



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

PERSONNEL AND
READINESS

AUG 27 2012

The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
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, which requires the Secretary of Defense to submit an annual report on the status of the Department of Defense's (DoD) graduate medical education (GME) programs. I am pleased to forward this report to you. A similar letter has been sent to the Chairmen of the congressional defense committees.

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 are higher than the national average, a good indicator of the quality of both our program and students.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in cursive script that reads "Erin C. Conaton".

Erin C. Conaton

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman



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

PERSONNEL AND
READINESS

AUG 27 2012

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, 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. I am pleased to forward this report to you. A similar letter has been sent to the Chairmen of the congressional defense committees.

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 are higher than the national average, a good indicator of the quality of both our program and students.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink that reads "Erin C. Conaton".

Erin C. Conaton

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member



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

PERSONNEL AND
READINESS

AUG 27 2012

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
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, 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. I am pleased to forward this report to you. A similar letter has been sent to the Chairmen of the congressional defense committees.

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 are higher than the national average, a good indicator of the quality of both our program and students.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in cursive script that reads "Erin C. Conaton".

Erin C. Conaton

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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

PERSONNEL AND
READINESS

AUG 27 2012

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, 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. I am pleased to forward this report to you. A similar letter has been sent to the Chairmen of the congressional defense committees.

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 are higher than the national average, a good indicator of the quality of both our program and students.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Erin C. Conaton".

Erin C. Conaton

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



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

SECOND ANNUAL
REPORT TO CONGRESS

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

2012

Preparation of this study/report cost the
Department of Defense a total of approximately
\$1,340 in Fiscal Years 2011-2012

The Military Health System Graduate Medical Education (GME) Overview

Executive Summary

Section 714(b) of the Ike Skelton National Defense Authorization Act of Fiscal Year 2011 “Improvements to Oversight of Medical Training for Medical Corps Officers” (Public Law 111-383 sec 714(b)) requested that the Secretaries of the Military Departments review their residency programs and provide a report to Congress. This is the second annual report and it includes:

1. An examination of the reports of the Residency Review Committees (RRC) of the Accreditation Council for Graduate Medical Education (ACGME) to evaluate the progress being made in resolving concerns or deficiencies noted by the RRC.
2. For each program, a list of the rates at which residents pass the board exam at the first opportunity.
3. A review of the official military evaluations of the residents and an assessment of the quality of the evaluations.
4. An appraisal of residents’ compliance with military requirements, which includes the following: physical fitness test, immunizations, and mandatory training. If noncompliance was noted by the reviewer, the reviewer determines if this was noted previously, if there was a reasonable plan to resolve the issue, and if a direct discussion or a formal counseling occurred.

The Department of Defense (DoD) sponsors 201 Graduate Medical Education (GME) programs; 129 residencies and 72 fellowships for a total of 1,685 trainees. This number represents 1.4 percent of the total of ACGME-approved residencies and fellowships in the United States.

Background

The Military Health System reviews and tracks program RRC reports at multiple levels in the ACGME accreditation process. When the ACGME accredits a program, it also announces the time for the next inspection. The maximum time between inspections is five years, and a long cycle length between inspections is considered a proxy for GME quality. For example, the longer the cycle length, the less concern the RRC has about the quality of a program. In this review, each of the Service average cycle lengths was greater than the civilian average (greater is better). Command and headquarters personnel track and monitor changes in accreditation cycle length, as well as the specifics of any citations. In instances where accreditation cycle length is shortened or if significant citations are issued, the Services require close follow-up and regular progress reports.

The ACGME is developing a new program, the “Next Evaluation System,” (NES) that could extend the review cycle to up to 10 years. This will occur with increased, ongoing and concurrent monitoring by the ACGME. When the monitoring indicates a problem, the RRC will investigate and potentially make a site visit. Some programs already have begun this process, and as a result, the Military Health System is beginning to see cycle lengths longer than five years.

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, as well as 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, military GME trainees are evaluated and scrutinized at a higher level than non-trainees. Responsibilities 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. 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 and 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 developing solutions at the local institutional level, as improving access to military medical care for the over-65 beneficiary population will greatly assist in resolving this issue.

Another training issue involves the congressionally-mandated Base Realignment and Closure (BRAC) closing of Walter Reed Army Medical Center (WRAMC). The closing was achieved on time as was the transfer of all training programs to the new Walter Reed National Military Medical Center. 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, even though the re-accreditation-visit date did not change. These programs were computed to have three-year accreditation cycles based upon last accreditation visit.

Secretary of the Air Force Review of GME Programs

Air Force GME remains strong in 2012. There are currently 35 different residency programs and 18 fellowships spread across nine different locations. There are three different models of GME in the Air Force, including free-standing Air Force programs, programs that are integrated with the Army and Navy, and programs that are integrated with civilian academic institutions. These flexible GME models afford residents and staff exposure to robust patient populations, enhancing the educational experience for trainees and ensuring the currency experience for staff physicians. First-time board pass-rates average 93 percent for Air Force graduates of GME programs, significantly higher than corresponding rates for civilian graduates. All 53 programs are fully accredited by the RRC and only one Air Force program, the San Antonio Uniformed Services Health Education Consortium Pediatrics Program, has a cycle length of less than three years. Finally, program graduates uniformly have performed exceptionally well as staff physicians in both deployed settings and in-garrison.

In keeping with the Air Force philosophy of developing strategic partnerships, there are two new training platforms planned for the next academic year: an Emergency Medicine residency integrated with the University of Nevada, and a Vascular Surgery residency program integrated with University of California-Davis School of Medicine. The quality of the Health Professions Scholarship Program applicants have improved over the past four years, as demonstrated by increasing Medical College Admission Test scores and grade point averages. Air Force GME continues to be challenged by a lack of interested applicants in key specialties. There are significant shortages in Aerospace Medicine, Family Medicine, and Psychiatry. Due to the excellent overall performance on RRC site visits, there are very few concerning citations at GME sites. However, of the citations we have received, there are identifiable trends and concerns. These include: program director and faculty turnover; scholarly activity; the number and/or type of patients in certain programs (in particular, concerns about low numbers of pediatric and geriatric patients); and concerns regarding the outpatient clinic experience in some of the primary care programs. There are multiple citations relative to the low volume of inpatients, which was a major factor in the two-year cycle length given to the Pediatric residency at San Antonio Uniformed Services Health Education Consortium Pediatrics Program.

Challenges for Air Force GME include:

1. Maintaining/expanding caseload at Air Force GME training sites
2. Recapturing care in the pediatric and geriatric patient subpopulations

3. Continuity of GME Program Directors and other key teaching faculty
4. Mismatch between applicant preferences and AF needs for specialty training

The Air Force Medical Service (AFMS) has worked diligently to address these challenges and continues to develop strategic partnerships with other Services and civilian academic medical centers to increase the volume and variety of patients. Each GME location is working closely with AFMS leadership and TRICARE Management Activity to recapture care in specific patient populations. Additionally, as the new GME programs at Nellis Air Force Base indicate, the AFMS is willing to place GME programs in geographical areas where military beneficiary populations are expanding. The AFMS has developed policies and procedures to control tour lengths for GME program directors and other key faculty, as well as limiting the impact of deployment on training programs. This is one of several initiatives the AFMS has implemented to improve faculty expertise and experience at our GME sites. Additional initiatives include enhanced recognition for GME faculty, faculty development, mentoring and stronger support for research and other scholarly activities. Through the Patient Centered Medical Home projects, such as the Family Health Initiative and similar programs in Pediatrics and Internal Medicine, trainees have an improved outpatient experience in patient-centered and team-based care.

Secretary of the Army Review of GME Programs

The 10-year aggregate Army resident board exam pass rate on the first attempt was 93.5 percent for the initial specialty certification examination, and 96.0 percent for those specialties that require a second step to board certification. Of the 21 specialties that publish first-time certification rates at the national level, 15 Army programs were above and six within the range of yearly national pass rates. There are no significant systemic issues or recurring problems that have been identified during the past year. The incoming intern class of 359 will be the largest ever. Family Medicine and Internal Medicine successfully filled all training vacancies after two years of training shortfalls. Unfortunately, Pediatrics, for the third year in a row, failed to fill all its training vacancies. All effort will be put forward in the upcoming year to reverse this trend.

There do not appear to be systemic issues with the Army's evaluation and reporting system. Officers who had performance/professionalism issues did receive referred reports and appropriate comments were documented covering the time. Although the quality of the written narratives varied based on the grade and experience of the rater and senior rater, the officer evaluation report as an evaluative tool provided adequate information to address officers' performance during the rating period as well as their potential to continued training, leadership and promotions.

Secretary of the Navy Review of GME Programs

Data from 45 GME residencies and 13 fellowships at nine training institutions throughout Navy Medicine were collected and analyzed. The Navy first-time board pass rate is 94 percent, well above the national average of 87 percent. Nearly 82 percent of Navy programs reviewed by the RRC receive accreditation cycle lengths of four or five years. Ninety-five percent were

accredited for three years or more. No Navy programs are on probation or at risk of losing accreditation. All three major teaching hospitals currently have a five year accreditation cycle which is the maximum achievable.

Institutional and Program Residency Review Committee Reports are reviewed and tracked at multiple levels of Navy medicine. The results are assessed locally at the program and institutional levels through the Graduate Medical Education Committee and centrally through the Navy GME office as well as the Bureau of Medicine and Surgery via the tri-annual Medical Education Policy Council. At the command headquarters levels, changes in accreditation cycle length are monitored, as well as the specifics of any citations. In instances where accreditation cycle is shortened and a significant citation issued, close follow-up and regular progress reports are required. Citations tracked by institution and program generally fall into the following areas: duty hours, resident supervision, patient care experience to include case mix and complexity, faculty development and research. These areas correspond to the patterns seen at civilian institutions across the country and also highlight areas that will be important at an institutional level as the ACGME rolls out the "Next Accreditation System," starting in July 2012, with its clear emphasis on the increasing role of the institution (teaching hospital) in providing oversight and ensuring resident supervision and patient safety.

Naval officers in GME training must complete ACGME required training evaluations and Navy Fitness for Duty Reports. The two work well together providing a detailed assessment over time of the trainee's performance as both a physician and naval officer.

Many of the residency programs are joint or integrated residencies. These programs add faculty stability, experience, and depth. They also improve interoperability and we expect they will enhance the accreditation cycle.

Conclusion

The DoD residency and fellowship training programs continue to do well in accreditation visits by the RCC of the ACGME and by specialty board first-time pass rates. The BRAC of the former Walter Reed Army Medical Center and the consolidation with the National Naval Medical Center to form the Walter Reed National Military Medical Center was accomplished without losing any training programs or any decrease in the number of residents and fellows. Issues of case mix, particularly in surgical specialties, have been noted but each Service along with TRICARE Management Activity is working independently and together to develop plans to address the problem. 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.