups. The Executive Committee at the November 10, 1987 meeting did not support such limitations.

b. **Eligibility:** The GPA has members who are not associated with AAMC member institutions. The staff task force recommended eliminating this practice. All groups except GPA concurred. GPA will not change this practice unless instructed to do so. Such instruction must come from the Executive Council which currently has approved the rules and regulations which allows such memberships.

c. **CAS participation:** CAS names only to the GME. It was suggested by the staff task force that such participation be discontinued. CAS and GME are responding by thinking up new ways to involve faculty in AAMC through the GME.

d. **Participation by members:** Some of our members do not participate in the Group on Public Affairs because a separate GPA dues is involved.

### 2. Financing

Financing recommendations do not require specific Executive Council action since they are internal budget decisions of the AAMC. For the most part the groups have responded to suggested financing changes. They recognize that the executive secretaries of the groups have other Association obligations beyond projects directed by the Groups. We have undertaken some new obligations for the Association such as a GME newsletter.

The chief issue in financing has to do with the Group on Public Affairs. Since that group pays dues, they are concerned about what the Association plans to do with "their" money. A similar issue exists for Groups which conduct national meetings and which have built up a treasury of "their money".

We should consider whether in future budget cycles we want to establish baseline budgets for the Groups which show actual Association expenditures for their activities. For example, assignment of staff costs to those budget activities would provide a more realistic picture of the resources the

Association has committed to the support of the groups.

The costs do not include expenditures by constituents' medical schools to send representatives to Group activities.

### 3. Meetings

No governance action required. The Groups were asked to consider national spring meetings rather than regional spring meetings. The three groups who currently hold regional meetings do not wish to change.

### 4. Program Activities and Committees

A staff recommendation would require that program activities proposed by the Groups have the President's approval with particular attention to financing and the use of staff resources funds. No real problems with the Groups; no issue for the governance.

Questions for discussion:

1. Does the COD want to change the membership policies now in operation? If so, how? We are committed to allowing groups to comment on any recommendations that go forward to the governance.
2. How do we want to handle the budgets of the groups?
3. Are there other changes to be considered?

## DEANS' COMPENSATION REPORT DISTRIBUTION

Issue: Should the Deans' Compensation Report be made available on request-only basis.

Background:

The AAMC has been collecting and distributing deans compensation data for a number of years. Typically, between 105 and 115 deans respond each year to the one page, confidential questionnaire. Each dean, whether or not a respondent, receives a copy of the completed report, which is mailed out at the end of December or beginning of January.

It has been suggested by some AAMC staff that distribution of the report be limited to those deans that specifically request it.

Arguments in favor of implementing the suggestion include:

1) the deans are inundated with papers and reports. We shouldn't burden those deans who are not interested in this data.

2) the report, though at an aggregate level, nonetheless, contains confidential information. Before the report reaches the dean, it may be handled by many individuals, some of whom shouldn't have access to it, even in its aggregate format. Making the report available on a request-only basis would alert the dean to its impending arrival, who will then be able to prevent inappropriate viewing.

Arguments in favor of continuing the current arrangement include:

1) the deans completing the questionnaire do so specifically because they want to see the results of the survey. The deans expect to receive the report as a matter of course. Making the report available on request-basis only might discourage reporting.

2) those deans requesting the report would have to do so formally, either over the phone or through the mail. In either case, they would have yet another item to keep on their personal daily agendas.

3) AAMC staff would be required to respond to each individual request, a process which is far more costly than a single mailing to the entire body of deans.

Recommendation:

The Administrative Board should advise the staff on whether to discontinue automatic distribution of the deans' salary report or to continue the present arrangement.

## AAUP PUBLICATIONS FACULTY SALARY DATA

Issue: Should the AAMC continue to provide the AAUP with Faculty Salary Data

### Background

Eleven years ago, AAMC was approached by AAUP to enlist our assistance in obtaining faculty compensation data. Specifically, they wanted us to provide them with information about the average salary of basic science faculty by rank in each medical school. It was understood that AAMC could do this only with the consent of each medical school reported. AAUP planned to report this information in their annual survey of higher education compensation published in Academe. A copy of the data published in the March-April 1987 Academe article is attached.

AAMC agreed to assist AAUP in order to reduce the reporting burden placed on our constituents. An agreement was reached with AAUP whereby the Association would provide AAUP with information for a given school if and when they provided us with a form signed by the Dean of the medical school, or his designated agent, requesting us to release this information to AAUP.

In practice, AAUP contracts with Maryse Eymonerie Associates to collect the data. A copy of the letter sent to each Dean, and the reply form are included as Exhibits 1 and 2, respectively. In recent years, about 40 schools have requested us to provide AAUP with salary data.

With one exception, this arrangement has worked without problems since the inception of the agreement. The problem occurred following the publication of the 1986-87 data in Academe. At this time, AAMC received a complaint that (1) we had released an institution's data to AAUP--contrary to their wishes, and (2) the data that was released was incorrect.

Review of the AAUP release form indicated, in fact, that the school requested us to release the data to AAUP. Review of the data sent to and reported by AAUP, indicated that it accurately reflected the data provided to AAMC by the school.

The events that led to the complaint suggest that similar problems may be obviated by requiring the dean's signature on the release form. However, we are still left with the more general question of whether or not the AAMC should continue to provide the AAUP with faculty salary data.

The argument in favor of continuing to provide AAUP with faculty salary data essentially rests on the fact that it reduces the reporting burden placed on our constituents.

There are at least two reasons for discontinuing our involvement. First, many administrators view the AAUP as a faculty union. As such, they view any assistance provided to AAUP as contrary to their interests. Second, many people feel that reporting medical school data in Academe serves no constructive purposes, and is more likely than not to result in inappropriate and invidious comparisons.

Recommendation:

AAMC should require a change in the AAUP form and cover letter to indicate that the signature of the dean of the medical school is required for release of salary data to AAUP. With this modification, the service should be continued.

**SUPPLEMENT TO THE ANNUAL REPORT ON THE ECONOMIC STATUS OF THE  
PROFESSION PUBLISHED IN THE MARCH-APRIL 1986 ISSUE OF ACADEME**

PRECLINICAL DEPARTMENTS OF MEDICAL SCHOOLS (Data on 12-Month Basis) 1985-86

Institution	Number of Faculty:				Average Salary:				Benefits as % of Salary
	Prof.	Assoc.	Asst.	Inst.	Prof.	Assoc.	Asst.	Inst.	
Albert Einstein Coll. of Med.	33	30	13	8	71.3	53.4	41.7	31.1	28.
Bowman Gray Sch. of Med.	23	28	18	3	57.2	40.2	33.4	----	21.
Coll. of Osteo. Med. Pacific	5	9	5	1	----	40.0	----	----	19.
Cornell Univ. Medical Coll.	20	19	15	3	74.6	57.0	42.4	----	23.
Dartmouth Medical Coll.	19	16	10	----	55.4	42.9	33.3	----	23.
Harvard Medical School	34	30	32	13	74.3	47.8	37.3	28.8	21.
Louisiana St. U. Med. Ctr.	17	42	31	2	50.6	40.0	32.3	----	14.
Loyola Univ. Stritch Sch. Med.	18	13	9	----	55.2	45.1	34.1	----	15.
Med. Coll. of Georgia	20	43	19	3	54.8	41.7	31.5	----	23.
Medical Coll. of Virginia	40	52	39	10	58.1	41.3	33.8	24.8	25.
Michigan St. U. Coll. Human Med.	33	22	13	1	55.2	40.7	32.3	----	24.
New York Univ. Sch. Med.	46	46	62	7	62.3	48.2	34.3	22.3	22.
Penn. State Univ.-Hershey Med. Ctr.	19	20	25	5	58.4	42.5	31.7	----	18.
Rutgers Med. & Dent. of N.J.	22	16	8	3	66.2	53.8	39.9	----	20.
St. Louis Univ. Sch. of Med.	24	20	12	7	49.6	41.2	29.3	22.3	18.
SUNY Albany-Health Sci. Univ.	66	41	35	18	53.9	42.2	33.6	25.2	21.
SUNY Buffalo-Health Sci. Ctr.	39	38	11	----	59.2	44.2	33.8	----	25.
SUNY Downstate Med. Ctr.	2	19	68	143	----	49.6	46.3	33.9	19.
SUNY Stony Brook Health Sci. Ctr.	22	33	46	223	71.7	53.4	38.4	28.8	18.
SUNY Upstate Med. Ctr.	8	24	34	280	66.4	44.1	34.7	23.7	18.
Tufts Univ.-Sch. of Med.	22	16	26	----	54.6	46.4	35.0	----	25.
Tulane School of Medicine	16	17	17	3	60.1	44.1	34.3	----	24.
Uniform Srvces. U. Hlth. Sci.	11	26	29	5	64.5	43.7	34.5	----	27.
Univ. Chicago-Pritzker Sch. of Med.	51	30	13	----	58.4	43.5	36.5	----	22.
Univ. of Ala.-Birmingham Sch. of Med.	39	34	43	7	61.0	43.8	36.6	17.0	22.
Univ. of Arizona-Coll. of Med.	34	19	19	----	54.4	43.3	34.6	----	22.
Univ. of Calif. San Francisco	61	12	19	2	59.7	42.3	34.3	----	24.
Univ. of Conn.-Sch. of Med.	18	9	20	5	63.7	45.3	36.2	----	22.
Univ. of Hawaii Sch. Med.	24	11	4	1	48.3	36.3	----	----	33.
Univ. of Kentucky	27	26	21	----	51.1	41.4	33.6	----	19.
Univ. of Louisville Sch. Med.	24	32	10	3	51.5	41.6	30.7	----	20.
Univ. of Maryland Sch. of Med.	29	31	29	1	62.9	49.8	35.7	----	25.
Univ. of Mass. Sch. Med.	17	29	24	14	65.4	50.9	37.8	25.1	18.
Univ. of Miami Sch. Med.	29	27	35	1	61.2	47.0	32.2	----	21.
Univ. of Michigan Med. Sch.	66	20	21	----	64.4	42.6	37.2	?	22.
Univ. of Mississippi Med. Ctr.	27	18	25	2	57.8	39.2	31.8	----	17.
Univ. of Mo.-Kansas City	4	8	3	1	----	36.1	----	----	20.
Univ. of New Mexico Sch. Med.	13	16	19	----	50.7	36.2	29.3	----	20.
Univ. of North Dakota Sch. of Med	8	13	3	1	46.0	41.9	----	----	21.
Univ. of Oklahoma Hlth. Sci. Ctr.	18	21	11	3	47.3	36.9	34.1	----	22.
Univ. of Penn. Sch. Med.	51	21	33	----	68.3	48.6	34.8	----	23.
Univ. of Pittsburgh Sch. Med.	13	12	29	2	63.0	44.1	33.4	----	25.
Univ. of South Carolina Sch. Med.	41	26	23	2	57.6	44.4	32.6	----	18.
Univ. of Southern Calif. Sch. Med	20	26	18	----	70.2	48.5	35.6	----	25.
Univ. of Tenn.-Ctr. Hlth. Sci.	29	41	50	13	48.8	41.8	33.9	28.9	19.
Univ. of Vermont-Coll. of Med.	12	13	8	----	53.7	44.5	38.8	----	26.
Univ. of Virginia-Sch. of Med.	28	17	28	2	58.4	42.4	31.2	----	24.
Univ. of Wisc. Med. Coll.	18	21	23	----	60.9	40.7	33.6	----	24.
Vanderbilt Univ. Med. Ctr.	29	23	17	12	60.7	45.0	33.3	23.8	24.
Wright State Univ. Sch. of Med.	11	20	11	----	64.5	44.5	37.3	----	21.
Average for All Medical Schools Combined:					57.1	44.4	35.1	27.3	22.

Note: Average Salary for any given rank with fewer than 6 individuals is not published to protect confidentiality of individual salaries

## **Maryse Eymonerie Associates**

1012 FOURTEENTH STREET, N.W., SUITE 500  
WASHINGTON, D.C. 20005  
(202) 737-5900

December, 1987

TO: Deans of Medical Schools

SUBJECT: AAUP Annual Survey of Faculty Compensation, 1987-88

The American Association of University Professors (AAUP) annual survey of faculty compensation is currently underway. Data for the regular teaching faculty will be submitted by the central administration of your institution.

For the past eleven years, the Association of American Medical Colleges (AAMC) has been helping Medical Schools by reducing the burden imposed on institutions which are asked to complete many questionnaires. We continue to be grateful to AAMC for its willingness to assist us in the gathering of data, and for making it possible for us to offer the following alternative: INSTEAD of SUBMITTING a REPORT, we suggest that you consider giving AAMC your authorization to release to AAUP (i.e., through us) the faculty salary data necessary to have your institution represented in the Annual Report on the Economic Status of the Profession which will appear in the 1988 March-April issue of Academe. Should you prefer this alternative, we would appreciate your indicating on the reply form which is on the reverse side of this letter, that you have no objection to the release of these data.

Directions for Completing our Questionnaire. Data should apply to the Basic Sciences departments only. Pathology should not be included for the purpose of this survey. The instructions and definitions at the bottom of our form are consistent with those used for the AAMC annual salary survey.

We look forward to having your institution represented in this important program again this year. If you have any questions, or need assistance in completing the questionnaire, please do not hesitate to contact Ms. Penny Montague of our office.

Sincerely,

  
Maryse Eymonerie  
Special Consultant to AAUP

Encl.

SECTION I - FACULTY SALARY

1. Please indicate whether or not the report for the preclinical departments will be submitted by your office or another appropriate office of the Medical School.

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. If no, do you have an objection if AAMC releases to AAUP the faculty salary data necessary to have the preclinical departments (excluding Pathology) of your institution represented in the AAUP Annual Report?

\_\_\_\_\_ No \_\_\_\_\_ Yes

3. Unless indicated below, we shall consider the number of full-time faculty, the average salary, and fringe benefits as a percentage of average salary for any given rank with six (6) or more individuals as publishable indices.

SECTION II - FRINGE BENEFITS (Major)

1. Please indicate whether or not the major fringe benefits for the preclinical departments faculty are the same as those available to the "regular" teaching faculty?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. If no, please indicate below which benefits are available and the cost to the institution.

Benefits	Enter checkmark if available	Cost (see note below)
Social Security		
Medical Insurance		
Life Insurance		
Guaranteed Disability		
Workers' Compensation		
Retirement		
Tuition for Fac.Children		
Dental Insurance		
Benefits in Kind		

Note: Most of the above benefits are calculated as a percentage of salary. Please report percentage rate. If not appropriate, please give the average dollar amount which should be used in estimating fringe benefit (s) (e.g., \$250 per person).

\_\_\_\_\_ (Name of Institution) \_\_\_\_\_ (Address)

\_\_\_\_\_ (Name of Respondent and Title) \_\_\_\_\_ (Telephone)

Please return to: MEA, 1012 Fourteenth Street, N.W., Suite 500, Washington, D.C. 20005

Form MEA/AAUP 17

## ANNUAL MEETING PARTICIPATION BY FACULTY

At the officers' retreat, participation by teaching faculty in the AAMC was discussed. One measure of such participation and identification with the organization was thought to be attendance at the annual meeting. A letter was sent to each COD Administrative Board member asking him to give us the titles of the members of their institutions who attended the 1987 annual meeting. On page 24 the responses from nine schools are tabulated. The attendees are categorized as "administrative", "chairmen", "faculty" or "students". Whether the same proportional distributions would hold for all schools is a matter of conjecture, but it seems likely that the meeting is largely attended by those with administrative responsibilities within the medical schools.

School	Total	Administrative	Chairmen	Faculty	Students
SUNY-Buffalo	31	13	4	11	3
Rush	20	15	3	1	1
U. Florida	23	16	5	1	1
GW	18	13	0	3	2
Albany	29	25	1	3	0
Hopkins	18*	14	1	1	1
Illinois	42	24	6	10	2
USC	20*	11	3	5	0
Galveston	23	14	2	7	0
Total	224	145(65%)	25(11%)	42(19%)	10(4%)

\*includes unknown

## UNIFORM EXAMINATION PATHWAY TO LICENSURE

On January 7, 1988, the National Board, the Federation of State Medical Boards, and the ECFMG called a meeting to discuss the possibility of developing a uniform examination pathway for licensure in the United States. Bill Luginbuhl and August Swanson represented the AAMC. Other organizations represented were the AMA and the ACGME. Representatives from the Department of Health and Human Services were also present.

The meeting was chaired by Bob Volle, President of the NBME. The focal point of the discussion was whether or not this is a propitious time to reopen the question of a single examination pathway to licensure. A description of the current methods of licensure and other qualifying examinations was distributed by Volle (see p. 26). There was a consensus among those present that a single examination pathway to licensure would be a desirable policy change. There was also a feeling that a coalition of the represented organizations holding open discussions in the development of a single pathway proposal would be more likely to be well received among the complex group of entities involved than the previous proposal in the early '80s.

The meeting ended with an agreement that each of the private organizations would support the attendance of up to three representatives to meetings of a coalition task force and would also seek approval of the expenditures of association funds to defray costs of the development of a task force report. The Department of Health and Human Services representatives agreed that representation as observers by the department would be appropriate.

I. FOREIGN MEDICAL GRADUATE EXAMINATION IN THE  
MEDICAL SCIENCES (FMGEMS)

**PURPOSE:** As stated by ECFMG in their Information Booklet and Application (1988), the purpose of FMGEMS is to "assess the readiness of graduates of foreign medical schools to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME)."

**ELIGIBILITY:** Applicants for the Basic Science (Day 1) examination must have completed at least two years at a medical school listed in the current edition of the World Directory of Medical Schools published by the World Health Organization. For the Clinical Science (Day 2) Examination, applicants must be within 12 months of completion of the full didactic curriculum in a medical school listed in the current edition of the World Directory of Medical Schools or they must have graduated from a school listed in the World Directory at the time of their graduation.

**Requirements for the ECFMG Certificate:** Candidates must (1) pass both components of the FMGEMS examinations; (2) pass the ECFMG English test; and (3) document the completion of all educational requirements to practice medicine in the country in which the medical education is completed.

**EXAMINATION RESULTS:** The minimum pass scores for the FMGEMS examination are based upon the minimum pass scores for the National Board examinations. Because all test questions in FMGEMS were previously used in a National Board Part I or Part II examination, it is possible to apply the National Board standard to FMGEMS.

## II. FEDERATION OF STATE MEDICAL BOARDS (FSMB) EXAMINATIONS (FLEX)

**PURPOSE:** The purpose of the FLEX program is to provide a high-quality, objective, standardized examination for use by state medical boards and other licensing jurisdictions as their qualifying assessment for physician licensure. Such an examination provides a uniform and equitable assessment from state to state in terms of content areas, levels of difficulty and scoring practices.

**ELIGIBILITY:** Eligibility for admission to the examination is determined by the various participating State Medical Boards and not by the FSMB. State laws require the candidate to have an MD degree or equivalent from a US, Canadian or foreign medical school, approved within the laws of the state, as a prerequisite for eligibility for licensure. Since each licensing board establishes eligibility requirements, determination of whether both components of FLEX are to be taken in a single, three-day administration or whether they are to be taken in sequential one and one-half day separate administrations may vary across jurisdictions.

**EXAMINATION RESULTS:** The minimum pass score used with the FLEX Components 1 and 2 examinations is based upon the distribution of scores of a criterion group of examinees. The criterion group is made up of previous groups of examinees who, at the time of taking FLEX, were recent graduates of US or Canadian medical schools taking FLEX for the first time.

### III. NATIONAL BOARD EXAMINATIONS, PARTS I, II, AND III

**PURPOSE:** The purpose of the NBME is to prepare and administer examinations of such high quality that legal agencies governing the practice of medicine within each state may, at their discretion, grant a license without further examination for those who have completed successfully the examinations of the NBME and have met other requirements for certification of diplomates.

**ELIGIBILITY FOR PARTS I AND II:** Applicants must be either a medical student officially enrolled in or a graduate of a US or Canadian medical school accredited by the Liaison Committee on Medical Education (LCME).

**ELIGIBILITY FOR PART III:** Applicants must have passed Parts I and II, received an MD degree from an LCME-accredited medical school and, subsequent to receiving or completing all requirements for the MD degree, be serving in a graduate medical education program accredited by the Accreditation Council on Graduate Medical Education (ACGME), or have served satisfactorily for one full year in such a program.

**Requirements for the NBME Certificate:** Candidates must (1) have received the MD degree from a medical school in the US or Canada accredited by the LCME; (2) have passed Parts I, II and III; and (3) have completed, with a satisfactory record, one full year in a graduate medical education program accredited by the ACGME or comparable Canadian accreditation.

**EXAMINATION RESULTS:** The minimum pass score on the NBME Parts I and II examinations is determined by the scores for a criterion group. The criterion group for Part I is made up of examinees, all second-year students and all candidates for NBME certification, who took the examination during the past four years. The examinees were taking Part I for the first time. The criterion group for Part II is comparable but is made up of fourth-year students. The group used for selection of the minimum pass point for Part III are NBME candidates sitting for that particular Part III examination.

EXAMINATIONS USED IN THE MEDICAL LICENSURE PROCESS

FMGEMS

- Day 1 - Basic Medical Sciences  
 (7 Subjects\*)  
 - 490 MCQ  
 - at completion of the basic science program  
 - 6.5 hours testing time
- Day 2 - Clinical Sciences  
 - (6 subjects\*)  
 - 450 MCQ  
 - at completion of the clinical program  
 - 6 hours testing time

FLEX 1 & 2

- \*\*\*\*\*  
 \*\*\*\*\*(MD Degree at this point)\*\*\*\*\*  
 \*\*\*\*\*  
 FLEX\*
- Component 1 - emphasis on clinical tasks of inpatient-based problems and underlying basic science fundamentals and disease mechanisms  
 - 630 MCQ  
 - 9 hours testing time
- Component 2 - practice model emphasizes ambulatory based problems and managing therapy  
 - 500 MCQ, 18 PMP  
 - 11 hours testing time

NBME

- Part I - Basic Medical Sciences  
 (7 subjects\*)  
 - 950 MCQ  
 - designed to be taken at the end of the second year  
 - 13 hours testing time
- Part II - Clinical Sciences  
 (6 subjects\*)  
 - 900 MCQ  
 - designed to be taken in the final year  
 - 12 hours testing time

- Part III - General undifferentiated physician assessment  
 - practice model  
 - 280 MCQ, 15 PMP  
 - 7 hours testing time

NBME certificate requires passing Parts I, II and III; an MD from an LCME-accredited medical school; satisfactory completion of an ACGME-approved graduate medical education program

- ECFMG certificate - includes proficiency in English  
 - if foreign citizen, may obtain visa to enter USA  
 - both US and foreign citizens are eligible to apply for ACGME residency  
 - FLEX required for licensure

\*Basic-anatomy, physiology, biochemistry, pathology, microbiology, pharmacology, behavioral science  
 Clinical-medicine, surgery, obstetrics-gynecology, preventive medicine, pediatrics, psychiatry

MCQ Multiple Choice Question  
 PMP Patient Management Problem  
 NBME National Board of Medical Examiners

LCME Liaison Committee on Medical Education  
 ACGME Accreditation Council on Graduate Medical Education  
 ECFMG Educational Commission for Foreign Medical Graduates  
 FMGEMS Foreign Medical Graduate Exam in the Medical Sciences

*\* Flex is not derived from NBME  
 Parts I, II & III items. It has  
 a separate item pool - managed by  
 NBME.*

12/87

-OVER-

ADMINISTRATION - FMGEMS

- Twice a year
- 130-140 centers, International

NUMBER OF EXAMINEES

- 1987 (Approximate) Counts, Total Group
- 21,000 Basic Science (day 1)
- 15,000 Clinical Science (day 2)
- 20-25% are U.S. citizens

PASS RATE

- Total group: 24% (Day 1), 39% (Day 2)
- US Citizens: 17% (Day 1), 28% (Day 2)

ADMINISTRATION - FLEX

- Twice a year
- More than 50 centers
- Most states plus D.C., Puerto Rico, Guam, Virgin Islands, Saskatchewan

NUMBER OF EXAMINEES

- 1986 (Approximate) Counts
- 10,000 Component 1
- 10,000 Component 2

PASS RATE

- 72% (Component 1)
- 79% (Component 2)

ADMINISTRATION - NBME

- Each Part, twice a year
- More than 150 centers in U.S./Canada

NUMBER OF EXAMINEES

- 1986 (Approximate) Counts
- 16,500 Part I
- 14,000 Part II
- 13,500 Part III

PASS RATE

- 85% (Part I)
- 95% (Part II)
- 98% (Part III)

500 mid part  
 350 Part I  
 50 (102 PI) part II  
 50 (201 PI) 290 part III



# association of american medical colleges

January 20, 1988

MEMORANDUM

TO: Members of the COD Administrative Board  
FROM: Louis J. Kettel, M.D.  
SUBJECT: COD Administrative Board Meeting

The next scheduled meeting of the COD Administrative Board and Executive Council will be held on February 24-25, 1988, at the Washington Hilton Hotel. There will be a joint meeting of the Boards with a reception and dinner following on the 24th.

WEDNESDAY, February 24th

Noon - 2:00 p.m. Lunch & Orientation for New Members  
6:00 p.m. - 7:00 p.m. Joint Boards Session w/ Guest Speaker  
7:00 p.m. - 7:30 p.m. Joint Boards Reception  
7:30 p.m. - on Individual Board Dinners

THURSDAY, February 25th

8:00 a.m. - 12:30 p.m. COD Administrative Board Meeting  
12:30 p.m. - 1:30 p.m. Joint Boards Lunch  
1:30 p.m. - 4:00 p.m. Executive Council Business Meeting

We have reserved a block of rooms at the Washington Hilton Hotel for the nights of February 24-25. I have reserved rooms for the entire COD Administrative Board for the night of Wednesday, February 24. If you wish to stay the following night of the 25th or will NOT need a room for the night of the 24th, please contact Amy Eldridge at (202) 828-0475, NOT THE HOTEL.