UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAY 6 2014

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to section 714(b) of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011 (Public Law 111-383), which requires the Secretary of Defense to submit an annual report through 2015 on the status of the Department of Defense's (DoD) graduate medical education (GME) programs.

The report provides the current status of each GME program and highlights activities being pursued to maintain program quality. We are pleased to report that first-time professional board pass rates of DoD GME programs continue to remain higher across the Services than the national average.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairpersons of the other congressional defense committees.

Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAY 6 2014

The Honorable Barbara A. Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

The enclosed report responds to section 714(b) of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011 (Public Law 111-383), which requires the Secretary of Defense to submit an annual report through 2015 on the status of the Department of Defense's (DoD) graduate medical education (GME) programs.

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Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman

UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAY 6 2014

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

MAY 6 2014

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 714(b) of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011 (Public Law 111-383), which requires the Secretary of Defense to submit an annual report through 2015 on the status of the Department of Defense's (DoD) graduate medical education (GME) programs.

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Sincerely,

Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

DEPARTMENT OF DEFENSE IMPROVEMENTS TO OVERSIGHT OF MEDICAL TRAINING FOR MEDICAL CORPS OFFICERS

FOURTH ANNUAL
REPORT TO THE CONGRESSIONAL DEFENSE COMMITTEES

PREPARED BY:
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS
IN COORDINATION WITH THE
ARMY, NAVY, AND AIR FORCE

2014

Preparation of this study/report cost the
Department of Defense a total of approximately
$1,300 in Fiscal Years 2013-2014

The Military Health System Graduate Medical Education (GME) Overview

Executive Summary

Section 714(b), "Improvements to Oversight of Medical Training for Medical Corps Officers," of the Ike Skelton National Defense Authorization Act of Fiscal Year 2011 (Public Law 111-383, sec 714(b)) requires that the Secretaries of the Military Departments review their residency programs and provide a report to the congressional defense committees.

This is the fourth annual report and includes:

1. Identification of each GME program of the Department of Defense in effect during the previous fiscal year, including the military department responsible, location, medical specialty, period of training required, and number of students by year.
2. Status of each program referred to, including for each such program, identification of the fiscal year in which the last action was taken with respect to initial accreditation, continued accreditation; or probation with the reasons for probationary status, if applicable; and withheld or withdrawn accreditation with the reasons for such action, if applicable.
3. Discussion of trends in the GME programs of the DoD.
4. Discussion of challenges faced by such programs, with a description and assessment of strategies and plans to address such challenges.

The DoD is supporting 210 GME programs: 138 residencies and 72 fellowships with a total of 2,640 trainees. This number represents 2.4 percent of the total of Accreditation Council for GME (ACGME)-approved residents and fellows in the United States (111,066).

Overall, military GME graduates successfully complete first-time board certification at a significantly higher rate than their civilian counterparts.

Background

The Military Health System (MHS) reviews and tracks program Residency Review Committee (RRC) reports at multiple levels in the ACGME accreditation process. Historically when the ACGME accredited a program, it occurred after a site visit and the ACGME also announced the time for the next inspection. The maximum time between inspections was five years, and a long cycle length between inspections was considered a proxy for GME quality. This is changing as the ACGME is implementing the "Next Evaluation System (NAS)," that may extend the review cycle to up to 10 years. This change will occur along with increased, ongoing, and concurrent monitoring by the ACGME. Under NAS, when the monitoring indicates a problem or a variance, the RRC will investigate and potentially make a site visit. Many programs have already begun the NAS and as a result, the MHS is beginning to see cycle lengths longer than five years.

In this review and for those programs that had not started the ACGME NAS, each of the Service average cycle lengths was still greater than the civilian average (greater is better).

Programs participating in the NAS will have a 10-year cycle length and thus cycle length will not be a proxy for quality. Command and headquarters personnel will track and monitor changes by concurrent monitoring as well as through the specifics of any citations. In instances where significant citations are issued, the Services will require close follow-up and regular progress reports.

The first-time specialty board pass-rate is one of the quality metrics collected and followed by Service leaders. Overall, military GME graduates successfully complete first-time board certification at a significantly higher rate than their civilian counterparts. Board pass rate data are collected annually from each program. The ACGME-required training evaluations work in concert with officer performance evaluations to provide a detailed assessment of each trainee's performance as both a physician and an officer.

The GME trainees, as do all officers, receive formal mid-year counseling and an annual military evaluation that reflect their overall performance. In addition, GME trainees undergo considerably more scrutiny compared to their non-trainee counterparts. As required by the ACGME, GME trainees are regularly assessed in the six core competencies, which include patient care, medical knowledge, professionalism, practice based learning and improvement, interpersonal and communication skills, and systems based practice. Trainees typically receive evaluations in each competency following completion of each training block (each rotation block is usually one month in duration).

Input for trainee assessments comes from a variety of sources, including faculty, colleagues, subordinates, and patients, in an effort to complete a 360-degree assessment of the trainee. Rotation evaluations are reviewed, and results are collated by the program director and used for regularly scheduled feedback sessions with the trainee. Several of the competencies, particularly professionalism and interpersonal communication skills, are directly associated with military performance. The results of this in-depth assessment are incorporated into both determinations for academic advancement, and in an officer's military evaluations.

Any officer who fails a rotation or who experiences persistent problems is reviewed by the command's GME office. Officers failing to meet passing requirements may, as a result, have their training extended in order to remediate identified deficiencies. In some cases, if the deficiencies are persistent, trainees will be terminated from training and subject to administrative action, including separation from the Service. As previously discussed, the performance of military GME trainees is evaluated and scrutinized at a higher level than officers not in training. Responsibilities and performance as an officer are part of the evaluation and counseling process. The GME trainees are expected to meet the same military requirements as any other officers. Professionalism, one of the six core competencies, includes successful execution of military duties for those in uniform. GME trainees are routinely counseled and held accountable for shortcomings in physical fitness, readiness, and other required military training. Significant shortcomings can lead to counseling, non-adverse, or adverse actions, as previously described.

A GME summit sponsored by the Office of the Assistant Secretary of Defense for Health Affairs in November 2011 identified case-mix issues, particularly in surgical specialties, which affect trainee opportunities. The issue is primarily due to lower patient volumes in the over-65

age category in military training programs. The Services are implementing solutions at the local institutional level by improving access to military medical care for the over-65 beneficiary population, which will greatly assist in resolving this issue. Some pediatric programs have seen a decline in patients. Changes have been made in several locations to re-capture pediatric patients.

With the decrease in budget we have had to restrict travel funds. Travel supports research, scholarly activities and continuing physician education. This year we successfully held the Joint Services Graduate Medical Education Selection Board by virtual means rather than a conference in the National Capitol area. Although significant travel funds were saved, there were concerns expressed that although the Board was a success, the opportunity to meet counterparts from other Services and discuss GME issues with Service leadership was reduced.

Another training issue causing concern was the impact of the Base Realignment and Closure (BRAC) Act 2005 to merge the former Walter Reed Army Medical Center (WRAMC) with the National Naval Medical Center (NNMC) of Bethesda to become the jointly staffed Walter Reed National Military Medical Center (WRNMMC). The closure of the old Walter Reed campus was achieved on time as was the transfer of all training programs to the WRNMMC. Seven internal medicine subspecialty programs (Critical Care Medicine, Pulmonary Critical Care Medicine, Cardiology, Infectious Disease, Nephrology, Rheumatology, and Sleep Medicine) which had been previously sponsored by the WRAMC internal medicine residency were officially declared new programs. These "new programs" were given accreditation cycles of two years. There has been no adverse impact on any of the residency or fellowship programs and the trainee numbers have remained unchanged.

Secretary of the Air Force Review of GME Programs

Air Force (AF) Graduate Medical Education (GME) remains a leader within both the Department of Defense and the US civilian community. For academic year 2013-14, we currently have 44 different residency programs and 20 fellowships spread across nine different sites. Some of these programs are freestanding AF GME programs, some are programs integrated with other military services such as the programs in the San Antonio, TX, area and some are programs integrated with civilian academic institutions such as the programs in the Dayton, OH, area. These flexible GME models afford our residents and staff exposure to robust patient populations enhancing the educational experience for trainees and the currency experience for staff physicians. First-time board pass rates average >90 percent for AF graduates of GME programs, which are significantly higher than corresponding civilian pass rates. All 64 programs are fully accredited by the Residency Review Committee (RRC). Finally and most importantly, program graduates uniformly have performed very well as staff physicians in both in-garrison and deployed settings.

Keeping with our philosophy of developing strategic partnerships, we opened up a new training partnership in the next academic year: a Pain Fellowship, San Antonio Uniformed Services Health Education Consortium (SAUSHEC) integrated with the Army at the San Antonio Military Medical Center (SAMMC). The quality and competitiveness within the Health

Professions Scholarship Program (HPSP) has improved such that HPSP students matriculating in the fall of 2014 were required to have a higher minimum score on their Medical College Admission Test and a higher GPA.

We continue to be challenged by less applicant interest in some key specialties than in previous years. Significant shortage specialties include Aerospace Medicine, Family Medicine and Psychiatry. Due to our excellent performance on RRC site visits, we have very few concerning citations at our GME sites. However, in reviewing the citations some of our programs receive, certain trends can be seen. These include RRC concerns expressed about GME program director (PD) and faculty turnover, level of scholarly activity, case loads and case mix in certain programs (in particular, concerns about low numbers of pediatric and geriatric cases) and concerns about the outpatient clinic experience in some of our primary care programs. The new DoD travel approval process has also been especially challenging to our GME sites due to the time windows required to submit packages for final approval by the Secretary of the Air Force. This has had an impact on the productivity upon scholarly activity such as research presentations at national meetings. This approval process is being actively worked to minimize barriers to our GME community.

Due to federally-imposed fiscal constraints, the 2013 Joint Services GME Selection Board was scored virtually through the Army's Medical Operational Data System (MODS) with specialty panels consisting of Program Directors and Specialty Consultants discussed via teleconference. Each Service then conducted their Board President review at separate locations with their Specialty Consultants. This resulted in a significant cost savings for DoD without a compromise in the quality of the JSGMESB.

Challenges for Air Force GME include the following:

- Maintaining and expanding caseload at AF GME training sites
- Recapturing care in the pediatric and geriatric patient subpopulations
- Continuity of GME PDs and other key teaching faculty
- Mismatch between applicant preferences and AF needs
- TDY funding for our GME programs

The Air Force Medical Service (AFMS) has continued to work diligently to address these challenges. We continue to develop strategic partnerships with other Services and civilian academic medical centers to expand case load and improve case mix. Our GME locations are working closely with AFMS leadership and the Defense Health Agency to recapture care in specific patient populations. Additionally, as the new Pain Fellowship training opportunity at SAMMC indicates, the AFMS is willing to partner with our sister Services to provide additional military GME opportunities. We continue to maintain policies and processes to have controlled tour lengths for GME PDs and other key faculty and to limit the impact deployment of these individuals has on the training program.

Secretary of the Army Review of GME Programs

Data from 127 Accreditation Council for Graduate Medical Education (ACGME) accredited programs and an additional 18 non-ACGME accredited programs conducted at 11

training institutions across the Army Medical Department was collected and analyzed. As of February 2014, there are 1,486 trainees in Army or Army sponsored internships, residencies, and fellowships in the 2013-2014 academic year with 1,341 in Army in-house programs, 117 in civilian sponsored programs, and 28 in educational delay. The Army trains physicians in over 115 different specialties and subspecialties. All programs are fully accredited by the ACGME or a medical specialty board equivalent with no programs in a probationary status. Accreditation cycle lengths are now irrelevant under the ACGME's Next Accreditation System (NAS), and other metrics should be considered to assess quality and status of the training programs. ACGME quality metrics such as program director longevity, the number of "areas for improvement" ("citations") noted on self-study (under the NAS), the number of peer-reviewed publications by faculty and staff, and the areas of concern raised on resident and faculty ACGME surveys should be considered for future program monitoring. Board pass rates will continue to be tracked and reported.

As an outcome measure of training program quality, first time board pass rates from graduates of Army programs are notably higher than that of their civilian peers. The five-year aggregate Army board exam pass rate on the first attempt was 91.3 percent for the initial specialty certification examination, and 95.3 percent for those specialties that require a second step to board certification. In comparison, the national first time board pass rate overall is approximately 85 percent.

Although there are no alarming systemic issues or recurring problems that have been identified during the past year, a number of concerns have been raised as a result of current fiscal limitations. Reduced funding has decreased the number of trainees attending conferences to present and share knowledge, a key value and metric of the ACGME. Several process changes are being implemented to mitigate the impact on our Graduate Medical Education (GME) programs. Efforts have been directed towards optimizing local "scholarly activity" to meet training, education and presentation requirements. Reduced funding has also resulted in discontinuation of nearly 20 Army Medical Corps Post Graduate Professional Short Course programs (PPSCP). These courses supported the provision of an alternative platform for resident presentation of research, as well as Continuing Medical Education (CME) opportunities for medical staff and faculty with the integration of a militarily relevant curriculum. Creative solutions are being investigated through the organization of regional CME training conferences in hopes that such seminars will supplant the lost opportunities from the insufficient funding for PPSCP and other courses. Videoconferences, teleconferences and participation in webcasts are being utilized to the greatest extent in order to temper the accreditation impact. The institution of monthly teleconferences with all the Army medical treatment facility Directors of Medical Education, chaired by the Army Director of Medical Education, has supported the monitoring of areas of potential accreditation lapses and aided in the identification of workable solutions to the current challenges to ensure continued compliance with ACGME requirements.

Institutions affected by the BRAC Act initially appeared to have insufficient case mix and case numbers to sustain some programs. Reports in the past year continue to demonstrate institutional efforts at recapture are very gradually becoming successful, although vigilance is being maintained on all GME levels. However, concern over the numbers of pediatric patients seen at the San Antonio Military Medical Center is being closely monitored due to the impact on

a large number of programs, including Otolaryngology, Orthopaedics, General Surgery, and Pediatrics.

The Joint Service Graduate Medical Education Selection Board (JSGMESB) was revised and downsized substantially, and conducted as a more "virtual" Board, resulting in savings for the Army of over $300K. Diligence and perseverance in planning by all three services led to a highly successful Selection Board, with extraordinary efforts made in ensuring the integrity of the Board.

The Army placed 344 intern applicants into its programs at the December JSGMESB, with four placed in educational delay for the civilian training. Recruiting efforts by Pediatrics and Family Medicine this year proved very fruitful. Pediatrics had more applications than positions after more than six years of inadequate numbers of applicants. Family Medicine filled all but one of its 47 open positions, with the last opening filled at the Post Graduate Year-1 (PGY-1) Rebuttal Board. Neurology and Psychiatry were also able to improve their applicant pools this year but were not able to fill all open positions. Unfortunately, Internal Medicine and Pathology continue to be challenged in recruiting interested medical students. However, the Army PGY-1 Rebuttal Board resulted in successful recruitment of five incoming interns for Internal Medicine, one for Pathology, and one for Psychiatry, in addition to the one for Family Medicine noted above. Emergency Medicine and General Surgery remain the most competitive specialties in Army GME with almost 50 percent more applicants than positions. Overall, the distribution of applicants was much improved this year with increases in applicants for all of the shortage specialties. Efforts will continue for recruiting in those specialties – Internal Medicine, Psychiatry, Pathology, Neurology, Pediatrics and Family Medicine.

A comprehensive review of all Army GME training programs has been conducted (Comprehensive Army GME Program Review) with analysis nearing completion. Indicators such as number of graduates relative to faculty, board pass rates, cost per resident, number of publications, and number of rotations outside the parent institution have been collected. These data will be utilized in examining possible courses of action in the face of military downsizing, Army restructuring, and continued fiscal constraints.

Further, joint efforts by the Army, Navy, and Air Force have been initiated, including monthly Triservice teleconferences with the Directors of Medical Education of the three Services. Several projects are currently underway to standardize processes in anticipation of the integration of GME administrative functions under Defense Health Agency.

In summary, the Army has continued its tradition of excellence in medical education despite the current challenges. Army GME is poised to face upcoming changes in the military and the military health system, and will continue to supply well trained and militarily competent physicians capable of providing high quality combat casualty care, ensuring readiness of the force ensuring a ready and deployable medical force, and caring for all Soldiers and their beneficiaries.

Secretary of the Navy Review of GME Programs

Graduate Medical Education (GME) is critical to the Navy's ability to train board-certified physicians and meet the requirement to maintain a tactically proficient, combat-credible medical force. Robust, innovative GME programs continue to be the hallmark of Navy Medicine. We are pleased to report that despite the challenges presented by war, severe fiscal constraints and new accreditation requirements, GME remains resilient and focused on the mission.

This year the Joint Graduate Medical Education Selection Board was hosted by the Navy and introduced virtual scoring for the first time, followed by service-specific selection boards, with significant savings for all three Services. The Office of the Medical Corps continues to receive praise for the spectacular success of this achievement, executed under tight time and fiscal constraints and requiring an unprecedented level of collaboration among the three Service GME headquarters offices.

Our institutions and training programs continue to demonstrate outstanding performance under the Accreditation Council for Graduate Medical Education (ACGME). 68/69 (99 percent) of GME programs will have transitioned to the Next Accreditation System (NAS) by July 2014.

Board certification is a hallmark of strong GME. The five-year average first time board certification pass rate for Navy Trainees is 93 percent. This meets or exceeds the national average in virtually all primary specialties and fellowships. Our Navy-trained physicians continue to demonstrate that they are exceptionally well-prepared to provide care to all members of the military family, and in all operational settings ranging from the field hospitals of the battlefield to the platforms that support disaster and humanitarian relief missions.

Developing trends to watch over the next several years include a highly visible institutional role in the accreditation process and oversight, increased emphasis on the ability to demonstrate a culture of safety and supervision in the accreditation of training programs, increased research requirements and improved alignment between training and operational requirements.

We are extremely proud of Navy Graduate Medical Education and the many contributions the dedicated uniformed faculty and staff make to ensure that we continue to train a sustainable medical force ready to take on any challenge, anytime, anywhere the nation calls upon them to serve.

National Capital Consortium Review of GME Programs

The health of the National Capital Consortium (NCC), with its 55 fully accredited ACGME residencies and fellowships and 14 programs accredited by other organizations, remains strong despite the many challenges of the past few years. This is a direct result of the continued strong support of the Uniformed Services University and the MTFs in the National Capital Region Medical Directorate (NCR MD) market.

Many of the issues of the BRAC and integration have been resolved, but there still remain some significant challenges to overcome in order for the NCC to remain a strong and desirable place for trainees and faculty to come. The biggest of these is ensuring that the trainees

have adequate access to patients and index cases so that they meet the goals and objectives set out for them by the accrediting bodies. All the MTFs in the NCR MD market have indicated their commitment to the recapture of patients lost during the BRAC and are actively working towards solutions.

The majority of the NCC's ACGME training programs has achieved maximal or near maximal accreditation length under the Next Accreditation System, truly a tremendous benchmark. Overall the board certification rate for NCC graduates remains high, with 80 percent of reporting NCC programs achieving a 90 percent or greater first-time board pass rate for their graduating trainees. A review of residents' military records continues to show no deficit in the quality of the military officer evaluations and good correlation with the academic evaluation. The NCC has prepared for, and is eagerly awaiting, the upcoming Clinical Learning Environment Review (CLER) from the ACGME. Overall, the NCC is well prepared to meet these challenges and to remain a leader in graduate medical education in the Department of Defense.

Specific residency program data can be found at Attachment One to this report.