

COUNCIL OF ACADEMIC SOCIETIES BRIEF

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This first issue of CAS Briefs was prepared by the staff of the AAMC's Council of Academic Societies and is distributed through the auspices of your member society. Four issues will be mailed each year. The purposes of the CAS Briefs are stated below.

CAS BRIEF. Maintaining the integrity, viability, and quality of biomedical research and education in this country are important concerns of member organizations of the Council of Academic Societies and their constituents. Today more than ever before these concerns are subject to changing public policy. Although keeping informed on the details of each and every proposed or actual policy modification is extremely difficult, the major implications and their potential impact on basic principles related to the conduct of biomedical research and education can periodically be summarized. Through this quarterly CAS Brief such summaries will be provided. Further detail can be obtained by calling or writing the Department of Academic Affairs. From time to time CAS Alerts will be sent to the officers and representatives of member societies. Through these the need for immediate responses or action can be satisfied.

HEALTH MANPOWER BILL. Renewal of the Comprehensive Health Manpower Training Act which expired June 30, 1974 is still a subject of debate in the 94th Congress. In July, 1975 the House passed a bill (HR 5546). The Senate Health Subcommittee is planning to hold hearings during the next 2 to 3 months. The debate over the renewal of this Act is around 3 major public policy concerns:

Aggregate supply of physicians. Even though the number of entering students has increased from 8,759 in 1965 to nearly 15,000 in 1975 schools may be required to increase their class size in order to qualify for basic support through capitation.

Specialty Distribution. A provision in HR 5546 which would have provided the Coordinating Council on Medical Education an opportunity to designate the number of individuals to be trained annually in each specialty was removed by amendment. The only support for primary care training is for family practice residencies and undergraduate programs.

Geographic Distribution. HR 5546 provides that medical schools not choosing to increase class size must provide education in remote sites to a specified proportion of their students. The Senate Subcommittee is still considering a mandatory requirement for federal service as a condition for admission to medical school. Increased support for the voluntary National Health Service Corps is contained in HR 5546 and likely to be in a Senate bill.

Of great concern to the AAMC and the CAS is the propensity for both Houses of Congress to dictate numerous requirements for the schools to qualify for essential capitation support. The freedom and flexibility of the academic medical centers and their capability to fulfill their responsibilities will be seriously curtailed if this movement persists and grows.

BIOMEDICAL RESEARCH FUNDING. The President's Biomedical Research Panel was created by Congress in mid-1974 and appointed February 1, 1975. At their spring meetings the Council of Academic Societies and the Council of Deans formulated opinions and presented testimony to members of the Panel. They emphasized their concern for the instability of research funding, the need for support of research training programs and basic biomedical and behavioral research, and the need for increased participation of the research community in the planning of future biomedical and behavioral research initiatives. Responding in part to this dialog, the President's Panel set up a number of study groups of scientists whose responsibility is to examine the state of the art of 12 clusters of research endeavor and to advise the Panel what steps should be taken to conduct research more effectively in each area.

The Association took a leadership role with the staff of the President's Panel to assess the stability of research funding and the trends occurring in the pattern of federal involvement in the research effort. As a result, a study of the impact of federal research funding on the academic medical center has now been undertaken by a consortium of the AAMC, the American Council on Education, and the Rand Corporation under contract with the Panel. Efforts to date have been the construction of a data base which will depict the dimensions and trends in funding of academic medical centers in the past decade. Construction of the computerized data base for addressing questions about the impact of research funding on academic medical centers is now near completion. It will be completed by January, 1976.

CONFIDENTIALITY OF RESEARCH GRANT PROTOCOLS. The peer review system employed by NIH for awarding grants and contracts is widely recognized as outstanding. This award process has been conducted under rules in which the applications are submitted and reviewed in confidence. This system is now buffeted by a series of post-Watergate waves seeking to insure openness in governmental operation. The Freedom of Information Act (FOIA) of 1967 has been employed by public interest groups seeking to safeguard the rights of children to support their requests for access to grant applications. In a landmark court decision, Judge Gesell agreed that research applications should be made public.

As a result of the Gesell decision, more than 700 requests for applications have now been received by NIH. However, the issue is not simply one of revealing funded grant applications to those who request them but also involves the peer review process, the intellectual property rights of scientists, the protection of human subjects of research, the protection of the public from premature exploitation and the patent rights of individuals. The struggle to resolve these conflicting ideals is far from concluded. Public interest groups continue to seek not only funded grants but all applications and access to study section proceedings as well. In Congress, supporters of complete access threaten additional legislation to compel disclosure of pink sheets and to open all grant review meetings. The AAMC has drafted a position paper dealing with this problem which will be published in Clinical Research in late 1975. Copies of this paper are also available on request.