



**association of american
medical colleges**

**AGENDA
FOR
COUNCIL OF DEANS**

ADMINISTRATIVE BOARD

WEDNESDAY, JUNE 22, 1988

6:00 PM - 7:00 PM

HEMISPHERE

WEDNESDAY, JUNE 22, 1988

7:00 PM - 10:00 PM

THOROUGHBRED

THURSDAY, JUNE 23, 1988

8:00 AM - 12:30 PM

MAP

WASHINGTON HILTON HOTEL

WASHINGTON, DC

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

COUNCIL OF DEANS
ADMINISTRATIVE BOARD MEETING

Washington Hilton Hotel
Washington, D.C.

AGENDA

Wednesday, June 22, 1988

Joint Boards Session
6:00 p.m. - 7:00 p.m.
Hemisphere

Guest Speaker: To Be Announced

Joint Boards Reception & Dinner
7:00 p.m. - 10:00 p.m.
Thoroughbred

Thursday, June 23, 1988

COD Administrative Board Meeting
8:00 a.m. - 12:30 p.m.
Map

Joint Boards Lunch
12:30 p.m. - 1:30 p.m.
Conservatory

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X. Adjourn

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

MINUTES

February 25, 1988
9:00 a.m. - 12:30 p.m.
Conservatory Room

Washington Hilton Hotel
Washington, DC

PRESENT

(Board Members)

L. Thompson Bowles, M.D., Ph.D.
George T. Bryan, M.D.
William T. Butler, M.D.
William B. Deal, M.D.
Phillip M. Forman, M.D.
Robert L. Friedlander, M.D.
John Naughton, M.D.
Richard S. Ross, M.D.
Henry P. Russe, M.D.
Robert E. Tranquada, M.D.
W. Donald Weston, M.D.

(Guests)

Clayton Ballantine
D. Kay Clawson, M.D.*
Kimberly Dunn

(Staff)

M. Brownell Anderson
Robert Beran, Ph.D.
Sara Carr
Amy Eldridge
Paul H. Jolly, Ph.D.
Robert F. Jones, Ph.D.
Thomas J. Kennedy, M.D.
Louis J. Kettel, M.D.
Joseph A. Keyes, Jr.
David Moore
Wendy Pechacek
Gladys Peters
August G. Swanson, M.D.
Judith Teich

*Present for part of the meeting.

I. CALL TO ORDER

The meeting was called to order at 9:09 a.m. by William T. Butler, M.D., Chairman.

II. REPORT OF THE CHAIRMAN

Dr. Butler reported that the Executive Committee met on February 24. Discussion focused on a review of Dr. Petersdorf's presentation on the AAMC dues increase. Dr. Butler also commented on the February 24th meeting of the AAMC/AAHC Forum. The objective of this Forum is to identify issues of common concern to the two

organizations. At the meeting, it was agreed that the AAHC would take the lead in staffing the development of governmental relations activities, and the AAMC was designated to develop faculty practice activities.

III. APPROVAL OF THE MINUTES

The minutes of the September 10, 1987 meeting of the COD Administrative Board were approved as submitted.

IV. LEGISLATIVE UPDATE

David Moore, Legislative Analyst in the Office of Governmental Relations, distributed the AAMC's Legislative Update and the President's FY89 Report.

V. ACTION ITEMS

The Administrative Board considered the following action items:

A. International Medical Scholars Program Bylaws

August Swanson, Vice President for Academic Affairs, reported that the establishment of an International Medical Scholars Program (IMSP) was approved by the Executive Council at their June 18, 1987 meeting. The Executive Council is asked now to ratify the proposed Bylaws of the program. The Bylaws designate a 15 member Board of Directors, with three representatives from each of the five parent organizations. The first meeting of the IMSP Board was held February 19. The Administrative Board noted that the Bylaws do not explicitly state what the program is supposed to do. Dr. Swanson said the purpose of the IMSP is contained in another document. The IMSP concept grew out of an ACGME task force. This task force was concerned that the many barriers which exist to discourage foreign medical graduates who wish to come to the U.S. to study and then stay to practice make it extremely difficult for foreign physicians to receive training in the United States that could help them better serve the people of their own nations. The IMSP will essentially serve as a "brokering" system to match foreign physicians with tailored educational opportunities in the United States, which will give them the medical knowledge they need to benefit their home countries when they return to practice. The IMSP will attempt to raise funds for this purpose, from such sources as foundations, government and industry. The ECFMG will serve as the administrative service bureau. Several Administrative Board members expressed apprehension

that foreign medical graduates would attempt to use this program to come to the United States and remain here. Dr. Swanson pointed out that the IMSP program was not in any way designed to help FMGs gain easier access to practicing medicine in the United States. Any scholar who attempted to stay in the U.S. to practice would have to pass the normal ECFMG criteria. Dr. Swanson pointed out that the IMSP scholars are required to be sponsored by their own country, with the full intention of returning to their home nation following U.S. training. The AAMC's representatives to the IMSP Board of Directors will be David S. Greer, M.D., August G. Swanson, M.D., and H. Richard Nesson, M.D.

ACTION: On motion, seconded and unanimously approved, the COD Administrative Board agreed to receive the Bylaws of the International Medical Scholars Program and to recommend that the Executive Council ratify them.

B. Resident Supervision and Hours

Dr. Butler asked the Administrative Board for their comments on the latest draft of the AAMC's position statement on resident supervision and hours. Drs. Friedlander and Naughton reported on the status of the New York regulations regarding this issue. The state of New York is going through the difficult process of converting public health law into hospital regulation, with such issues still being debated as what a medical student actually can or cannot do in a teaching hospital. The New York rules, which have now been published as a public document, could begin implementation by July 1, 1989. The dependency on additional funding necessary to implement the rules has slowed the process.

Concerning the AAMC's position statement, many Council members expressed uneasiness about stating a specific number of hours a resident could work. They felt that an AAMC endorsement of 80 hours per week would give legislators an 80 hour "ceiling" to use as ammunition in their campaign to lower the work hours even further. However, it was pointed out that the document could be weakened by not committing to a specific number of hours recommendation. Board members also expressed consternation that a rigid 80 hour work week might require additional residents or other staff when funding for graduate education is difficult to obtain.

Several Board members questioned the legality of

forbidding residents to moonlight in their free time. Joe Keyes, the AAMC's legal counsel, explained that a hospital could execute a "contract" with each resident, precluding that resident from being able to moonlight. With such a contract, a hospital would be able to enforce this policy with disciplinary action. Some Board members did not see a problem with allowing moonlighting if it did not compromise a resident's ability while on duty. It was pointed out that New York has removed the moonlighting issue from its regulation. It was suggested that the word "unauthorized" be added to the section on moonlighting so that the AAMC's recommendation would read,

"The AAMC recommends that:

TEACHING HOSPITALS AND RESIDENCY PROGRAM DIRECTORS HAVE POLICIES WHICH PROHIBIT UNAUTHORIZED MOONLIGHTING."

Other wording changes proposed by the Council of Deans Administrative Board included:

- P. 42 SURVEYORS SHOULD EXAMINE RESIDENTS' SCHEDULES AND VISITING REVIEW COMMITTEES SHOULD INCLUDE AN ASSESSMENT OF THE WORKING HOURS ASSIGNED TO (rather than "imposed on") RESIDENTS IN DETERMINING A PROGRAM'S ACCREDITATION STATUS.
- P. 38 THE RESIDENT'S CAPABILITIES MUST BE REGULARLY (instead of "continuously") ASSESSED...
- P. 39 TEACHING HOSPITALS AND RESIDENCY PROGRAMS HAVE POLICIES AND PROCEDURES FOR DELEGATING AUTHORITY TO INDIVIDUAL RESIDENTS TO ADVANCE FROM PROVIDING DIRECTLY SUPERVISED PATIENT SERVICES TO INDIRECTLY SUPERVISED SERVICES ONLY AS THEY DEMONSTRATE APPROPRIATE (insert) ATTITUDES, SKILLS, KNOWLEDGE, JUDGMENT AND CAPABILITIES.
- P. 40 THIS ADJUSTMENT (instead of "sacrifice") SERVES NEITHER THE INTERESTS OF EDUCATION NOR PATIENT CARE QUALITY...

In seeking alternative language to specific hours reference, several Board members spoke in favor of the 80 hour policy arguing that there is specific evidence which shows that fatigue directly correlates with human error. If fatigue is a true problem with residents, then the AAMC needs to take a strong leadership stance against overworking housestaff. Hiding behind the position of insufficient funds is not adequate when

addressing the issues of lassitude, error, and the quality of patient care. The Board concluded by consensus that residents are generally overworked and agreed that the fatigue issue should remain in the AAMC document; however, a majority vote concluded that specific work hours should not be stated. The Board voted to recommend to the Executive Council the following statement:

P. 40 IN ORDER THAT RESIDENTS' PATIENT CARE DECISIONS NOT BE IMPAIRED BY FATIGUE, PROMPT AND EFFECTIVE MEASURES SHOULD BE INITIATED TO CREATE REASONABLE LIMITATIONS ON RESIDENTS' WORKING HOURS.

IN RECOMMENDING GUIDELINES FOR RESIDENT HOURS (strike "and in suggesting a maximum of eighty working hours per week,") THE MEDICAL EDUCATION COMMUNITY IS FOREGOING A MORE RIGOROUS TRAINING SCHEDULE TO HELP PRESERVE AND PROTECT THE QUALITY OF THE CARE PROVIDED TO PATIENTS.

ACTION: Upon motion, seconded and carried, the COD Administrative Board recommended that the AAMC's position statement on resident supervision and hours should be approved by the Executive Council after the editorial changes previously agreed upon were accepted.

C. ACGME Task Force Report on Resident Hours and Supervision

Dr. Swanson reported that an ACGME task force recommended amendments to Sections 1.3 and 5.1.3 of the ACGME General Requirements. The amendment to Section 1.3 makes much more explicit the support services which should be provided in teaching hospitals in order to reduce the extraneous demands made on residents. The amendment to 5.1.3 requires institutional leaders to pay greater attention to the supervision of residents.

ACTION: Upon motion, seconded and unanimously approved, the COD Administrative Board expressed approval of the ACGME Task Force recommendations.

D. Health Manpower Act

Sara Carr, Legislative Analyst in the Office of Governmental Relations, reported that the federal health manpower programs in Title VII of the Public Health Service Act expire September 30, 1988. The AAMC anticipates that Title VII will be reauthorized by

legislation to be introduced by Senator Kennedy. Ms. Carr reported that significant changes might occur in the Health Careers Opportunity Program (HCOP). Currently, 20 percent of the funds in the program are used for financial assistance to disadvantaged students; however, there is concern that those funds have been going primarily to disadvantaged majority students, not minority students. Kennedy's staff is trying to keep the money available in the HCOP program, but it will be targeted to the minority students. Ms. Carr commented that if the funds are designated strictly for underrepresented minorities, the amount of money in the Exceptional Financial Need (EFN) program would be increased so that disadvantaged majority students would still have access to financial assistance. The new legislation would include performance criteria that each school must meet in order to receive HCOP funding. Any institution with less than 200 percent of the national average for minorities (approximately 7 percent for black students) would have to increase their minority enrollment by 20 percent. Several Administrative Board members expressed concern that private schools have little control over their minority enrollments, often matriculating only a small percentage of those minorities to whom they offered acceptances. Most HCOP students go to public universities that offer lower tuitions and higher scholarships than the private schools. It was suggested that the criteria test needs to be more realistic, taking into account the differences in tuition. One alternative would be to examine the number of positions offered, rather than the number of positions filled.

On another issue, the Podiatry Association is attempting to be included in the Title VII sections regarding family medicine and geriatric training program grants. Ms. Carr asked for the Administrative Board's position on this issue. Concerning family medicine, the deans agreed that the AAMC should oppose the podiatrists or any other group that could not provide total primary care to patients, but they did agree not to oppose the issue of geriatric training grants for podiatrists. Also, preventive medicine residency funds may be eliminated from Title VII. The deans agreed that the AAMC should dispute any legislation authorizing the removal of those funds.

ACTION: Upon motion, seconded and carried, the COD Administrative Board agreed to recommend to the Executive Council support for reauthorization of Title VII, taking into account the suggestions previously

made.

E. Statement on Professional Responsibility

Robert Jones, Director for Institutional Studies, reported that the AAMC Committee on AIDS and the Academic Medical Centers has recommended a professional responsibility statement that medical students, residents, and faculty members should care for AIDS patients. Concern was voiced over the use of disciplinary measures for those individuals who refuse to treat HIV-positive patients. Several deans felt that an individual is entitled to freedom of choice and has the right to decline to care for an AIDS patient. It was pointed out, however, that refusing to care for the sick violates a longstanding tradition of ethics that physicians care for anyone who is ill. When a physician enters the medical profession, a personal risk is assumed that the rest of society does not have, just as a firefighter assumes a risk of being burned in a fire. It is imperative, however, that the student, residents, and faculty be provided with the appropriate measures to protect themselves from exposure to the AIDS virus. Many Board members agreed that while it is positive to stress that each institution should exercise moral responsibility for AIDS patients by assuring them adequate medical care, it is not productive to stress dismissal or disciplinary actions to the public if a student or physician refuses to care for the HIV-infected. Therefore, the deans agreed that the word "disciplinary" should be deleted from the last paragraph of the policy statement, so that the statement reads:

"Further, it is the responsibility of each medical school faculty and administration to define appropriate disciplinary measures for any medical student, resident, or faculty member who persists in refusing to care for HIV-infected persons."

Another concern expressed regarded the paragraph on page 93 which deals with disability insurance for medical students and residents. Dr. Jones explained that the original statement had asserted that medical schools had to "provide" such coverage. The most recent draft states that the school must "provide access to" this coverage. Dr. Jones emphasized that students and residents have voiced strong support for this type of indemnity. The question was raised of how a student could be insured for disability benefits who does not have "ability." Disability insurance usually provides a fraction of one's pay, and medical students

do not receive compensation from the medical schools. It was agreed that this topic should be referred back to the Committee on AIDS for further discussion.

Action: Upon motion, seconded and carried, the COD Administrative Board agreed to recommend to the Executive Council approval of the policy statement, after the above wording changes were accepted and after the paragraph on disability insurance was deleted.

F. 1990 Council of Deans Spring Meeting Site

Amy Eldridge presented five sites to the deans for consideration for the 1990 COD Spring Meeting. She explained that COD tradition called for the meeting to be held somewhere on the East Coast. After considerable discussion, the Administrative Board referred this topic to the agenda of the COD Spring Board Meeting.

G. Membership and Organization of Groups

At the fall meeting of the Association, the Executive Committee met with a number of the AAMC group chairmen to discuss the problems that the groups are facing in terms of membership, eligibility characteristics, etc. Several deans had expressed concern over the rising costs of sending representatives to the AAMC's meetings. The Administrative Board was asked for their input concerning possible modifications to the groups. The AAMC Staff Task Force did not recommend any changes in how the groups are organized.

ACTION: The Administrative Board did not recommend any changes.

H. Deans' Compensation Report Distribution

Paul Jolly, Associate Vice President for Operational Studies, asked the COD Board for a recommendation regarding the distribution of the annual Deans' Compensation Report. Currently, the AAMC sends the report to each medical school routinely, whether or not the school responded to the survey. Dr. Jolly inquired as to whether the deans wished the report to be more confidential, sent only to those deans who specifically request a copy.

Action: On motion, seconded and unanimously approved, the COD Administrative Board agreed that the report should continue to be automatically distributed to each

medical school.

I. AAUP Publications Faculty Salary Data

Dr. Jolly reported that the AAMC regularly assists the AAUP in obtaining faculty compensation data of basic science faculty in each medical school. This information is then published with AAUP's annual survey of higher education in Academe. Under the current system, the AAMC has agreed to assist AAUP only if the dean, or designated representative, signs a form requesting the AAMC to release the data to the AAUP. A problem recently arose when the AAMC received a complaint that they had released an institution's data contrary to a dean's wishes. Upon investigation, it was discovered that a representative of the school had signed the release form and not the dean. Dr. Jolly asked the Administrative Board their opinion concerning this practice. The deans agreed that the actual dean of the institution should be required to sign the release form. They also agreed that it would be nearly impossible to stop the AAUP from making salary comparisons, with or without the faculty salary data from the AAMC. Allowing the AAMC to give the AAUP the data ensures that the salary data will be as accurate as possible.

Action: On motion, seconded and carried, the deans agreed that the AAMC should continue to provide the AAUP with the data, with the restriction that the actual dean of the institution must first sign a release statement.

V. OSR REPORT

Kimberly Dunn reported that the OSR Administrative Board held a retreat in early December. The meeting was very successful, with two major objectives formulated. The OSR will try to use the Graduation Questionnaire more effectively this year as a focal point for their activities. A second OSR goal will be to develop an advocacy position for access to health care. Ms. Dunn also related that the OSR had dinner with representatives from four public health groups in Washington, in an attempt to gain better information about the role of preventive medicine and public health in the medical school curriculum. The theme for the 1988 Annual Meeting will be Medical Education: Charting a Course for the 1990s. Ms. Dunn asked the deans to think about a possible Sunday luncheon meeting in Chicago, which would allow the deans and students to have a better opportunity to interact with one another. She also reported that the next issue of "Progress Notes" is in the process, and that an OSR questionnaire has been developed to assess

how the organization is functioning at each medical school.

VI. NEW BUSINESS

Dr. Bowles reported briefly on the development of a uniform examination pathway to licensure and asked that this item be placed on a future agenda of the Administrative Board. Dr. Kettel reported on the establishment of a joint AAMC/Alpha Omega Alpha Distinguished Teacher Award. The announcement of the award will be sent to both U.S. and Canadian medical school deans in the near future. Two awards will be given at the AAMC Annual Meeting, recognizing excellence in faculty teaching. Dr. Kettel also asked the Board to suggest program ideas for the deans' Sunday session at the Annual Meeting. In other matters, the Illinois deans have agreed to help cosponsor the Council of Deans' theme dinner at the Annual Meeting.

VII. ADJOURN

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

MINUTES

March 22, 1988
1:15 p.m. - 2:30 p.m.
Camellia Boardroom

The Hotel Inter-Continental
Hilton Head, South Carolina

Present: William T. Butler, M.D., Chairman
William B. Deal, M.D., Chairman-elect

Executive Council Representatives

L. Thompson Bowles, M.D.
John Naughton, M.D.
Richard S. Ross, M.D.
Henry P. Russe, M.D.
Robert E. Tranquada, M.D.
W. Donald Weston, M.D.

Members-at-Large

George T. Bryan, M.D.
Phillip M. Forman, M.D.
Robert L. Friedlander, M.D.

Staff: Louis J. Kettel, M.D.
Joseph A. Keyes, Jr., Esquire
Richard M. Knapp, Ph.D.
John F. Sherman, Ph.D.
Amy Eldridge
Gladys V. Peters

I. CALL TO ORDER

The meeting was called to order at 1:15 p.m. by William T. Butler, M.D., Chairman.

II. ACTION ITEMS

A. LETTER REGARDING ANESTHESIA RESIDENTS

Dr. Butler, in his capacity as Chairman of the Council of Deans, received a letter from Dr. Francis M. James, III, M.D., President of the Society of Academic Anesthesia Chairmen, concerning the non-participation of a number of schools in the CA-I match for Anesthesiology. He asked the Council of Deans to

assist in obtaining the participation by their program directors.

ACTION:

Dr. Butler will write to Dr. James and tell him the Council of Deans supports the concept of the match program and ask him to send a list of the nonparticipating schools so the respective deans may be contacted. If the list contains 5-10 schools, telephone calls can be placed to the schools. Dr. Kettel will contact the deans.

B. FUTURE SPRING MEETING SITES

1989

Amy Eldridge reported that the 1989 Spring Meeting will be held at Fess Parker's Red Lion Resort, Santa Barbara, California, April 11-16, 1989. Room rate, \$138.00. Staff was asked to locate possible other sites for 1989.

1990

Amy Eldridge reported on four sites for the 1990 Spring Meeting: (1) PGA Sheraton; (2) The Homestead; (3) Marriott at Sawgrass; and (4) The Mission Inn. She stated that a decision had to be made soon. The Board agreed that a decision on this issue would be made at its June meeting. A spread sheet is to be prepared using the following headings:

Hotel Name
Number of Rooms
Price Per Day
Hidden Problems
Amenities

One hundred and eighty dollars (\$180) is ceiling for 1990 room rate. The Board decided that the meeting will be held in Florida. The Board also stated that the meeting was not to be held during Match Week (March 22, 1989).

C. RETIREMENT PLAN THAT IS NONRECOVERABLE

It was stated that the TIAA deferred contribution plan limits the amount you can voluntarily contribute and that the deferred benefit plan cannot pay out more than \$95,000. Mr. Keyes was asked to look into the retirement plan that is nonrecoverable under state and federal laws.

D. NOVEMBER 1ST DEANS LETTER

The COD Business Meetings have not discussed the release of transcripts before November 1, 1988. A new letter to Program Directors should make it clear that the release of the transcript upon student request before November 1st was all right provided the transcript does not convey what a "raw" transcript should convey--define transcript and deans letter very specifically. November 1st is the deadline for deans letter.

III. DISCUSSION ITEMS

A. RECOMMENDED TOPICS FOR DR. PETERSDORF TO ADDRESS AT BUSINESS MEETING

1. Dues issue, a concern to everybody.
2. Annual amount of rent the Association is now paying.
3. Rationale for building needs requires further discussion.
4. Define interest income.
5. Strategic plan - programs that will be eliminated.
6. Ask him to emphasize the positive aspects of the change in dues.

B. REPORTS OF GROUPS SESSIONS: FROM THE REPORTS OF RECORDERS

Recommendations were prepared and presenters assigned. Dr. Tranquada, "Continuing Medical Education: Who Is Responsible for Its Quality & Effectiveness?"; Dr. Friedlander, "International Medical Education: What are the U.S. Roles and Responsibilities?"; Dr. Forman, "Strengthening the VA-Medical School Relationship"; Dr. Naughton, "A Declining Applicant Pool-How Can We Preserve Affirmative Action?"; Dr. Deal, "Development of Women & Minority Faculty Members-How Are We Doing?"; and Dr. Russe, "Graduate Medical Education: How Should it be Supported in the Future?"

III. ADJOURNMENT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
SPRING BUSINESS MEETING OF THE COUNCIL OF DEANS

MINUTES

March 23, 1988
8:30 a.m. - 11:30 a.m.
Archer East and West

The Hotel Inter-Continental
Hilton Head, South Carolina

I. CALL TO ORDER AND QUORUM CALL

The meeting was called to order at 8:30 a.m. by William T. Butler, M.D., Chairman. Dr. Butler introduced guests and welcomed all present.

II. APPROVAL OF THE MINUTES

The minutes of the Council of Deans Annual Business Meeting of Monday, November 9, 1987 were approved.

II. REPORT OF THE PRESIDENT

Dr. Butler, introducing President Robert G. Petersdorf, M.D., asked him to include the dues increase. Dr. Butler reminded the Council of Dr. Petersdorf's presentation to the Executive Committee (functioning as the AAMC Finance Committee) which rejected his original proposal and asked for a larger dues increase. As a result, the revised budget was upwards. "If there is blame to share," said Dr. Butler, "I want you to know that it is not solely on the shoulders of Bob Petersdorf but really on the shoulders of the Finance Committee of the organization who is committed to provide the resources necessary to carry out the mandate of the programs of the organization."

Dr. Petersdorf then reported as follows:

o **Strategic Planning:**

The Association's executive staff has been working to develop a strategic plan. This plan will identify major programmatic priority areas and new activities for a five (5) year period. The plan will be presented at the December officers retreat; be taken to each Council for discussion; and to the Executive Council for approval in February 1989. Dr. Petersdorf invited the deans to send ideas to the Vice Presidents, or to him directly.

o **Housestaff Hours:**

The AAMC is not alone among professional societies taking up this issue. As an umbrella organization for medical education it is essential to address the issues arising from the public debate. The AAMC final document was adopted by the Executive Council on February 25th. Attention on graduate medical education was prompted by a 1984 case in which a young woman was admitted to a major New York City teaching hospital where she died in less than twenty-four (24) hours. A Grand Jury investigation returned no indictments, but did make several recommendations concerning emergency room staffing, the supervision of residents in training, and the hours assigned to residents. In response, the New York State Commissioner of Health, David Axelrod, M.D., appointed an ad hoc advisory committee on emergency services to analyze the Grand Jury's recommendations. Dr. Petersdorf noted that the Association meticulously debated the content of its position paper at three Executive Council meetings, at the Annual Meetings of the three constituent councils and at the officers retreat. Dr. Petersdorf emphasized the importance to the medical education community of the public's perception of how we conduct our professional education. It is essential for the AAMC to make a public statement concerning these important issues of supervision and training. To summarize, Dr. Petersdorf stated the Association's consensus on the following points:

First, the AAMC supports efforts to examine the working hours of housestaff and agrees with attempts to alter these consistent with the primary educational goals of graduate medical education. An eighty (80) hour work week averaged over four (4) weeks permits residency programs to meet these goals.

Second, the AAMC supports the need for graded supervision of housestaff in emergency rooms, inpatient areas and ambulatory settings. As housestaff advance in training their ability increases but at each level the opportunity to make independent decisions must be preserved as an integral part of the educational process. Faculty must devote adequate time and emphasis to housestaff supervision, with the most intense focus at the PGY-1 and PGY-2 levels.

Third, the AAMC wants to be certain that whatever changes are made, the educational services and

fiscal implications of these changes are considered.

Fourth, the AAMC recommends that changes be made gradually consistent with preserving educational goals of training programs and with the least disruption to patient care.

Finally, the AAMC asks accrediting authorities, medical school teaching hospitals, residency programs directors and faculty to work actively to halt the practice of moonlighting.

Much of the Association's constituency debate has centered on the on-call hours. The approved document emphasizes eighty working hours per week and not eighty on-call or eighty scheduled hours. Surgical programs can accommodate these limitations with this interpretation.

The problem in internal medicine is not the week's total working hours. The medical housestaff are on call in most instances only every fourth night, but work nearly all of the twenty four hours. This is accommodated in an eighty hour work week schedule. Redistribution of work from the first two P-G years to the third year might alleviate other problems of stress in internal medicine training.

Some argued that the specification of any number for hours would create a ceiling to be enforced in contracts or negotiated downward. Others expressed fear that a resident providing care after the specified number of hours had been reached could be in legal jeopardy if an adverse patient outcome occurred. Dr. Petersdorf argued that an AAMC position without recognition of the public concern for long hours leading to resident fatigue and poor patient care would cause the other issues of the AAMC position to be dismissed. Supervision of residents is a much more important concern and should receive our immediate and personal attention.

o **Minority Affairs**

Dr. Petersdorf continued by noting a more vigorous program is needed to increase participation in medicine by underrepresented minorities. Previous efforts by the Association and its members have been effective, but much remains to be accomplished. Demographers report minority segments of the population are the fastest growing. Underrepresented minorities in medicine will soon comprise about one-third of our future population, and potentially one-third of our applicant pool. The Association is planning to upgrade its own minority affairs activities

through a new office headed by a vice president to be recruited shortly. Programmatic activities for this office are already under discussion with various foundations. Dr. Petersdorf is confident we will be able to undertake this effort immediately without waiting for a dues increase or for funds to support the new office and its work.

o Awards

Help is needed in providing nomination for various Association awards. The Association's Flexner Award recognizes outstanding contributions to American medical education. Since 1947, the Association has recognized a faculty member for Distinguished Research in the Biomedical Sciences. The Association scored a real coup by giving it to Brown and Goldstein just months before they received the Nobel Prize. Dr. Petersdorf urged each dean to stimulate interest in this award by nominating someone from their school. The AOA and the AAMC will initiate a new award recognizing two distinguished teachers each year--one from the basic sciences and another from the clinical sciences. The formal announcement of this award will be made by the end of this month. A positive response will assure that this award becomes a prestigious way of recognizing the outstanding teachers in our institutions.

o Association Dues

The Sunday night presentation provided detailed information on the Association's financial status. Dr. Petersdorf reviewed a few key points.

First, the Association derives about forty five percent (45%) of revenues from special student services such as the MCAT exam and the AMCAS program, compared to only thirty percent (30%) from dues. The affect of the change in dues structure will increase the dues proportion to about fifty percent (50%) of revenues and in the first year of a new dues structure special student services will provide thirty three percent (33%) of our revenue. This will subsequently come down to thirty percent (30%) by fiscal year 1994.

Second, although salary increases account for twenty nine percent (29%) of the increase expenditure in fiscal year 1988-89, the total salary increase in the Association is five to six percent (5-6%).

Finally, the philosophy for the use of the Association's reserves and the interest from our investments was explained. Dr. Petersdorf stated the dues are meant to raise \$4.6 million. This will take care of the following items:

- o \$1.3 million to compensate for the deficit in the 1988-89 budget. The 1988-89 budget with its deficit has already been approved by the Executive Committee and the Executive Council.
- o \$700,000 dollars this year was taken out of designated reserve funds and set aside by the Executive Council for various programmatic activities, mainly for updating of the MCATs. This expenditure is now part of the permanent operating budget.
- o \$1.2 million is interest income now annualized for operations. We need to be able to get along without using interest income as part of our operating budget.
- o \$1.4 million is for new programs, plus inflation. This is about ten percent (10%) of next year's \$14 million operating budget.

Related to the Association's reserve funds is the need for space. The situation at 1 Dupont Circle is not entirely stable. The American Council of Education owns the building but has been looking at different space in order to bring in more members of the educational community. We believe ACE will eventually sell the building. For that reason we have prolonged the leases for only three years instead of the usual five years. Now we need space for the following reasons:

First, the Association's space is both inadequate in quantity and in functional quality. Further, we are in two locations. Student services are located at 1776 Massachusetts Avenue where we'll rent an additional 10,000 square feet in November 1988. We need more space, need better space and need to bring the operations together. The issue of safety is also important. And finally, the image of the AAMC space should be commensurate with our image.

The proposed dues increase will not go to build new space. The dues increase will save the \$1.2 million interest income for space efforts. It works in the following way. If the dues increase is approved and becomes effective in the summer of 1989, which is the earliest that it can, for the first several years the interest income will be put aside for a down payment probably on a new building. After considerable study with several consultants, we have

determined that long-term leasing is not the best option for us. We spend over a million dollars annually for rent now; however, we ought to be able to leave our successors a building in which the AAMC has equity. The lease at 1 Dupont Circle ends January 1, 1992. At that point we want to be prepared to move into new quarters housing the entire organization. Should we move into the suburbs as other organizations have? It's our feeling, firstly, that Bethesda, the most desirable suburb, is as expensive as central Washington. Secondly, central Washington is an address we feel we should have and not bury ourselves among the condominiums of Alexandria and Arlington. We think we will be able to purchase a D.C. building in 1992.

Commenting on programmatic changes, Dr. Petersdorf said we need and have added senior staff to the Council of Deans and will add to the Council of Teaching Hospitals and other important areas such as communications and biomedical research. We want to expand our minority activities. We want to do a curriculum study to followup the recommendations of the GPEP report. We want to revise and expand the Journal of Medical Education. We have created the group on faculty practice.

Commenting on the reserves in relation to the dues increase, Dr. Petersdorf noted we have \$15 million in reserve but we were unable to purchase a very attractive building a few months ago. Needing \$1.2 million from the interest income on that \$15 million reserve to operate, we couldn't afford the building payments. Ultimately it seems reasonable to keep the reserves of the Association at roughly one-year's operating expenses.

Commenting on other sources of revenue, Dr. Petersdorf said we still have a significant amount of income from AMCAS. While AMCAS revenue is large, the profit margin is only about \$750,000 over \$6 million in expenses. We would be better off if less dependent on that source of income.

There have been concerns about the size of the dues increase. Could it be phased in over a longer period of time? This would not meet our immediate needs. We already have an operating deficit of \$1.3 million, plus the \$700,000 from the designated accounts and this will have to be continued. The time is limited to build the capital funds for new quarters before the expiration of our lease in December 1991.

Should dues from members of the Council of Deans be set at a flat rate? Should there be a sliding scale? Should a two or three tiered system be considered? The Association's staff considered these possibilities, but recommended a flat fee for several reasons: First, medical schools get basically the same services from the Association regardless

of size. Second, picking an appropriate base for a sliding fee would be difficult. Third, if some schools pay less than the \$32,500 proposed others will have to pay more to produce the same level of dues income needed by the organization. However, if the Council of Deans still wishes a tiered or a sliding scale system, the staff will develop alternatives to present to the Administrative Board in June. As long as the required bottom line is reached, any number of proposals to meet that goal can be considered.

Dr. Butler then pointed out that the Executive Committee meeting discussed location. Two other factors made central Washington attractive. One was ease of access from the airport by visitors to Washington. The other was the vast majority of the employees wishing to be near a metro stop.

John Colloton, as a member of the Finance Committee, assured the Council of three things: First, the Association is behind on a dues increase because we have relied on interest income, MCAT fees and other such student service income to support the services the constituency receives. Compared to the \$80,000 a year Iowa University Hospital pays to the American Hospital Association, the relative benefits received from the AAMC for the three or four thousand dollars dues is totally disproportionate. Second, the proposed dues increases are for programs the constituency wants the Association to provide. The dues increase is not for new building space. Third, there is a very critical space problem, both in quality and quantity. Comparing the AAMC to the AHA, the AMA and even state associations, it's really quite an embarrassment. Fortunately, we are in a position to solve the problem by accruing the reserve interest income between 1988 and 1992.

III. LEGISLATIVE UPDATE

Dr. Richard Knapp presented a legislative update. He first called attention to the AAMC's published comprehensive legislative and regulatory update. Specific items were then updated. First, the National Institute of Health's reauthorization process concerns. There are five issues: Fetal research; the proposed deafness institute; the proposed center for rehabilitation research; health research facilities construction; and the use of animals in research.

Concerning construction, there is some optimism. Drs. Richard Janeway and Louis Kettel made a presentation before a special advisory panel at NIH on February 9th. We worked with and endorsed the Association of American Universities and the National Association of State Universities and Land Grant Colleges testimony before Congressman Waxman on March 4th. We and others have been working with Senator Kennedy's staff. Currently in the NIH reauthorization bill there is a health facilities research construction provision with an

initial authorization for \$150 million. This is an area in support in dealings with dean's congressional delegations.

The role of animals in research will be on the agenda again. Congressman Waxman's Health Subcommittee will devote time to hearings on the issue. The mail is very one sided mostly opposing using animals in research. Showing your congressional delegation how you deal with animals and indicating the importance of animals in research would be useful. The animal rights bill now has over a hundred co-sponsors. You might want to see whether your Congressman is a co-sponsor.

The Health Manpower Act expires during this fiscal year. Of concern are student financial assistance, minority recruitment in the form of the HCOP program and categorical programs devoted to support of family medicine, general internal medicine, and geriatrics. Dr. George Bryan testified before Congressman Waxman last week. We are working closely with Senator Kennedy's staff on a similar bill.

"Independent students" is the status of all medical students for loan purposes. Language included in the higher education act led the Department of Education to exclude allowance for dependents in constructing the budget of an independent student. This form of calculation for the student yields less financial assistance. Dr. Petersdorf has sent a memorandum asking medical school financial aide officers to write letters about this.

Medical licensure discrimination toward foreign medical graduates has prompted two House bills. Dr. Kettel appeared before Congressman Waxman's committee ten days ago. This issue is related to the Uniform Examination Pathway to Licensure.

Without AIDS, the NIH budget is projected to increase 5.4%. With the AIDS money, the increase is 6.8%. Dr. D. Kay Clawson will testify before Congressman Natcher on May 4th. Some matters such as BRSG funding need specific attention. Mail to your own Congressman and to Congressman Natcher is in order.

The Veterans Administration as a cabinet department is being held up over the matter of judicial review of disputes about coverage. Dr. Butler, as Chairman of the Special Medical Advisory Group, and Dr. Petersdorf have been very active on the issue of eliminating politics from the appointment of the Chief Medical Director.

The National Academy of Sciences was to do a study on age discrimination through required retirement. It has not been funded yet, although there is a million dollars in the

President's budget for it. You are aware that Universities may require retirement at a specified age through 1993. Dr. Robert Jones on Joe Keyes' staff has communicated with those of you who are in states who have similar statues.

A report from Congressman Pickel's oversight committee on unrelated business income tax should be released shortly. We will analyze it and make it available to you.

Regulations were due in February 1988 for the non-discrimination requirements of 403(b) pension plans. The statute is to take effect on January 1, 1989. Congressman Matsui's bill would merely delay the issue until January 1, 1990. It is doubtful we can do anything to delay this further.

The report of the Physician Payment Review Commission is due April 1st. The Harvard Study report on relative value scales is due in July. We have been trying to get Dr. Kenneth Shine, Dean at UCLA, on the Physician Payment Review Commission.

IV. DISCUSSION ITEMS

A. Small Group Discussions

1. Dr. William Deal summarized the discussion and recommendations from the groups attending the sessions on "A Declining Applicant Pool: How Can We Preserve Affirmative Action?" as follows:
 - o The AAMC should work to increase federal, other public and private support of:
 - . improvement of general education in primary and secondary school systems;
 - . minority students enrolled in professional schools.
 - o The AAMC should:
 - . develop public relations and communications programs directed to the several levels of recruiting needed, i.e. elementary, secondary, and premedical schools, especially the largest contributors to the pool. Such programs should include faculties and parents;
 - . regularize data collection and distribution directed to realistic targets of accomplishment;
 - . identify successful recruitment programs, and through workshops and

- other means bring them to the attention of the constituency;
- . develop communication links and coalitions among communities, families, and premedical educators and advisors and the schools such as magnet programs working in this area.
- o Education institutions should:
 - . work to decrease student debt burdens including loan forgiveness programs;
 - . enhance education of educators particularly in the sciences and mathematics;
 - . recruit role models as administrators and faculty;
 - . focus on all underrepresented groups including native Americans and the various subsets of Latins while not neglecting the largest numbers of Hispanics and Blacks;
 - . develop enrichment programs at junior high, high school and college levels;
 - . develop enrichment programs for underrepresented and majority group marginal performers (MCAT Scores: 4-7) to bring them into the pool.
- 2. Dr. John Naughton summarized the discussion and recommendations from the groups attending the session on "Development of Women and Minority Faculty Members--How are We Doing?" as follows:
 - o The AAMC should:
 - . continue to support programs and provide assistance to its members in faculty development especially for women and minorities;
 - . study the women and minority faculty cohort in more detail so strategies for action can be developed;
 - . support legislation and other plans for debt forgiveness as an incentive to enter academia;
 - . identify successful programs and bring these models to the attention of our constituency;
 - . distribute the facts of the minority and women faculty pool size and its inequities to the constituency as a means of educating and sensitizing.

- o Medical schools should review institutional policies and practices regarding:
 - . promotion and tenure results and the time frame of actions;
 - . involvement of women and minority faculty in search and P&T processes;
 - . salary equity;
 - . facility equity;
 - . mentoring systems for these faculty;
 - . existing basic science doctoral and MD/PhD programs for their potential of attracting women and underrepresented groups to future academic positions.

- 3. Dr. Henry Russe presented the report and recommendations from the groups attending the sessions on "Graduate Medical Education: How Should It Be Supported in the Future?" by first noting that the proposal that postgraduate trainees be paid in the form of a loan which would be forgiven for various forms of service including service to medical schools as well as hospitals was received with low enthusiasm. All groups recognized the present burden for the cost of GME is largely borne by hospitals including large amounts covered federally through Medicare and the VA. This may well change in the future. The recommendations were that the AAMC:
 - o study the possibility and ramifications of classifying house officers as students; and
 - o continue to support the present system of funding as long as possible.

- 4. Dr. Robert Friedlander presented the report and recommendations from the groups attending the sessions on "International Medical Education: What are the U.S. Roles and Responsibilities?" as follows:
 - o The AAMC should:
 - . provide models which resolve regulatory problems, including: the scope of activities; licensure and various forms of residency accreditation;
 - . with the International Medical Scholars Program (IMSP) and its parent organizations:
 - .. develop a way of coordinating/centralizing funding for programs;

- .. embark on a public awareness program;
- .. define categories of institutions in addition to medical schools who would be eligible to receive international medical scholars; and
- .. define the terms 'fellow'/'scholars' and the length of such experiences.
- . systematically gather and distribute information on needs and how these might be fulfilled by international scholars on our campuses.
- o The IMSP should:
 - . develop a communication system, perhaps in the form of a newsletter and/or conference, on the experiences and methods developed;
 - . serve as a facilitator for foreign governments, schools and agencies who wish to become involved;
 - . serve as a match maker for resources and needs.
- o Programs and institutions should:
 - . focus on primary care offerings and limit the use of tertiary care education since few third world and underdeveloped countries are unable to provide these high technology. When tertiary care education is offered there should be an effort to provide or assure that the resources for implementation are available upon return of the trainee to the country of referral;
 - . develop a certificate or other type of recognition award to signify completion of the program.
- 5. Dr. Robert Tranquada presented the report and recommendations of the groups that attended the sessions on "Continuing Medical Education: Who is responsible for its Quality?" as follows:
 - o The AAMC, recognizing 1) that the continuum of education is within its prerogative, 2) knowing that there is great diversify of activity and 3) noting that relicensing and recertification are realities and provide both an opportunity and a need for medical school involvement, should:

- . convene a Task Force to review the role of medical schools in CME, the role of the AAMC, the ACCME and the medical schools in the issue of recertification and relicensure;
 - . reexamine earlier decisions regarding relationships with the Society of Directors of Continuing Medical Education.
6. Dr. Phillip Forman after commending Dr. John Gronvall on his openness and candor reported and made recommendations from the groups attending the sessions on "Strengthening the VA-Medical School Relationship" as follows:
- o The AAMC and the deans should:
 - . support increased funding of VA research;
 - . advocate language in the legislation proposing VA cabinet status that will buffer the VA from politicization.
 - o The COD should:
 - . consider meeting with VA administrators at each AAMC Annual Meeting;
 - . consider a special orientation program for new deans from schools with VA affiliations.
 - o The individual school deans are encouraged:
 - . to invite VA Central Office professional staff to help and advise on issues and problems in the VA-Medical School relationship;
 - . to involve veteran's service organizations at the local level in VA-medical school affairs;
 - . to become familiar with the VA conflict of interest policies (available on request from the VACO or Amy Eldridge at the AAMC).
- B. The MEDLOANS program was reviewed by Dr. Robert Beran. The AAMC originated a student loan program about two years ago. The first full academic year of the program occurs in June. The AAMC loan program allows a student to apply to the four available student loans through one single application. They write one check for payback payments. It is a privately insured loan

not requiring the student to have a co-signer. The interest rate today is about six tenths of a percent above prime. The bank has been extraordinarily receptive and has consented to allow students or residents to refinance their last loans to take advantage of some new options. Others such as AMSA have similar loan programs. A number of the states have changed their terms and conditions also. This new market has made the student the benefactor.

C. Revision of AAMC Recommendations Concerning Medical School Acceptance Procedures, so-called "Traffic Rules."

Dr. Beran described the "traffic rules" as those understandings among schools for handling students with multiple acceptances, and the dates of completion for certain steps in the admission cycle. The proposed rules establish March 15th as the date schools offer enough positions to fill their class. Students holding multiple acceptances are asked to choose by April 15th. Lastly, the proposed rules reaffirm standards; for example, if an acceptance deposit is required, it should be \$100 with a refundable date of June 30.

There were no objections to these proposals raised by the Council.

D. Individual School Applicant/Matriculant Analyses

Paul Jolly referred to the publication, Trends in Medical School Applicants and Matriculants. The local data which provided the aggregate material in this publication is available to individual schools. The cost is \$300.

V. NEW BUSINESS

Mr. Keyes reviewed the implications of tax law revisions on tuition, scholarships and waivers of payback. Dr. Butler asked that available summaries of this information be distributed to medical schools. (Current information has been distributed in the form of Blue Memos.)

VI. ADJOURNMENT

1990 COD SPRING MEETING OPTIONS --- Florida

Hotel/Resort **The Breakers, Palm Beach, Florida**

Available Dates: April 7-10, 1990

Number of Rooms: 528, including 40 suites. Look out onto the ocean or across tropical gardens to the fairways beyond.

Price/Day: \$155 for standard single/double rooms.

Amenities: 18 meeting rooms. 2 - 18 hole golf courses; 19 tennis courts (clay/hard court); swimming (oceanfront pool); boating; bicycling; croquet or lawn bowling; fitness center; and idyllic conditions for sailing, windsurfing and snorkeling. (140 acres of beachfront, fairways, tennis courts, gardens and shops. Cabanas on one quarter mile of private white sand.)

Airport

Transportation: Limousines will greet guests at the major airport just six miles away in West Palm Beach. Taxis, approx. \$3.50.

Spouse

Activities: Their Conference Service Department arranges on and offshore excursions--e.g. drive through Palm Beach; view private estates and yacht basins; visit quaint restaurants and shops; shopping at Worth Avenue; tour of Flagler Museum and Royal Poinciana Playhouse.

1990 COD SPRING MEETING OPTIONS --- Florida

Hotel/Resort **Bellevue Biltmore, Clearwater, Florida**

Available Dates: April 6-10, 1990

Number of Rooms: 310, including 40 suites (parlors).

Price/Day: \$140 for standard single/double rooms.
 \$200 1-bedroom suite.

Amenities: 14 individual meeting rooms; 3 - 18 hole golf courses, two on the premises, and one only five minutes from their front door; six Har Tru tennis courts; heated swimming pool; 12,000 sq. ft. European Health Spa. Service is provided to their world renown Gulf of Mexico beaches, and Cabana Club on Sand Key; 15 min from a selection of Clearwater shopping malls, theaters and restaurants; 40 minutes from Busch Gardens and 90 minutes from Disney World.

**Airport
Transportation:** 30 minutes from Tampa International Airport. Ground transportation includes rental cars, shuttle buses, private taxis and limousines. Ground transportation to and from airports available at the rate of \$9.75 per person each way. (LIMO, INC.)

**Spouse
Activities:** Disney World and Epcot Center; Busch Gardens; Tarpon Springs, a century old Greek sponge diving and fishing village.

Comments: One complimentary suite for every 50 rooms utilized in the Hotel each day.

1990 COD SPRING MEETING OPTIONS --- Florida

Hotel/Resort Daytona Beach Marriott, Daytona Beach, Florida

Available Dates: March 31 - April 4, 1990 or April 7-11, 1990

Number of Rooms: 402, including 26 suites and parlors.

Price/Day: \$135, singles; \$145, doubles.

Amenities: 15 individual meeting rooms; Indoor/outdoor pool; 2 whirlpools, sauna, steam room, exercise room...nearby tennis and golf; gift shop; specialty shopping mall; 10 minutes from Daytona 500 Speedway; 54 miles northeast of Orlando; parking for 500 cars; casual dining restaurant with outdoor terrace; pool bar and grille.

Airport

Transportation: 7 miles (10 minutes) from the Daytona Beach Regional Airport. Taxi service, approx. \$7.

Spouse

Activities: Trip to St. Augustine via riverboat on the Halifax River---ample shopping in St. Augustine. Return trip to Daytona Beach is via chartered bus; Visit to the Kennedy Space Center; Tours to Disney World/EPCOT or Sea World.

Comments:

Located right on the beach. Back door opens onto a "beautiful" city park. Hotel will provide one complimentary room for every 50 rooms used. Some rooms have balcony; 13 have terrace.

1990 COD SPRING MEETING OPTIONS --- Florida

Hotel/Resort PGA Sheraton, Palm Beach, Florida

Available Dates: April 18-22, 1990

Number of Rooms: 330, including 60 suites

Price/Day: 1989 rates. 1990 rates are not in, but the hotel is willing to work with us.
\$140, single room; \$155, double room.

Amenities: Two spacious outdoor pools. Health and Fitness Center with whirlpool, sauna, lap pool, masseuse, aerobics and 36 Nautilus machines. 4 championship golf courses; 3 putting greens, 2 driving ranges, 2 pro shops, club rental and instruction. 19 day-or-night tennis courts. 6 indoor racquetball courts. Sailing and fishing on private lake. Nature trails on 240 acre wilderness preserve. 5 croquet courts; home of U.S. Croquet Association. Horse back riding located next door. Shopping center across the street--Bloomingdales, Saks, etc.--right across the street; deep sea fishing; boat cruises; Burt Reynold's dinner theater 10 minutes away.

Airport Transportation: They have a transportation department. \$11.50 oneway--Van, Limo, Buses. Via taxi \$24.00 oneway. 20 minutes from Palm Beach Int'l Airport.

Spouse Activities: Their Conference Service Department will assist.

Comments: 19 meeting rooms, including 2 ballrooms. Will provide one complimentary unit per 50 rooms utilized per night. Rooms have furnished balcony or terrace.
place.

1990 COD SPRING MEETING OPTIONS --- Florida

Hotel/Resort Sonesta Beach Hotel, Key Biscayne, Florida

Available Dates: March 31 - April 4, 1990

Number of Rooms: 300, including 16 suites. All rooms have a private balcony.

Price/Day: \$190 for standard single/double rooms.

Amenities: 12 meeting rooms. Outdoor heated olympic size swimming pools; Jacuzzi, open 8 a.m.-10 p.m.; 10 laykold tennis courts with 3 courts lit for night play; fitness center; 18 hold golf course 2 miles away; boating (hobie cats, catamarans, canoes, cycles and windsurfing); fishing/cruising.

Airport

Transportation: 20 minute drive from Miami Airport. Approximate tariff from the Airport. Via taxi, \$20.00. Via limo, \$11.00.

Spouse

Activities: Places of interest: World-famous Seaquarium, Planet Ocean, Vizcaya, Crandon Park, Bill Baggs State Park, Jai-Alai, Horse and Dog Racing.

Comments: Our meeting would be the only meeting taking place during our stay. Free podium and mic in each meeting room. Comp. policy: 1 per 50 or 1 one-bedroom suite for President.



Southern Illinois University
School of Medicine
P.O. Box 19230
Springfield, Illinois 62794-9230

*Office of the Dean and Provost
801 North Rutledge Street*

April 28, 1988

Louis J. Kettel, M.D.
Associate Vice President
Division of Academic Affairs
Association of American Medical Colleges
One Dupont Circle NW, Suite 200
Washington, DC 20036

Dear Lou:

I would like to raise with you an issue about postgraduate medical training that I think should be of concern to the Council of Deans and the AAMC.

As part of the concern about oversupply of physicians, Residency Review Committees and Specialty Boards have begun a flurry of increased standards and qualifications, which under the noble banner of quality, are to a great extent attempts at population control of the various specialties. As I am sure you are aware, some of the newer community-based schools have begun to express concern that some of their primary residency programs are being put on probation and may be disqualified on the basis of these new standards. While we don't have that particular problem at SIU, I am concerned on behalf of my colleagues that primary residency programs that are a part of medical schools should have some kind of most favored status since they relate in very important ways to the education of medical students and do participate in the broader milieu of an academic medical center, even though in each case they may not have the same depth of resources that might even exist in some relatively free-standing residency programs. Accordingly, I have no particular concern if some specialty wants to cut down on the number of residencies by cutting out the weak ones, but I think that the ground rules should have some protection for primary affiliated medical school residencies.

The more specific variant of this issue which has come to my attention recently in regard to our institution relates to fellowship programs in Internal Medicine. We have been rather selective in initiating fellowship programs in Springfield, trying to relate them to actual manpower needs in central and southern Illinois. For example, we long since could have had an outstanding fellowship program in cardiology, but our cardiologists, feeling that there are quite enough of their tribe in our region, have felt no need to start a fellowship program. We do, however, have a fellowship program in gastroenterology, which does relate to need in our region. As recently required, our director has asked for separate accreditation now that the guidelines are being "tightened up". He has been informed by the ACGME hierarchy that his program can be approved only if there are at least

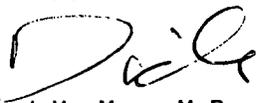
three fellowship programs in our Department of Internal Medicine. I presume that this is again being put forth under the banner of quality, but is, in fact, an attempt to restrict manpower production. In terms of quality, we have the depth, if we were to choose to do so, to launch three or more fellowship programs in Internal Medicine. The faculty are here and certainly support our GI fellowship as needed. If this rule must, indeed, hold I have no recourse but to proceed to develop and get accredited two additional fellowship programs in Internal Medicine. This would seem to fly in the face of conventional wisdom that we already have too many specialty training programs and would probably be counterproductive to the real agenda of those who have put in these restrictions in the first place.

In addition, I was also informed this week that continued accreditation of our vascular surgery program requires that we have a residency program in pathology. We had a residency program in pathology up until two years ago, at which time the changing manpower needs in pathology prompted our department to discontinue the program, which seemed perfectly reasonable to us. I am now in the position of having to restart that program, even though there is no regional need for pathologists.

This all presents really a kind of silly and chaotic situation which I think has the potential of being very counterproductive and interfering with the rights of medical schools to determine their own priorities. If there are bad residency and fellowship programs in loosely affiliated hospitals, let's focus our concerns on them. There are, however, 127 settings accredited by the LCME which represent academic medical centers which, in my judgment, can safely hold postgraduate medical education programs. I also think that we should have the freedom and also the responsibility to relate our programs to manpower needs. Accordingly, I would suggest that the Council of Deans discuss this situation toward the end of bringing pressure to bear on the ACGME as one of its parents that some kind of most favored status be given to medical schools in regard to postgraduate medical education, possibly including some kind of generic accreditation for this purpose and free us from this increasing burden of prerequisites.

Thank you for your consideration.

Sincerely,



Richard H. Moy, M.D.
Dean and Provost

cc: Harry L. Beaty, M.D.
Phillip Forman, M.D.
Henry Russe, M.D.

AAMC ANNUAL MEETING

COUNCIL OF ACADEMIC SOCIETIES
COUNCIL OF DEANS
COUNCIL OF TEACHING HOSPITALS

JOINT PLENARY SESSION

November 13, 1988
1:00 - 3:30 p.m.
Chicago Marriott Hotel

MISCONDUCT IN SCIENCE

Code of Conduct for Biomedical Research

The Harvard Code
Eleanor G. Shore, M.D.
Associate Dean, Faculty Affairs
Harvard Medical School

Responsible Conduct of Research
Arthur Rubenstein, M.B.B.S.
Chair, IOM Committee

Investigation of Alleged Misconduct

Due Process Issues
Barbara Mishkin, J.D.
Hogan and Hartson

The Institutional Experience
Paul J. Friedman, M.D.
Associate Dean, Academic Affairs
University of California, San Diego

AAMC FUTURE MEETING DATES

1988

- September 7-8 Executive Council Meeting/COD Admin. Board
Washington, D.C.
- November 11-17 Annual Meeting
Chicago, Illinois
- December 11-13 Officers & Staff Retreat

1989

- February 22-23 Executive Council/COD Admin. Board
Washington, D.C.
- April 11-16 COD Spring Meeting
Fess Parker's Red Lion Resort
Santa Barbara, California
- June 14-15 Executive Council/COD Admin. Board
Washington, D.C.
- September 27-28 Executive Council/COD Admin. Board
Washington, D.C.
- October 27-Nov. 2 AAMC Annual Meeting
Washington, D.C.
- December Officers Retreat
To Be Announced