

Partnering on Dual-Use Research Outreach and Education?

The Association of American Medical
Colleges

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NSABB, Feb. 28, 2008

Presentation Outline

- AAMC Background
- Group on Research Advancement and Development (GRAND)
- Response to query
- Other methods for dissemination

AAMC Highlights

Founded 1876 with 22 members

Currently, 129 accredited U.S. and 17 Canadian allopathic medical schools

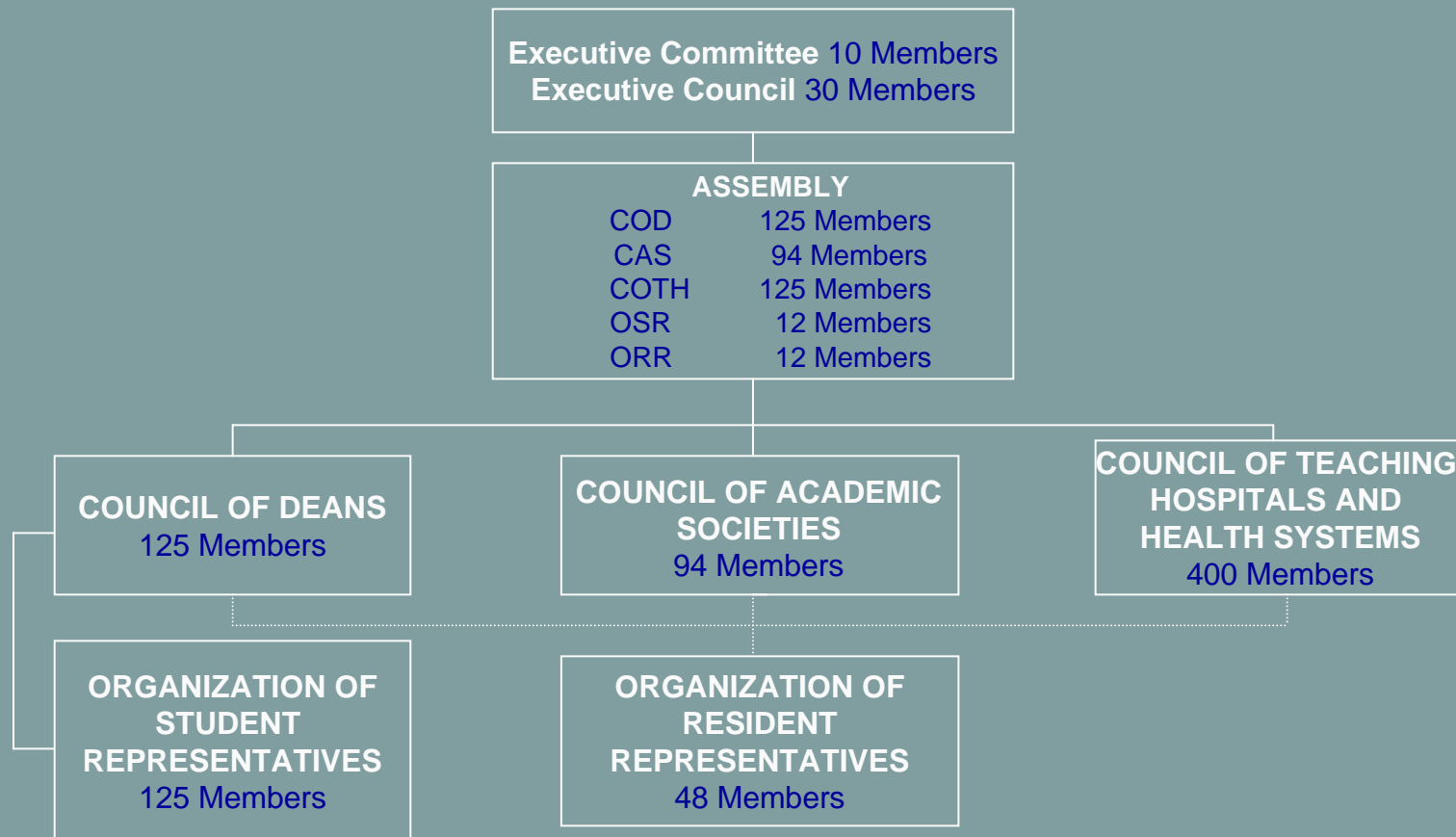
~ 400 affiliated teaching hospitals, health systems (including VA health system)

94 academic societies

Categories of Participation

- Council
- Organization
- Professional Development Group
- Advisory Committee
- ✓ No Individual Membership

AAMC Governing Structure*



*Currently under review

Relation to NIH

AAMC member medical schools and teaching hospitals perform approximately 60% of NIH extramurally sponsored research.

Professional Development Groups

Including, but not limited to....

- Group on Business Affairs
- Group on Institutional Planning
- Graduate Education and Training (GREAT)
 - New GREAT sections for MD-PhD Programs and Post Docs
- Group on Research Advancement and Development (GRAND)

GRAND

- Professional development group for Research Deans and Deans of Clinical Research
- Provides a national forum for the promotion, support, development and conduct of biomedical research in medical schools and teaching hospitals.
- Fosters exchange of information and analysis of issues critical to the research enterprise.
- Next national meeting, April 17-18, 2008 in Bethesda.

GRAND Group Steering Committee

Ted Cicero, Ph.D, Chair
Washington University

Jeffrey R. Balser, M.D., Ph.D.
Vanderbilt University School of Medicine

Richard J. Bookman Ph.D.
University of Miami SOM

Chi V. Dang, M.D., Ph.D.
Johns Hopkins Hospital

Rose S. Fife, M.D.
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Brian Herman, Ph.D., - Chair Elect
University of Texas Health Science Center

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Duke University Medical Center

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Carolina,

Roderick Nairn, Ph.D.
University of Colorado at Denver and
Health Sciences Center

Leonard H. Rome, Ph.D.
UCLA Geffen School of Medicine

Sally A. Shumaker, Ph.D.,
Wake Forest University School of Medicine

Charles F. Moldow, M.D., University Minnesota
Medical School

Email Query on Dual Use Research

14 initial responses out of ~100 possible.

1. Level of awareness – uniformly estimated as “low.”

Exceptions are for disciplines like virology, for institutions with major BSL facilities, etc.

2. Perception of research – uncertain consequence, investigators do not believe affects them.

Email Query on Dual Use Research

3. Effective Mechanisms

a. Federal Policies: national meetings, institutional visits and roundtables (ex. of DEAC at Commerce, which held regional meetings and local site visits).

b. Education and awareness building: respondents overwhelmingly supportive of web modules.

Email Query on Dual Use Research

Other observations:

Strong preference for educational and outreach programs over regulation or other rulemaking. (FDP reports average of 42% investigators' time spent on administration).

N.B., the few institutions reporting high levels of awareness use "notice of use" forms or other documents. One respondent proposed "research grand rounds" by faculty for faculty.

Email Query on Dual Use Research

Other observations:

“Education [on DUR/DURC] has to be topical, not ideology based, not national security dictum but good research practices.”

Society meetings that reach out to faculty most likely to have impact. Others note focus on university offices that deal with compliance and administration.

“Clear and logical rules – backed up by defined process.”

Other AAMC Information Products, Annual Meeting

- **AAMC STAT:**
 - <http://www.aamc.org/newsroom/aamcstat/>
- **Washington Headlines:**
 - <http://www.aamc.org/advocacy/washhigh/>
- **CASMail, BasicMail & ClinicalMail:**
 - CAS@aamc.org

Member Communications

REPORTER
MAY 2003 Volume 78, No. 5

AAMC Files Brief Supporting U-Michigan Admissions Policy
Supreme Court scheduled to hear case April 7

ACGMME deadline approaches
The new resident duty hour standards take effect on July 1st. Most residency programs are either already operating within these guidelines, or GME directors are actively engaged in evaluating the structure of their programs and making the necessary changes to achieve compliance.

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ACADEMIC MEDICINE
JOURNAL OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

May 29, 2003

New clinical research training program
We are pleased to announce an exciting new opportunity for U.S. medical and graduate students in the health professions. The National Institutes of Health (NIH) Fogarty International Center (FIC), with support from the Ellison Medical Foundation, will be offering one-year fellowships for mentored clinical research training in developing countries. FIC and the Foundation will supply program funding and AAMC, along with the Association of Schools of Public Health, have teamed with FIC in creating the program and are providing administrative support. This new program will offer students a wonderful chance to experience training at top-ranked, NIH-funded research centers around the world, with the hope that such experiences will encourage participants to pursue careers in clinical research, particularly related to global health. I am also pleased to report that Lynn Eckhart, M.D., Dr. P.H., immediate past chair of the CAS, has agreed to chair the program's External Review Committee. I hope you will join me in spreading the word about the Fogarty-Ellison awards. Applications will be available in mid-June (and due by January 6, 2004) for training that will begin in July 2004. For more details, go to: <http://www.aamc.org/overseas/fellowship>

ACGME deadline approaches
The new resident duty hour standards take effect on July 1st. Most residency programs are either already operating within these guidelines, or GME directors are actively engaged in evaluating the structure of their programs and making the necessary changes to achieve compliance. Even though some specialties are facing significant challenges in meeting these requirements, full implementation is crucial if we are to achieve our professional obligation of providing our residents with an education of the highest quality, while protecting the patients in their care. The AAMC will continue to assist you in any way we can as we move closer to July 1st. To that end, AAMC public relations members will soon receive a packet of communications materials on the duty hour standards. These materials will help prepare your designated spokespersons to handle any press inquiries leading up to the deadline. We will also work with the ACGME in the coming months to assess the impact of duty hour limits and make a judgment about what further changes or modifications may be required.

Meanwhile, the possibility of federal regulations on residents' hours is still out there. Sen. Jon Corzine (D-NJ) recently reintroduced his "Patient and Physician and Protection Act of 2003." This legislation, which is similar to the bill reintroduced in the House by Rep. John Conyers (D-MI), would make the regulation of resident duty hours a condition for hospital participation in the Medicare system. In addition to establishing

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Jordan L. Cohen, M.D., President

WASHINGTON HIGHLIGHTS
Jordan L. Cohen, M.D., President

What's New in Residencies
Thomson Introduces Legislation to Certify Medicare Payments
Administration Officials Testify Before Finance Committee
NIM Advisory Committee Reviews Budget Prospects, OIG Status, Clinical Center...
General Committee Announces Medical Hearings

Et Vetus Zoque Probatus Centum
Si senilis dies, ut vix, postea vixit, atque vixit diei tergetian quibus arceps annus. accipere obiter annis certum quod decidit, inter per facta ve- re esse referri debet an inter vixit esse novus? Includit lingua frons, "Et vixit arceps probatus, certum quod per facta annus." Quod quod dependit inter uno senes vel ann, inter qua vixit-entia est? Vixit-entia probata, an qua et postea et postea repare annus?

Et Vetus Zoque Probatus Centum Cibusvrytyf Q u i Per fice
N on equidem insector delibere certis libi esse vix, certis que plangere nisi, perno. Certis libi dicitur et senes vixit probatus et senes senes distansia inter inter que vixit-entia est. Et sic dicitur, et si vixit paulo certis uno et alter, inlate tenu dicit vixit-entia probata.

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