MEETING SCHEDULE
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

January 19, 1983

5:30 p.m. Joint CAS/COD Administrative Boards Meeting (see pg. 9) Hemisphere Room

7:00 p.m. Joint Reception and Dinner Thoroughbred Room

January 20, 1983

9:00 a.m. CAS Administrative Board Meeting Edison Room

1:00 p.m. Joint Administrative Boards Luncheon Map Room

2:00 p.m. Adjournment
AGENDA
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

I. Report of the Chairman

II. ACTION ITEMS

A. Approval of the Minutes of September 8-9 ................. 1
   CAS Administrative Board

B. Appointment of 1983 CAS Nominating Committee ............. 6

C. Executive Council Action Items with Particular Emphasis On:
   C. Report of the AAMC Officers' Retreat ................. 25
   D. Undergraduate Medical Education Preparation for
      Improved Geriatric Care--A Guideline for Curriculum
      Assessment ................................................. 35
   F. Prospective Payment Proposals for Hospital Services
      Provided to Medicare Beneficiaries .................. 68
   H. The Future of the AAMC's Management Education
      Programs .................................................. 91
   I. ACCME Essentials and Guidelines ..................... 93
   J. ACCME Protocol for Recognizing State Medical Societies
      as Accreditors of Local CME ....................... 110

III. DISCUSSION ITEMS

A. A Proposed Sliding Scale of Grant Awards for Biomedical
   Research .................................................. 9

B. AAMC Awards ............................................. 14

C. CAS Interim Meeting Plans ................................ 15
MINUTES
COUNCIL OF ACADEMIC SOCIETIES
ADMINISTRATIVE BOARD

September 8-9, 1982
Washington Hilton Hotel
Washington, DC

PRESENT: Board Members
David M. Brown
Bernadine H. Bulkley
Daniel X. Freedman
Lowell M. Greenbaum
William F. Ganong
Robert L. Hill
T.R. Johns
Joseph E. Johnson, III
Frank C. Wilson

AAMC Staff
James Bentley*
Janet Bickel
Joan Bloom
John A.D. Cooper*
James Erdmann*
Thomas Kennedy*
Lynn Morrison
Anne Scanley*
John Sherman
August Swanson
Xenia Tonesk

ABSENT: David H. Cohen
Douglas E. Kelly
Virginia V. Weldon

GUESTS: Donald Langsley
Thomas K. Oliver*

The CAS Administrative Board convened on September 8 at 5:00 pm for a joint session with the OSR and COTH Administrative Boards regarding portents of change in graduate medical education opportunities. At 7:00 pm, the session was adjourned for a social hour, followed by dinner at 8:00 pm. The CAS Board reconvened at 9:00 am on September 9 for a business meeting. Following the usual custom, the CAS Administrative Board joined the other AAMC Boards for a joint luncheon meeting at 12:30 pm.

* present for part of the meeting
I. Approval of Minutes

The minutes of the June 23-24, 1982 CAS Administrative Board Meeting were approved as submitted.

II. ACTION ITEMS - CAS Board

A. Membership Applications

1. American College of Legal Medicine - Dr. Brown reported that a review of this organization's journal as well as its meeting programs revealed a primary orientation toward practice issues rather than medical education. In addition, it appeared that none of the organization's members hold academic appointments. For these reasons, the Board agreed that the organization's application for membership in CAS should be denied.

2. American College of Neuropsychopharmacology - Drs. Freedman and Johns had reviewed this organization's application and recommended that it be approved for CAS membership.

3. American Institute of Ultrasound in Medicine - Drs. Johns and Ganong had reviewed this organization's application. While they had concerns regarding the fact that ultrasound technicians represent a significant percentage of the AIUM membership, Drs. Johns and Ganong recommended that the organization be approved for CAS membership.

ACTION: The CAS Board approved the applications of the American College of Neuropsychopharmacology and the American Institute of Ultrasound in Medicine for membership in CAS. The application of the American College of Legal Medicine was denied for the reason's stated above.

III. ACTION ITEMS - Executive Council

A. American Hospital Association's Proposed Medicare Prospective Payment System

Dr. James Bentley, associate director of the AAMC department of teaching hospitals, provided background information on the AHA's proposed prospective payment system for Medicare patients. Dr. Bentley stated that the hospital community had been advocating such an approach to Medicare payment for the last several years and that Federal policymakers were showing increasing interest in the concept as a possible strategy for containing Medicare costs. Therefore, in the spring of 1982, the AHA developed a prospective payment proposal. Essentially, the proposal is a four-year plan which would establish for each hospital a fixed price for each Medicare discharge. Payments would be adjusted each year to reflect increases in the cost of goods and services purchased locally by hospitals. Hospitals able to provide care for less than the fixed payment would be allowed to retain the resulting savings. However, costs greater than the payments would have to be underwritten by hospital revenues, thereby incurring a loss. At its June meeting, the COTH Administrative Board had endorsed the principles of the AHA proposal.

In discussing the proposal, Board members expressed concern that some of the technical recommendations may have ramifications which are not immediately...
The apparent or necessarily predictable. However, Dr. Bentley pointed out that the COTH Board action only recommended that the AAMC support the principles of the document.

ACTION: The CAS Administrative Board voted to recommend that the AAMC support the AHA prospective payment proposal in principle.

B. Medicare Reimbursement for Provider-Based Physicians

As mandated by the Congress, the Health Care Financing Administration had recently published Medicare reform regulations which attempted to distinguish between 1) services performed by "the physician in person" covered under Part B and 2) services provided on a reasonable cost basis by the hospital covered under Part A. Pathologists in particular had objected to the proposed regulations as they required that a pathologist be personally involved in the performance of a laboratory test in order to receive fee-for-service payment. Otherwise, payment would be made to the hospital under Part A.

Dr. Bentley outlined the concerns of the pathology community with respect to the regulations and their potential impact on the development of the discipline. In response to these concerns, the AAMC Executive Council and Administrative Boards were asked to review a 1980 AAMC policy statement regarding Medicare reimbursement for pathology services:

"While the AAMC does not have a compensation alternative which would recognize the concerns of pathologists and of the government, it is concerned about payment mechanisms which could possibly discourage the contributions pathologists make to patient diagnosis and treatment and inhibit the development of the discipline. The Association notes, however, that Senate Report 96-471 would permit physicians to be compensated on a percentage arrangement if the amount of reimbursement is based on an approved relative value scale '...which takes into consideration such physicians' time and effort consistent with the inherent complexity of procedures and services.' The Association supports such a proposal."

ACTION: The CAS Administrative Board reaffirmed its support for the 1980 position statement regarding Medicare reimbursement for pathology services.

C. Minority Students in Medical Education

Given the political and economic climate, the Minority Affairs Section of the AAMC Group on Student Affairs had recommended that the Association reaffirm its support for efforts to provide minority and disadvantaged students with the opportunity to pursue careers in medicine. A statement had been developed for consideration by the Executive Council which pointed out that the nation's commitment to affirmative action seemed to be waning and that progress made in recent years with respect to minority enrollment in medical school had been threatened by rising tuitions, enrollment reductions, and the reduced availability of student financial aid. The statement reaffirmed the Association's commitment to improving efforts to recruit minority students into medical school.

ACTION: The CAS Administrative Board endorsed the statement on the status of minority students in medical education.
IV. DISCUSSION ITEMS - CAS Board

A. Clinical Evaluation Project

Dr. Xenia Tonesk, principal investigator for the two-year AAMC study of the evaluation of students in clinical clerkships, summarized the project's findings. As might be expected, studies indicated that faculty had no difficulty in identifying and appropriately evaluating above average students. However, such was not the case regarding below average or failing students. She stated that the study also found that there is excessive emphasis on the methodology of evaluation (clerkship forms, examinations, etc.). The report recommended that in addition to psychometrics, faculty should examine the "who, where, when and why" of the evaluation of clinical clerkship performance.

The Board reviewed a summary report which Dr. Tonesk had prepared and found it very informative. It was agreed that it would be useful for Dr. Tonesk to present the findings again at the fall meeting of the CAS.

B. CAS Fall Meeting Plans

Dr. Swanson reviewed the plans for the CAS fall meeting including a joint session with the Organization of Student Representatives for a discussion of the AAMC General Professional Education of the Physician (GPEP) project. The chairmen of the three GPEP working groups will address a CAS/OSR plenary session regarding the topics to be considered by their respective groups: essential knowledge; fundamental skills; and, personal qualities, values and attitudes. Following these presentations, small groups of students and CAS representatives will informally discuss these topics. CAS and OSR Administrative Board members will serve as joint discussion leaders of the small group sessions. A CAS/OSR cocktail reception will conclude the day's activities.

Dr. Swanson also reported that Dr. Stanley J. Reiser, professor of humanities and technology in medicine at the University of Texas at Houston, had agreed to address the CAS regarding "The Enigmatic Future and Tumultuous Past of Medical Education."

C. 1983 Interim Meeting

The Board discussed plans for the 1983 CAS Interim Meeting. In view of the overwhelming success of the 1982 meeting, it was agreed that a similar format should be used. This involved the participation of key Congressional staff and Executive Branch officials in a plenary session and informal small-group discussions with CAS representatives. The theme for the meeting was discussed and it was agreed that it should focus on the effects of Federal policies on academic medical centers and the conduct of research. Possible speakers for a variety of relevant topics were identified.

V. DISCUSSION ITEMS - Executive Council

A. Legislative Update

Dr. Thomas Kennedy of the AAMC staff provided an update of recent legislative activity. He stated that AAMC staff had worked closely with staff from the
House Science and Technology Committee in the amendment of legislation to limit the use of animals in research. The most recent draft was significantly less onerous than the original version. However, the bill was still a source of concern and was viewed as a "foot-in-the-door" to more stringent legislation.

With regard to appropriations, Dr. Kennedy stated that the Association and many other organizations (including most CAS member societies) had cosigned and sent to key Members of Congress a position statement regarding NIH and ADAMHA funding. The document proposed an additional $287 million above the Administration's FY 1983 request to allow for the FY 1982 level of effort in terms of the number of new grants and research trainees supported. With regard to student financial aid, the Association had strongly opposed an $80 million appropriation for the Health Education Assistance Loan program and advocated funding at the full authorization level of $225 million. The AAMC had emphasized that the HEAL program is a revolving fund and that the government would save no money by capping the appropriation at a mere one-third of the authorized level.

B. AAMC Response to Small Business Innovation Development Act

In response to numerous inquiries, AAMC staff had explored the implications of faculty participation in the development of for-profit entities eligible for funding under the NIH Small Business Innovation Research program, to be established pursuant to Congressional passage of the small business set-aside legislation. Anne Scanley of the AAMC staff reviewed a discussion paper which outlined the pros and cons of such activity. The document pointed out that extra-institutional research could 1) provide greater opportunity for scientists to commercially apply basic science discoveries, 2) foster greater university/industry cooperation, and 3) provide supplemental income for faculty. The paper also identified some potential adverse effects including the realignment of faculty loyalty and orientation toward the institution and conflicts of interest which might serve to distort traditional academic values. The paper highlighted the political implications of faculty participation in the SBIR program, emphasizing that the establishment of profit-making research ventures by academic scientists might compromise the academic community on Capitol Hill, particularly with those Congressmen who had so vigorously opposed the legislation. The paper also pointed out that academic participation might provide the illusion of success for the SBIR program and thereby enhance the possibility of its renewal in 1988.

The Board agreed that the document would be extremely useful to faculties considering the possibility of competing for SBIR funds. It was agreed that it should be distributed to the AAMC Assembly.
APPOINTMENT OF 1983 CAS NOMINATING COMMITTEE

Section V, #1 of the CAS Bylaws reads as follows:

"The Nominating Committee shall be comprised of seven members. The Chairman of the Administrative Board shall be the Chairman of the Nominating Committee and shall vote in the case of a tie. Six individuals (three basic science and three clinical science) shall be appointed by the CAS Administrative Board from among representatives of the member societies. Not more than one representative may be appointed from a society and not more than two members may be current members of the Administrative Board. The Nominating Committee shall report to the Council at its Annual Meeting a slate of nominees for Administrative Board vacancies. Additional nominations for these positions may be made by any representative to the Council present at the meeting. The Committee will also recommend to the AAMC Nominating Committee candidates for Chairman-Elect of the Association of American Medical Colleges."

On the following pages is a list of all CAS Representatives from which the Board must choose three basic scientists and three clinical scientists to serve on the CAS Nominating Committee. Several alternates should also be selected. The Committee will meet by conference call sometime in May or early June to develop a slate of nominees to fill three basic science positions on the Board. The Committee will also nominate a clinical scientist as Chairman-Elect of CAS and an individual from the Council of Deans to serve as Chairman-Elect of the AAMC.

The 1978-1982 CAS Nominating Committees are listed below.

1979
Thomas K. Oliver, Jr., M.D., Chairman  Daniel X. Freedman, M.D., Chairman
Carmine D. Clemente, Ph.D.  Robert M. Berne, M.D.
David H. Cohen, Ph.D.  F. Marian Bishop, M.D.
William F. Ganong, M.D.  David M. Brown, M.D.
Philip C. Anderson, M.D.  David H. Solomon, M.D.
Daniel D. Federman, M.D.  Warren Stamp, M.D.
Frank C. Wilson, Jr., M.D.  Frank C. Wilson, M.D.

1980
Carmine D. Clemente, Ph.D., Chairman  1981
George N. Aagaard, M.D.  Daniel X. Freedman, M.D., Chairman
Milton T. Edgerton, M.D.  Robert M. Berne, M.D.
Daniel X. Freedman, M.D.  F. Marian Bishop, M.D.
Mary Ellen Jones, Ph.D.  David M. Brown, M.D.
Thomas K. Oliver, M.D.  David H. Solomon, M.D.
Solomon Snyder, M.D.  Warren Stamp, M.D.

1982
David M. Brown, M.D., Chairman  Franklyn G. Knox, M.D., Ph.D.
Joseph R. Bianchine, Ph.D.  John T. Sessions, Jr., M.D.
T. R. Johns, M.D.  Frank C. Wilson, M.D.
Franklyn G. Knox, M.D., Ph.D.  Robert D. Yates, Ph.D.
John T. Sessions, Jr., M.D.
## BASIC SCIENCES

### ANATOMY
- American Association of Anatomists
  - Dr. John E. Paul
  - Dr. Sanford L. Palay
  - Dr. William P. Jolie (PAR)
- Association of Anatomy Chairmen
  - Dr. George D. Pappas
  - Dr. Douglas E. Kelly (PAR & Rep)

### BEHAVIORAL SCIENCE
- Association for the Behavioral Sci. & Med. Education
  - Dr. Shirley Nickols Fahey
  - Dr. Evan G. Parrishall, Jr. (PAR & Rep)

### BIOCHEMISTRY
- American Society of Biological Chemists, Inc.
  - Dr. Robert E. Olson
  - Dr. Robert M. Bock (PAR)
  - Assoc. of Med. School Depts. of Biochemistry
  - Dr. Lowell P. Hager
  - Dr. Robert L. Hill
  - Dr. Eugene Davidson (PAR)

### GENETICS
- American Society of Human Genetics
  - Dr. David Rimoin
  - Dr. Robert L. Summitt (PAR)

### MICROBIOLOGY
- Assoc. of Med. School Microbiology Chairmen
  - Dr. Harold S. Ginsberg
  - Dr. Kenneth I. Berns (PAR)

### NEUROSCIENCE
- Society for Neuroscience
  - Dr. David H. Cohen (PAR & Rep)

### PHARMACOLOGY
- American Soc. for Clinical Pharm. & Therapeutics
  - Dr. Arthur Hull Hayes, Jr.
  - Dr. George N. Aagaard (PAR & Rep)
  - Amer. Soc. for Pharm. & Experimental Therapeutics
  - Dr. Lewis Aronow
  - Dr. William L. West (PAR & Rep)
  - Assoc. for Medical School Pharmacology
  - Dr. Joseph R. Bianchine
  - Dr. Lowell M. Greenbaum (PAR & Rep)

### PHYSIOLOGY
- American Physiological Society
  - Dr. Franklyn G. Knox
  - Dr. Jack L. Kostyo
  - Dr. John T. Shepherd (PAR)
  - Assoc. of Chairmen of Depts. of Physiology
  - Dr. Stephen H. White
  - Dr. William F. Ganong
  - Dr. Norman R. Alpert (PAR)

### CLINICAL SCIENCES

#### ALLERGY
- American Academy of Allergy
  - Dr. Paul Vanarsdel
  - Dr. Thomas E. Van Metre (PAR)

#### ANESTHESIOLOGY
- Association of University Anesthetists
  - Dr. C. Philip Larson, Jr.
  - Dr. Nicholas M. Greene (PAR & Rep)
  - Soc. of Academic Anesthesia Chairmen, Inc.
  - Dr. S. Craighead Alexander (PAR & Rep)

## CLINICAL RESEARCH

### ANATOMY
- American Assoc. for the Study of Liver Diseases
  - Dr. Marcus A. Rothschild
- Dr. Harold J. Fallon (PAR & Rep)
- Amer. Federation for Clinical Research
  - Dr. Randy Zusman
  - Dr. Jerry Olefsky
  - Dr. Bernadine Buckley (PAR)
  - Amer. Society for Clinical Investigation
  - Dr. Michael M. Frank (PAR & Rep)
  - Central Society for Clinical Research
  - Dr. Norton Greenberger (PAR & Rep)

### BIOCHEMISTRY
- Plastic Surgery Research Council
  - Dr. R. Barrett Noone
  - Dr. Robert L. Ruben
  - Dr. Donald Serafin (PAR)
- Society for Gynecologic Investigation
  - Dr. W. Ann Reynolds
  - Dr. Ronald A. Chez
  - Dr. Robert B. Jaffe (PAR)

### GENETICS
- Society for Pediatric Research
  - Dr. Lynn M. Taussig
  - Dr. Richard E. Hillman
  - Dr. Virginia V. Weldon (PAR)

### MICROBIOLOGY
- Endocrine Society
  - Dr. Jo Anne Brasel
  - Dr. Virginia V. Weldon
  - Dr. Claude J. Migeon (PAR)

### NEUROSCIENCE
- Society of Critical Care Medicine
  - Dr. Solomon G. Hershey (PAR & Rep)
- Society of Teachers of Emergency Medicine
  - Dr. Richard M. Nowak
  - Dr. John Lumpkin
  - Dr. Daniel T. Schelble (PAR)

### PHARMACOLOGY
- Amanda Association for the Surgery of Trauma
  - Dr. William R. Drucker
  - Dr. Donald S. Gann (PAR)
- American Surgical Association
  - Dr. Arthur J. Donovan
  - Dr. Jerome J. DeCosse (PAR & Rep)
  - Association for Academic Surgery
  - Dr. Richard P. Saik
  - Dr. Joyce Rocko
  - Dr. Charles M. Balch (PAR)
  - Soc. for Surgery of the Alimentary Tract, Inc.
  - Dr. John R. Brooks
  - Dr. John Cameron
  - Dr. Bernard M. Jaffe (PAR)

### PHYSIOLOGY
- American Association for the Surgery of Trauma
  - Dr. William R. Drucker
  - Dr. Donald S. Gann (PAR)
- American Surgical Association
  - Dr. Arthur J. Donovan
  - Dr. Jerome J. DeCosse (PAR & Rep)
  - Association for Academic Surgery
  - Dr. Richard P. Saik
- Soc. for Surgery of the Alimentary Tract, Inc.
  - Dr. John R. Brooks
  - Dr. John Cameron
  - Dr. Bernard M. Jaffe (PAR)
  - Soc. of University Surgeons
    - Dr. John W. Harmon
    - Dr. Morris D. Kerstein
    - Dr. Alden Harken (PAR)
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNAL MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American College of Physicians</td>
</tr>
<tr>
<td></td>
<td>Dr. Gene H. Stollerman</td>
</tr>
<tr>
<td></td>
<td>Dr. John T. Sessions</td>
</tr>
<tr>
<td></td>
<td>Dr. John R. Ball (PAR)</td>
</tr>
<tr>
<td></td>
<td>Association of American Physicians</td>
</tr>
<tr>
<td></td>
<td>Dr. Leighton E. Cluff</td>
</tr>
<tr>
<td></td>
<td>Dr. Alfred Jay Bollet</td>
</tr>
<tr>
<td></td>
<td>Dr. Oscar D. Ratnoff (PAR)</td>
</tr>
<tr>
<td></td>
<td>Association of Professors of Medicine</td>
</tr>
<tr>
<td></td>
<td>Dr. Jay H. Stein</td>
</tr>
<tr>
<td></td>
<td>Dr. Joseph E. Johnson III (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Association of Program Directors in Internal Med.</td>
</tr>
<tr>
<td></td>
<td>Dr. Pervis Milnor, Jr.</td>
</tr>
<tr>
<td></td>
<td>Dr. James A. Curtin (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>American Gastroenterological Association</td>
</tr>
<tr>
<td></td>
<td>Dr. Irwin H. Rosenberg</td>
</tr>
<tr>
<td></td>
<td>Dr. Susan C. Stewart</td>
</tr>
<tr>
<td></td>
<td>Dr. John T. Sessions (PAR)</td>
</tr>
<tr>
<td></td>
<td>American Society of Hematology</td>
</tr>
<tr>
<td></td>
<td>Dr. Paul McCurdy</td>
</tr>
<tr>
<td></td>
<td>Dr. Ernest Jaffe</td>
</tr>
<tr>
<td></td>
<td>Dr. Paul A. Marks (PAR)</td>
</tr>
<tr>
<td><strong>NEUROLOGY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Academy of Neurology</td>
</tr>
<tr>
<td></td>
<td>Dr. T. R. Johns</td>
</tr>
<tr>
<td></td>
<td>Dr. Jerry Chutkow</td>
</tr>
<tr>
<td></td>
<td>Dr. John F. Aita (PAR)</td>
</tr>
<tr>
<td></td>
<td>American Neurological Association</td>
</tr>
<tr>
<td></td>
<td>Dr. Frank Yatsu</td>
</tr>
<tr>
<td></td>
<td>Dr. Erland Nelson</td>
</tr>
<tr>
<td></td>
<td>Dr. John Conomy (PAR)</td>
</tr>
<tr>
<td></td>
<td>Association of University Professors of Neurology</td>
</tr>
<tr>
<td></td>
<td>Dr. Elliott L. Mancall</td>
</tr>
<tr>
<td></td>
<td>Dr. Hartwell Thompson (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Child Neurology Society</td>
</tr>
<tr>
<td></td>
<td>Dr. Mary Anne Guggenheim</td>
</tr>
<tr>
<td></td>
<td>Dr. Paul R. Dyken</td>
</tr>
<tr>
<td></td>
<td>Dr. Lawrence A. Lockman (PAR)</td>
</tr>
<tr>
<td><strong>NEUROSURGERY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amer. Association of Neurological Surgeons</td>
</tr>
<tr>
<td></td>
<td>Dr. Thomas W. Langfitt</td>
</tr>
<tr>
<td></td>
<td>Dr. John Shillito (PAR &amp; Rep)</td>
</tr>
<tr>
<td><strong>OBSTETRICS AND GYNECOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amer. College of Obstetricians and Gynecologists</td>
</tr>
<tr>
<td></td>
<td>Dr. Warren H. Pearse</td>
</tr>
<tr>
<td></td>
<td>Dr. Harry S. Jonas</td>
</tr>
<tr>
<td></td>
<td>Dr. Ervin E. Nicholas (PAR)</td>
</tr>
<tr>
<td></td>
<td>Assoc. of Professors of Gynecology and Obstetrics</td>
</tr>
<tr>
<td></td>
<td>Dr. Douglas R. Knab</td>
</tr>
<tr>
<td></td>
<td>Dr. Joseph C. Scott, Jr.</td>
</tr>
<tr>
<td></td>
<td>Dr. Allan B. Weingold (PAR)</td>
</tr>
<tr>
<td><strong>OPHTHALMOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Academy of Ophthalmology</td>
</tr>
<tr>
<td></td>
<td>Dr. Bruce E. Spivey</td>
</tr>
<tr>
<td></td>
<td>Dr. David J. Noonan</td>
</tr>
<tr>
<td></td>
<td>Catherine Grealy Cohen (PAR)</td>
</tr>
<tr>
<td></td>
<td>Association of University Professors of Ophthalmology</td>
</tr>
<tr>
<td></td>
<td>Dr. Joel Sacks</td>
</tr>
<tr>
<td></td>
<td>Dr. Robert D. Reinecke</td>
</tr>
<tr>
<td></td>
<td>Dr. Randall J. Olson (PAR &amp; Rep)</td>
</tr>
<tr>
<td><strong>ORTHOPAEDICS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Charles V. Heck</td>
</tr>
<tr>
<td></td>
<td>Dr. Frank C. Wilson</td>
</tr>
<tr>
<td></td>
<td>Dr. John F. Bartland (PAR)</td>
</tr>
<tr>
<td></td>
<td>Association of Orthopaedic Chairman</td>
</tr>
<tr>
<td></td>
<td>Dr. Frank C. Wilson</td>
</tr>
<tr>
<td></td>
<td>Dr. Warren Stamp</td>
</tr>
<tr>
<td></td>
<td>Dr. John P. Adams (PAR)</td>
</tr>
<tr>
<td><strong>OTOLARYNGOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Association of Academic Depts. of Otolaryngology</td>
</tr>
<tr>
<td></td>
<td>Dr. Warren Y. Adkins</td>
</tr>
<tr>
<td></td>
<td>Dr. Robert I. Kohut (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Society of University Otolaryngologists</td>
</tr>
<tr>
<td></td>
<td>Dr. Jerome Goldstein</td>
</tr>
<tr>
<td></td>
<td>Dr. John M. Fredrickson (PAR &amp; Rep)</td>
</tr>
<tr>
<td><strong>PEDIATRICS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Pediatric Society</td>
</tr>
<tr>
<td></td>
<td>Mr. James J. Murphy (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Assoc. of Med. School Pediatric Dept. Chairmen, Inc.</td>
</tr>
<tr>
<td></td>
<td>Dr. Robert M. Blizzard</td>
</tr>
<tr>
<td></td>
<td>Dr. Thomas K. Oliver (PAR &amp; Rep)</td>
</tr>
<tr>
<td><strong>PHYSICAL MEDICINE AND REHABILITATION</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amer. Acad. of Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Dr. Murray M. Freed</td>
</tr>
<tr>
<td></td>
<td>Dr. Alicia E. Hastings</td>
</tr>
<tr>
<td></td>
<td>Dr. Creston C. Herold (PAR)</td>
</tr>
<tr>
<td></td>
<td>Association of Academic Psychiatrists</td>
</tr>
<tr>
<td></td>
<td>Dr. William E. Starrs, Jr.</td>
</tr>
<tr>
<td></td>
<td>Dr. Theodore M. Cole</td>
</tr>
<tr>
<td></td>
<td>Mr. Richard E. Verville (PAR)</td>
</tr>
<tr>
<td><strong>PLASTIC SURGERY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Association of Plastic Surgeons</td>
</tr>
<tr>
<td></td>
<td>Dr. Robert L. Harding</td>
</tr>
<tr>
<td></td>
<td>Dr. Hal G. Bingham (PAR)</td>
</tr>
<tr>
<td></td>
<td>Plastic Surgery Educational Foundation</td>
</tr>
<tr>
<td></td>
<td>Dr. Norman E. Hugo</td>
</tr>
<tr>
<td></td>
<td>Dr. John B. Lynch (PAR &amp; Rep)</td>
</tr>
<tr>
<td><strong>PSYCHIATRY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amer. Assoc. of Chairmen of Depts. of Psychiatry</td>
</tr>
<tr>
<td></td>
<td>Dr. Daniel X. Freedman</td>
</tr>
<tr>
<td></td>
<td>Dr. Jerry M. Wiener</td>
</tr>
<tr>
<td></td>
<td>Dr. Paul J. Fink (PAR)</td>
</tr>
<tr>
<td></td>
<td>Association for Academic Psychiatry</td>
</tr>
<tr>
<td></td>
<td>Dr. Layton McCurdy</td>
</tr>
<tr>
<td></td>
<td>Dr. Paul J. Fink</td>
</tr>
<tr>
<td></td>
<td>Dr. Thomas G. Webster (PAR)</td>
</tr>
<tr>
<td></td>
<td>Assoc. of Directors of Med. Student Educ. in Psychiatry</td>
</tr>
<tr>
<td></td>
<td>Dr. Marshall Swartzberg</td>
</tr>
<tr>
<td></td>
<td>Dr. Cornelis Heijn, Jr.</td>
</tr>
<tr>
<td></td>
<td>Dr. Ali A. Kawi (PAR)</td>
</tr>
<tr>
<td><strong>RADIOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Association of University Radiologists</td>
</tr>
<tr>
<td></td>
<td>Dr. Paul J. Friedman</td>
</tr>
<tr>
<td></td>
<td>Dr. A. Everett James, Jr. (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Soc. of Chairmen of Academic Radiology Departments</td>
</tr>
<tr>
<td></td>
<td>Dr. Ralph Alfidi</td>
</tr>
<tr>
<td></td>
<td>Dr. Larry P. Elliott</td>
</tr>
<tr>
<td></td>
<td>Dr. A. Everett James, Jr. (PAR)</td>
</tr>
<tr>
<td><strong>THORACIC SURGERY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Association for Thoracic Surgery</td>
</tr>
<tr>
<td></td>
<td>Dr. Judson G. Randolph</td>
</tr>
<tr>
<td></td>
<td>Dr. Clarence S. Weldon (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Thoracic Surgery Directors Association</td>
</tr>
<tr>
<td></td>
<td>Dr. Benson R. Wilcox</td>
</tr>
<tr>
<td></td>
<td>Dr. Clarence S. Weldon (PAR &amp; Rep)</td>
</tr>
<tr>
<td><strong>UROLOGY</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American Urological Association, Inc.</td>
</tr>
<tr>
<td></td>
<td>Dr. Harry C. Miller (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Society of University Urologists</td>
</tr>
<tr>
<td></td>
<td>Dr. William L. Parry</td>
</tr>
<tr>
<td></td>
<td>Dr. Harry C. Miller, Jr.</td>
</tr>
<tr>
<td></td>
<td>Dr. Robert K. Rhamy (PAR)</td>
</tr>
<tr>
<td><strong>HEALTH AND HUMAN VALUES</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Society for Health and Human Values</td>
</tr>
<tr>
<td></td>
<td>Dr. Andrew D. Hunt</td>
</tr>
<tr>
<td></td>
<td>Dr. Ronald A. Carson</td>
</tr>
<tr>
<td></td>
<td>Dr. Christine K. Cassel (PAR)</td>
</tr>
<tr>
<td><strong>PATHOLOGY AND CLINICAL LABORATORIES</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Association of Pathology Chairmen, Inc.</td>
</tr>
<tr>
<td></td>
<td>Dr. Leonard Jaret</td>
</tr>
<tr>
<td></td>
<td>Dr. Rolla B. Hill (PAR &amp; Rep)</td>
</tr>
<tr>
<td></td>
<td>Academy of Clin. Lab. Physicians and Scientists</td>
</tr>
<tr>
<td></td>
<td>Dr. David M. Brown (PAR &amp; Rep)</td>
</tr>
<tr>
<td><strong>PREVENTIVE MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Association of Teachers of Preventive Medicine</td>
</tr>
<tr>
<td></td>
<td>Dr. David L. Rabin (PAR &amp; Rep)</td>
</tr>
</tbody>
</table>
CONJOINT CAS/COD ADMINISTRATIVE BOARDS MEETING

January 19, 1983
5:30 p.m.
Hemisphere Room

A PROPOSED SLIDING SCALE OF
GRANT AWARDS FOR BIOMEDICAL RESEARCH

H. George Mandel, Ph.D.
Chairman, Department of Pharmacology
George Washington University
School of Medicine and Health Sciences

and

William F. Raub, Ph.D.
Associate Director for Extramural Research and Training
National Institutes for Health

Reception and Dinner
7:00 p.m.
Thoroughbred Room
In a letter to Science published in February 1982, Elliot S. Vesell and H. George Mandel proposed that National Institutes of Health research grants be awarded on what is termed a "sliding scale" (p. ). The purpose is to fund a larger number of research proposals by providing partial funding based on a formula related to the priority scores assigned by study-sections.

Mandel and Vesell aver that the competition for NIH grants is so intense that investigators spend an inordinate amount of time writing and rewriting proposals and reviewing proposals which, although they are considered meritorious, are not funded. The sliding scale would provide 100 percent funding to proposals with "top priority scores;" other proposals with "respectable priority scores" would receive partial funding. The authors envision that about half of study-section-approved applications would be eligible for this formula-based partial funding.

Vesell and Mandell argue that study-sections discriminate insufficiently to identify research proposals that may have an unexpectedly fruitful outcome, even though the ideas upon which they are based are not currently popular. They infer that by partially supporting a greater number and variety of investigators, the opportunity to bring to fruition new ideas will be enhanced and that this will help to maintain the preeminence of the United States in biomedical research.

This proposal must be considered in depth and from every possible angle. While funding more grant requests is attractive, the administrative and political consequences of spreading limited resources more widely through partial funding on a formula basis are formidable both at the national and institutional levels.

The fundamental tenet of the NIH review and granting procedures has been to identify and support the best scientific proposals that will advance its mission to improve human health. Peer review by study-sections composed of individuals who can judge both the ideas and concepts and the technical feasibility of accomplishing proposed projects is the foundation of the review system. Study-sections already are carefully reviewing budgets and recommending reductions when it is believed that a project can be accomplished with fewer resources. If, after this review, the project were to be funded at an even lower level, would not the study-section have to once again review the project because it was now altered by modifications required by reduced funding? If the answer is no, then it could be inferred that many projects are over-funded and that arbitrary cuts can be made in NIH funding without reducing the quality or quantity of biomedical research. With both the Congress and the Administration looking for every opportunity to cut budgets, this proposal may invite even greater reductions in funding for the Institutes. Furthermore, serious doubts could be raised as to the widely touted essentiality of the study-section role.

At the institutional level the investigator who receives only partial funding would be likely to seek local support to make up the difference. It is doubtful that in most institutions sufficient resources are available to achieve this. However, were such institutional support made available, the message to the federal government would be that the institutions are capable of even more cost sharing than supposed--again, an impetus to reduce federal research support.
Vesell and Mandel have brought forth this proposal as a means of weathering what is termed a crisis in NIH funding and imply that the reduction in research funding as a result of inflation is dismantling the nation's biomedical research enterprise. They insist that even projects only partially funded would be of high quality and fully approved by study-sections. The extent to which there is a crisis and the degree to which the biomedical research enterprise is being impacted must be measured against the potential long range consequences of this significant alteration in grant awarding concepts, policies, and operations of the NIH.

Dr. Mandel will present the proposed sliding scale in detail and Dr. Raub will comment from the perspective of the NIH.
The Abraham Flexner Award for Distinguished Service to Medical Education was established by the AAMC in 1958 to recognize extraordinary individual contributions to medical schools and to the medical education community as a whole. The AAMC also presents an annual award for distinguished research in the biomedical sciences. This award consists of $2,000 cash and a medal presented in recognition of outstanding clinical or laboratory research by a faculty member of a medical school which is a member of the AAMC. The award is made for research which has been published during the preceding five calendar years. Both awards are presented at the time of the Annual Meeting.

In recent years, the AAMC has received only a limited number of nominations for these awards. The CAS Administrative Board should consider ways to increase the academic community's awareness of the awards and to stimulate nominations from member societies.

The recipients of the awards for the last ten years are shown below.

**Flexner Award**

George T. Harrell, Jr.
John L. Caughey, Jr.
Thomas Hale Ham
Franz J. Ingelfinger
Paul B. Beeson
Ivan L. Bennett, Jr.
Julius H. Comroe, Jr.
William G. Anlyan
Sherman M. Mellinkoff

**Research Award**

Thomas C. Merigan, Jr.
Edwin D. Kilbourne
Andrew V. Schally
Roger C. L. Guillemin
Hugh O. McDevitt
Bert W. O'Malley
Kimitsuge Ishizaka and Teruko Ishizaka
Donald F. Steiner
J. Michael Bishop
Raymond L. Erikson
CAS INTERIM MEETING PLANS

On January 10, letters of invitation to the Interim Meeting were sent to key Executive Branch Officials and Congressional Staff. The invitation list includes:

Executive Branch

All NIH institute directors
Other administrative staff from NIH
Assistant Secretary for Health Edward Brandt and staff
HCFA Administrator Carolyne Davis and staff
FDA Commissioner Arthur Hayes and staff
VA Medical Director's Office staff
Congressional Budget Office staff
Office of Management and Budget staff
Health Resources and Services Administration staff

Congressional Staff From the Following Committees:

Senate and House Appropriations
Senate and House Labor/HHS/Education Appropriations Subcommittees
Senate and House Budget
Senate Finance
House Ways and Means
Senate Labor and Human Resources
House Energy and Commerce
House Subcommittee on Health and Environment
House Science and Technology

A meeting schedule appears on the following pages. The format will be the same as last year with a briefing session in the morning for CAS representatives, an afternoon plenary session and discussion groups for the CAS and the invited guests, and a reception in the evening. The health aides of the Senators and Representatives of the CAS attendees will be invited to the reception. (The names of these individuals will be sent to the respective CAS representatives so that dinner invitations can be extended in advance.)

On the morning of February 15, the Council will reconvene for reports from the discussion group leaders (to be appointed at the January 20 CAS Board meeting). Following these presentations and discussion, Dr. John Sherman will make a brief presentation regarding the RIGME document and plans for implementation of its recommendations. He will raise the issue of increased faculty discussion of geriatrics and gerontology both in the institution and at professorial society meetings (see page 35 of Executive Council Agenda). Following Dr. Sherman's presentation, Dr. John Rowe, Director of the Division on Aging at Harvard Medical School, will discuss geriatric research and education.
MEETING SCHEDULE

FEBRUARY 14

11:00 a.m. Plenary Session
(CAS Representatives and AAMC Staff)
Presentation of Legislative Update and
other important background information

Jefferson West Room

12:30 p.m. Lunch

Jefferson West Room

1:30 p.m. Plenary Session
(CAS Representatives, AAMC Staff, and
Invited Guests)

Program and Policy Directions of the NIH

James B. Wyngaarden, M.D.
Director, National Institutes of Health

Political Control and Its Effects on Federal
Sponsorship of Biomedical and Behavioral
Research

Theodore Cooper, M.D.
Executive Vice President, Upjohn Company

The Collective Impact of Federal Policy Changes
on Academic Medical Centers

Julius R. Krevans, M.D.
Chancellor, University of California, San Francisco

A Specific Example: Animal Research Legislation

Gerald S. Levey, M.D.
Chairman, Department of Medicine
University of Pittsburgh

3:30 p.m. Small Group Discussion Sessions

(Rooms to be assigned)

5:30 p.m. Cocktail Reception

Ballroom West

Entertainment by "The Capitol Steps"-- a small
group of Congressional staffers who describe
themselves as "purveyors of intelligent and
witty political satire since 1981"
FEBRUARY 15

9:00 a.m.  CAS Meeting
(CAS Representatives and AAMC Staff Only)
Reports from Discussion Group Leaders
Presentation Dr. John Rowe

12:30 p.m.  Adjournment