UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 13 2018

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Service
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report is in response to section 749 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114–328), which requires an initial report to establish and implement a process to provide oversight of the Graduate Medical Education (GME) programs of the Military Departments. Specifically, the statute requires that, no later than one year after enactment, the Secretary of Defense shall establish and implement a process to provide oversight of the GME programs of the Military Departments to ensure those programs fully support the operational medical force readiness requirements for health care providers within the Armed Forces or the medical readiness of the Armed Forces.

A structure has been outlined to provide oversight of GME programs of the Military Departments via establishment of a GME Oversight Advisory Council. The GME Oversight Advisory Council will provide advice and assistance to the Director, Defense Health Agency. Further, the Council will facilitate full integration across all three Military Departments, the National Capital Region, and the San Antonio Uniformed Services Health Education Consortium to ensure programs are focused on readiness and conducted jointly to the extent practicable; minimize duplicative programs; and coordinate the assignment of faculty, support staff, and students.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Committee on Armed Services of the Senate.

Sincerely,

Robert L. Wilkie

Robert L. Wilkie

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

JUL 13 2018

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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Robert L. Wilkie

Enclosure:
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cc:
The Honorable Jack Reed
Ranking Member

Section 749 of the National Defense Authorization Act for Fiscal Year 2017 (Public Law 114-328)

Report on Oversight of Graduate Medical Education Programs of Military Departments

Final Report

The estimated cost of this report or study for the Department of Defense is approximately $81,000.00 in Fiscal Year 2017. This includes $4200 in expenses and $77, 000 in Department of Defense labor.
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Table of Contents

Executive Summary:

This report is in response to section 749 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328). Section 749 requires the following from the Secretary of Defense: "Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall establish a process to provide oversight of the graduate medical education programs of the military departments to ensure that such programs fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces." The assignment of responsibility for Graduate Medical Education (GME) to the Defense Health Agency (DHA) is codified in statute at title 10, United States Code (U.S.C.), section 1073c(c)(4)(B), which provides that, not later than October 1, 2018, the DHA "shall be responsible for policy, procedures, and direction of graduate medical education." Section 749 requires the Secretary of Defense to provide a GME oversight process that includes: (1) to the extent practicable, such programs focus on operational medical force requirements and are conducted jointly; (2) minimization of duplicative programs among the Military Departments (MILDEPs); (3) coordination among the MILDEPs the assignment of faculty, support staff, and students; (4) optimization of resources by appropriately using military treatment facilities (MTFs) as training platforms; (5) reviewing and, if necessary, restructuring or the realignment of programs to sustain and improve operational medical force readiness; and (6) a report that describes the process. The Director, DHA, subject to the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs (HA), is the official to whom the responsibility has been assigned.

Title 10, U.S.C., sections 3036(f)(3), 5137(b)(3) and 8036(a)(3), state: "the Surgeon General, acting under the authority, direction, and control of the [respective Military Department] Secretary ... shall recruit, organize, train and equip, medical personnel." MILDEPs will have primary responsibility for identification of operational requirements and the organizing of medical personnel. Services will determine the number and specialty of personnel to be trained. MILDEPs will coordinate placement of Service-selected DHA personnel within the confines of the oversight process described in this report, relevant MILDEP personnel regulations, and the direction of DHA for GME. The report shall include a description of each GME program of the MILDEPs, categorized by programs that provide direct support to operational medical force readiness, programs that provide indirect support to operational medical force readiness, and academic programs that provide other medical support.

Background

The Deputy Secretary of Defense directed the Under Secretary of Defense for Personnel and Readiness, with Joint Staff support and coordination with the MILDEPs, to determine the military medical and dental personnel requirements needed to meet operational medical force readiness requirements. All Service components contribute their distinct capability to the joint force, and their interdependence is critical to overall joint effectiveness.

In an effort to respond to the section, a section 749 workgroup (WG) was established to help determine whether programs directly or indirectly support readiness. The WG defined three lines of effort (LOEs): (1) Readiness Tiers; (2) a GME Selection Process; and (3) Business Processes.

LOE 1: The section 749 WG created a pre-decisional standardized scoring mechanism to grade each specialty and visually view its contribution to readiness. Based on the results of the scoring, the following tiers have been defined: Tier 1 – GME programs that provide direct support to operational medical force readiness; Tier 2 – GME programs that provide indirect support to operational medical force readiness; and Tier 3 – GME academic programs that provide other medical support.

LOE 2: This LOE focuses on standardizing the GME selection process across the Services and identifying areas that might be improved via joint processes.

LOE 3: This LOE outlines a joint oversight process to review and, if necessary, restructure or realign residencies and fellowships to maximize efficiency in training programs and locations, ensure programs are conducted jointly to the extent practical, coordinate faculty and staff assignments across the Services and MTFs, and strengthen the quality of GME training locations and curriculum to sustain and improve operational medical force readiness.

Per section 749, a readiness tier assessment was conducted (see Appendix C). The scoring was completed for 25 residencies. There are over 150 fellowships, which are assigned a readiness tier based on the primary specialty they support. Historically, the Military Health System (MHS) has automatically coupled all fellowships to the primary residency. The proposed oversight advisory council, via the Integration Board (IB), will have the responsibility to validate and recommend de-coupling of any primary residencies from their subordinate fellowships, as practicable, to ensure all programs meet wartime readiness requirements.

GME programs train physicians in support of Operations Plans, while ensuring compliance with the Accreditation Council for Graduate Medical Education (ACGME).

Process to Define Medical Requirements

The Department of Defense (DoD) has many functions and responsibilities which, at the most basic level, are to recruit, organize, train, and equip the uniformed forces. Uniformed personnel are assigned to military essential tasks that produce combat ready forces. The Department, through the Joint Staff, the Combatant Commands (CCMDs), and the MILDEPs, has a well-established process to identify force readiness requirements. The MILDEPs are tied intrinsically into that process, enabling them to define the military medical personnel requirements necessary to meet operational medical force readiness requirements, as required by section 721 of the NDAA for FY 2017. The process begins with the Defense Planning Guidance, and includes Defense Planning Scenarios and the analyses of those scenarios by the MILDEPs to determine specific requirements to meet the proposed threats. The MILDEPs, in coordination with the CCMDs, are responsible for determining readiness requirements for Service members (Medically Ready Force) and the medical capabilities to support them. The MILDEPs provide the medical capabilities (Ready Medical Force). The goal of operational medical readiness is to meet and sustain DoD warfighting capability and provide the CCMDs the capabilities to meet mission needs.

Military GME exists to support military medicine through the training of military medical officers under standards of a civilian accrediting body, the ACGME. There are specific

minimum requirements that must be incorporated into specific policies and procedures for each institution accredited to conduct GME.

Introduction

During five off-site meetings, the section 749 WG completed an MHS-wide inventory of residencies and fellowships, developed a joint oversight process, began defining administrative efficiencies to be gained in the current system, and created a revised joint GME selection process to enable the proposed GME Oversight Advisory Council to provide advice and assistance to efficiently manage the MHS GME enterprise to meet operational requirements as defined in Table 1 and Appendix A.

GME Oversight Structure

The Secretary of Defense was directed by Congress to establish a process to provide oversight of the GME programs of the MILDEPs to ensure that such programs fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces.

This structure will integrate across all three MILDEPs, the National Capital Region, and the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) to ensure programs are focused on readiness and conducted jointly, periodically evaluate common programs to minimize duplicative programs, and coordinate the assignment of faculty, support staff, and students.

GME Oversight Advisory Council

Section 749 requires the Secretary of Defense to implement a process to provide oversight of GME programs. The Director, DHA is the official to whom the responsibility has been assigned. The GME Oversight Advisory Council will provide advice and assistance to the Director. The Council is also designed to support each Service's authority to recruit, train, organize, and prepare its respective medical personnel. The ultimate goal of the Council is to establish a joint oversight body that assists the Director, DHA with optimizing military GME to sustain and improve medical force readiness.

Functions

- Reviews Service-specific training plans to ensure, to the greatest extent practicable, training is conducted jointly.
- Evaluates recommendations for policy, procedures, and direction of GME.
- Produces and recommends joint reports to Congress and responses to other external inquires.

Governance Positioning

The Council will be positioned in the MHS governance committee structure in such a manner that allows it to maintain sufficient autonomy. The Council will report through the Deputy Assistant Director for Medical Affairs to the Director, DHA.

Meeting Schedule

The Council meets, at a minimum, once annually. Additionally, ad hoc meetings are scheduled as required.

Table 1: GME Oversight Advisory Council Members. A full table defining both the Council and IB can be found in Appendix A.

GME Oversight Advisory Body	Composition	Role	Reports To
GME Oversight Advisory Council	Deputy Assistant Director for Medical Affairs, DHA	Voting	TBD (e.g. new governance body, such as the MHS medical Education and Training Senior Requirements Council)
	Army (Service Designee)	Voting	
	Navy (Service Designee)	Voting	
	Air Force (Service Designee)	Voting	

Additional representatives and subject matter experts may be added as necessary. Membership will be reviewed periodically.

Tri-Service GME IB

The Tri-Service GME IB will coordinate GME across the MHS and provide a forum for increased communication, collaboration, and joint strategic planning for military GME. The IB develops GME policy recommendations directed by the GME Oversight Advisory Council and ensures that, to the extent practicable, GME military operations are integrated and conducted jointly across the Services.

Functions

- Recommends a common operating model for GME in the MHS.
- Works with the Services, DHA, and HA to develop overarching DoD GME policies to be recommended for approval through the GME oversight council.
- Organizes the annual face-to-face Joint Service GME Selection Board with an enhanced focus on Tri-Service common issues, needs, and joint integration opportunities.
- Evaluates each Service's training plan to optimize efficiencies and resources to leverage operational medical force readiness requirements and the medical readiness requirements.
- Reviews and collaborates Service-specific annual training plans to maximize efficiencies.
- Reviews new training programs and/or the proposed closure of current programs.
- Standardizes and manages reporting across all Services and GME programs.
- Performs an annual review of all training programs, data, and accreditation requirements.
- Reviews annual reports related to the assignment of students, faculty, and support.
- Creates and maintains a standard reporting system to visualize all the GME program data.

Governance Committee Positioning

The Tri-Service GME IB will report to the GME Oversight Advisory Council in the MHS governance committee structure to maintain sufficient autonomy to support greater agility and

speed in its decision-making processes related to specific GME matters. The IB meets at least three times per year.

Table 2: GME Tri-Service GME IB Members. A full table defining both the Council and IB can be found in Appendix A.

Tri-Service GME IB	Composition	Roles	Reports To
Tri-Service IB	Army GME director	Voting	GME Oversight Council
	Navy GME director	Voting	
	Air Force GME director	Voting	
	DHA E&T representative	Voting	
	Consortium Representative	Advising	

Additional representatives and subject matter experts may be added as necessary. Membership will be reviewed periodically.

Oversight Processes

The establishment of the GME Oversight Advisory Council and the Tri-Service GME IB will allow the Services and DHA to review, restructure, and realign processes as required. The IB provides oversight of GME conducted by the MILDEPs with a joint focus. This oversight will ensure that such programs are conducted jointly to the greatest extent practicable, and fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces. There are four main oversight processes that are directly aligned to the four paragraphs of section 749(a) (see Appendix B). The IB will determine and monitor performance indicators for all GME conducted by the departments and provide recommendations to the GME Oversight Advisory Council for these oversight processes:

1. Process to ensure GME programs are conducted jointly, to the extent practicable, and focused on readiness:

The IB structure will improve and formalize communication and collaboration to ensure joint integration among the MILDEPs in the conduct of GME. A detailed table available in Appendix C captures the three LOEs the section 749 WG developed to demonstrate whether programs directly or indirectly support readiness or provide other medical support. These LOEs include: (1) Readiness Tiers; (2) a GME Selection Process; and (3) Business Processes. The IB will:

a. Review Service GME programs to ensure the programs support medical force readiness. In addition to meeting the requirements of the specific ACGME accreditation requirements, GME programs support the development and sustainment of critical wartime medical readiness skill and core competencies.
b. Assist and make recommendations to Services to maximize joint conduct of GME.

c. Report to the GME Oversight Advisory Council on at least an annual basis on the above processes.

2. Minimize Duplicative Programs:

The IB will further develop the process initiated by the section 749 WG to evaluate military GME training programs on an annual basis to assess for unwarranted duplicative programs.

a. The IB will further define the methods and processes to identify cost, administrative efficiencies, and plans to optimize resources while considering operational requirements and training capacity. Other considerations will be current manning, surge capacity, and new policies and partnerships, in addition to other factors as needed.
b. The IB will report to the GME Oversight Advisory Council on at least an annual basis on the above process.

3. Coordination of Faculty, Support Staff, and Students:

The IB will leverage the current inter-Service placement process to optimize the placement of GME trainees. The IB will:

a. Annually review faculty and support staff placements and consider recommendations to the Services to optimize GME support.
b. Annually coordinate student placement through the Joint Service GME Selection Board.
c. Make recommendations to the GME Oversight Advisory Council to improve performance of GME, and facilitate the optimization of resources as practicable to meet operational medical force readiness requirements.

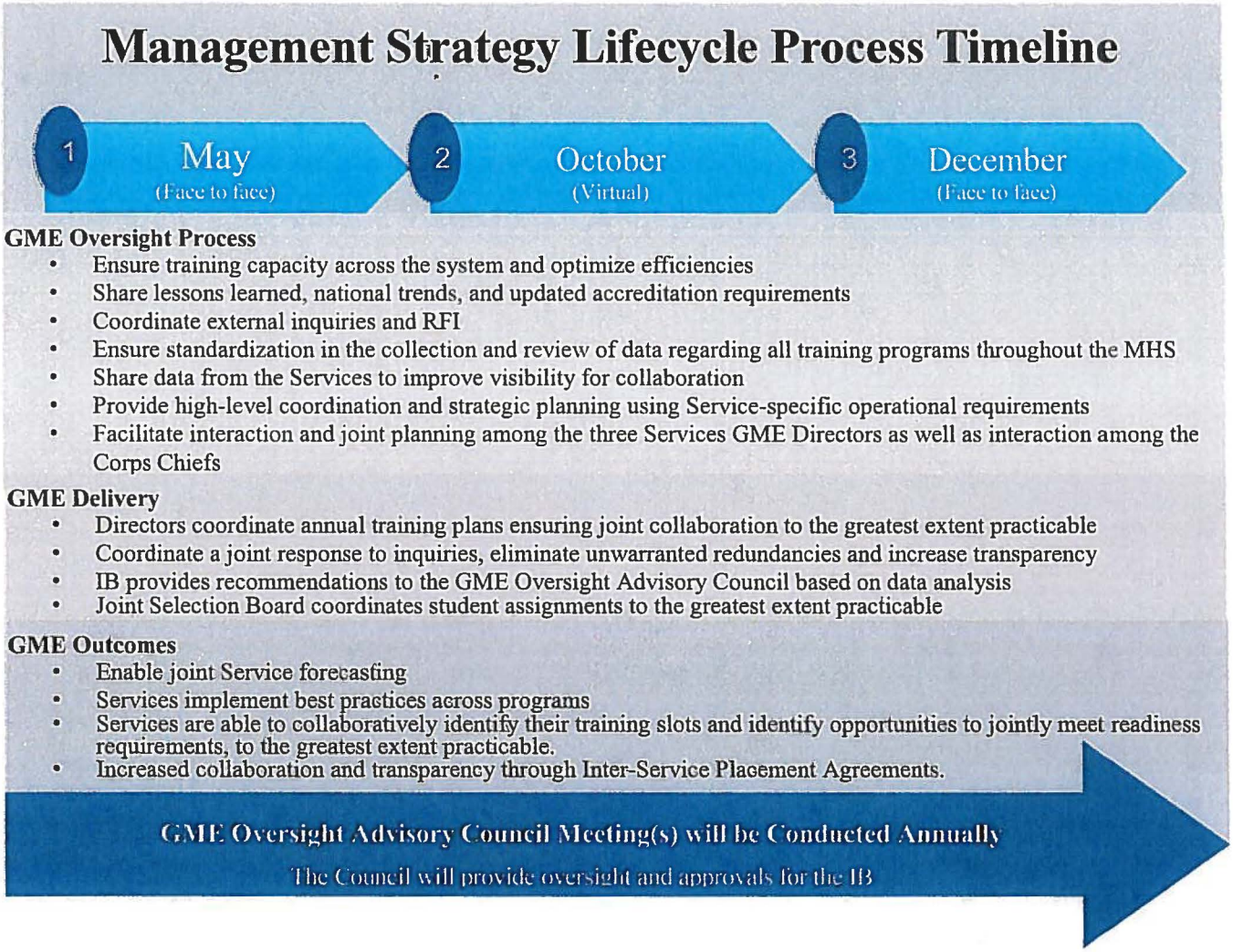
4. Restructuring/Realigning and Optimizing Resources:

The IB will perform an annual review of the MHS GME platform to mitigate risk, optimize resources, and ensure each Service's GME programs continue to meet operational medical force requirements. The IB will:

a. Collect and review GME performance data annually to assess the Services' needs and provide recommendations for future GME platform functioning, including recommendations to restructure or realign GME programs.
b. Ensure that the direct care system remains the primary training platform for military GME residents and fellows.
c. Collect best practices and develop proposals to improve the joint integration and delivery of GME training programs across the MHS.
d. When feasible, coordinate a joint response to inquiries and requests for information (RFIs).

The chart referenced below is a Management Strategy Lifecycle Process Timeline outlining the GME oversight process, delivery, and outcomes annually. This timeline ensures that section 749 follows guidelines outlined in Appendix A.

Strategy Execution Process Timeline



Conclusion:

Over the past year, the section 749 WG worked on developing a way to determine whether existing GME programs provide direct or indirect support of readiness or provide other medical support. As a result of this effort, the WG defined three LOEs as a way to group these programs, to include: (1) Readiness Tiers; (2) a GME Selection Process; and (3) Business Processes.

This report responds to section 749, "Oversight of GME Programs of Military Departments," by creating a plan which includes a first-ever GME Oversight Advisory Council and Tri-Service IB to ensure that such programs fully support the operational medical force readiness requirements for health care providers and medical readiness of the Armed Forces. The GME Oversight Advisory Council will advise and assist the Director, DHA to oversee the management of GME efforts from a joint perspective, while the Tri-Service GME IB will coordinate medical education across the MHS and provide a forum for increased communication, collaboration, and joint strategic planning for military GME. These governance committees aim to focus on operational

medical force readiness requirements, while allowing the Services and DHA to review, restructure and realign processes as required. The changes to the management and administration of MHS GME program will increase jointness, minimize duplicativeness, and ensure that GME is focused on operational medical force readiness.

Appendix A: *GME Oversight Advisory Body and IB*

GME Advisory Oversight Body	Composition	Role	Reports To
GME Oversight Advisory Council	Deputy Assistant Director for Medical Affairs, DHA	Voting	TBD (e.g. new governance body, such as the MHS medical Education and Training Senior Requirements Council)
	Army (Service Designee)	Voting	
	Navy (Service Designee)	Voting	
	Air Force (Service Designee)	Voting	
Tri-Service GME IB	**Composition**	**Roles**	**Reports To**
Tri-Service IB	Army GME director	Voting	GME Oversight Council
	Navy GME director	Voting	
	Air Force GME director	Voting	
	DHA E&T representative	Voting	
	Consortium Representative	Advising	

Appendix B: *Oversight of GME Programs of Military Departments*

Section 749 of the NDAA for FY 2017: *Oversight of GME programs of Military Departments*

A. Process: Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall establish and implement a process to provide oversight of the GME programs of the military departments to ensure that such programs fully support the operational medical force readiness requirements for health care providers of the Armed Forces and the medical readiness of the Armed Forces. The process shall include the following:

New Formulized Oversight Process #1

1) A process to review such programs to ensure, to the extent practicable, that such programs are—
   A. Conducted jointly among the MILDEPs; and
   B. Focused on, and related to, operational medical force readiness requirements.

New Formulized Oversight Process #2

2) A process to minimize duplicative programs relating to such programs among the MILDEPs.

New Formulized Oversight Process #3

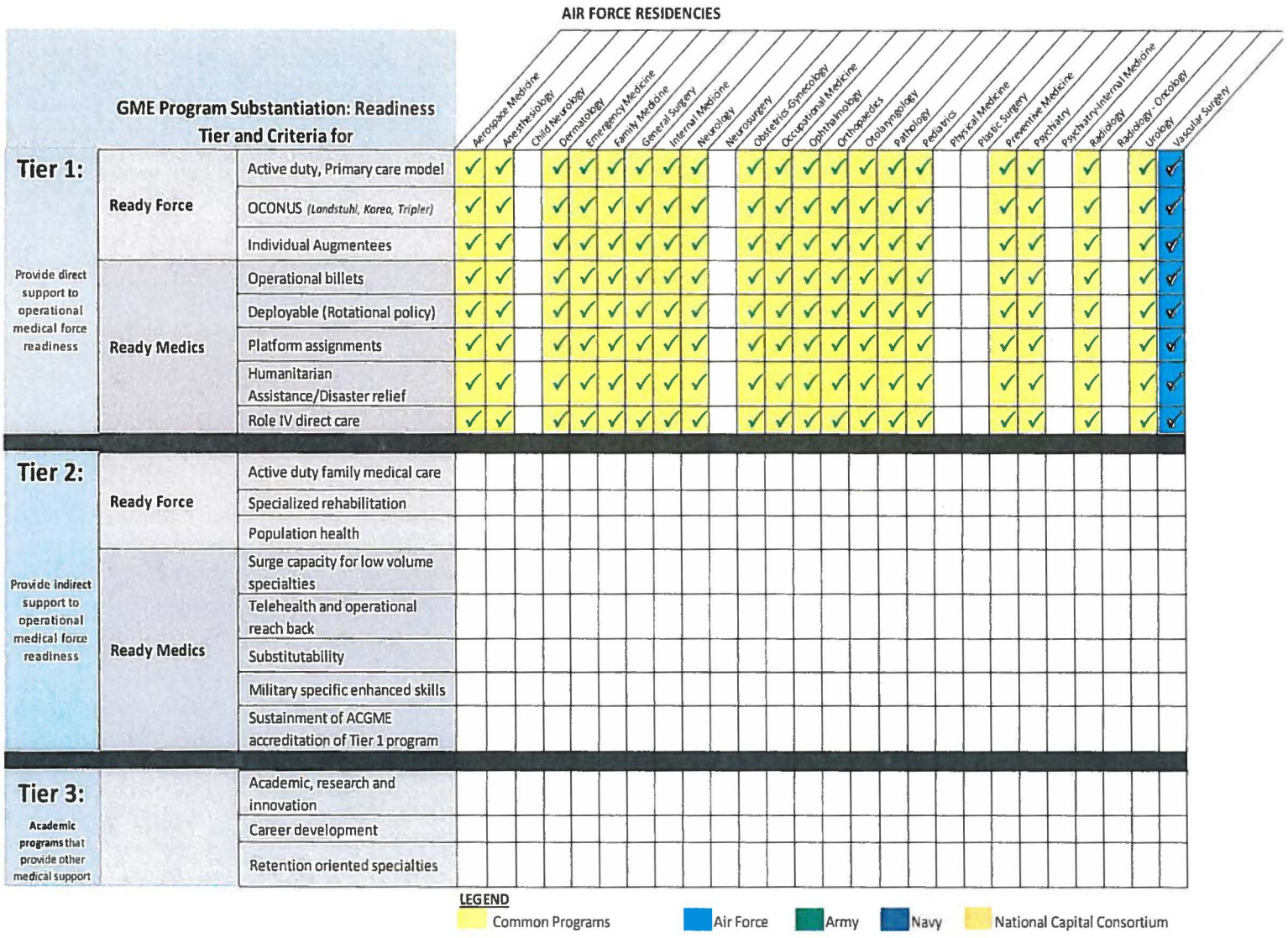
3) A process to ensure:
   A. Assignments of faculty, support staff, and students within such programs are coordinated among the MILDEPs; and
   B. The Secretary optimizes resources by using MTFs as training platforms when and where most appropriate.

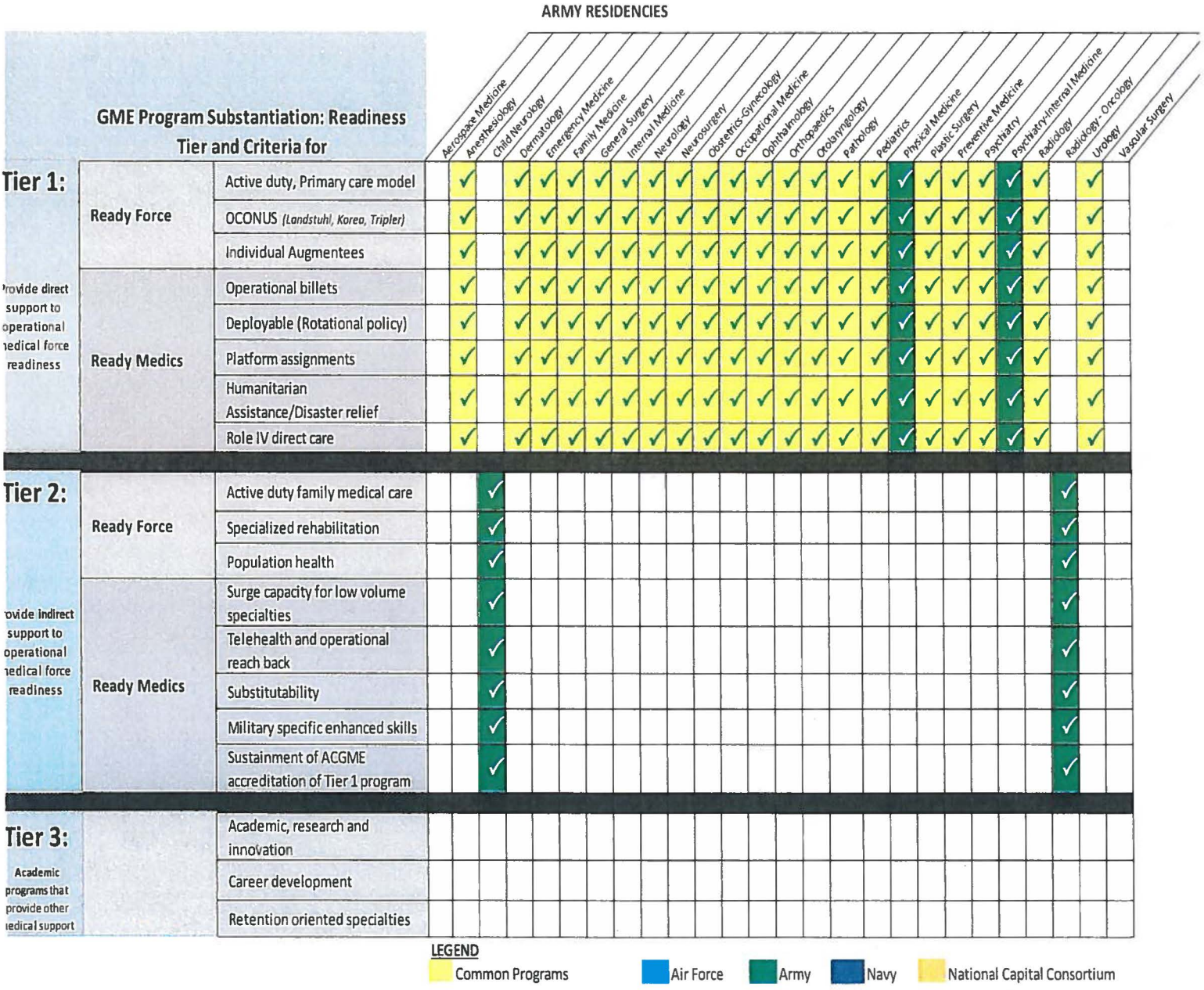
New Formulized Oversight Process #4

4) A process to review and, if necessary, restructure or realign, such programs to sustain and improve operational medical force readiness.

B. Report: Not later than 30 days after the date on which the Secretary establishes the process under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report that describes such process. The report shall include a description of each GME program of the Military Departments, categorized by the following:
   1) Programs that provide direct support to operational medical force readiness.
   2) Programs that provide indirect support to operational medical force readiness.
   3) Academic programs that provide other medical support.

Appendix C: *Current GME Programs by Readiness Tiers*




ARMY RESIDENCIES
GME Program Substantiation: Readiness Tier and Criteria for
Aerospace Medicine
Anesthesiology
Child Neurology
Dermatology
Emergency Medicine
Family Medicine
General Surgery
Internal Medicine
Neurology
Neurosurgery
Obstetrics-Gynecology
Occupational Medicine
Ophthalmology
Orthopaedics
Otolaryngology
Pathology
Pediatrics
Physical Medicine
Plastic Surgery
Preventive Medicine
Psychiatry
Psychiatry-Internal Medicine
Radiology
Radiology - Oncology
Urology
Vascular Surgery
Tier 1:
Provide direct support to operational medical force readiness
Ready Force
Active duty, Primary care model
OCONUS (Landstuhl, Korea, Tripler)
Individual Augmentees
Ready Medics
Operational billets
Deployable (Rotational policy)
Platform assignments
Humanitarian Assistance/Disaster relief
Role IV direct care
Tier 2:
Provide indirect support to operational medical force readiness
Ready Force
Active duty family medical care
Specialized rehabilitation
Population health
Ready Medics
Surge capacity for low volume specialties
Telehealth and operational reach back
Substitutability
Military specific enhanced skills
Sustainment of ACGME accreditation of Tier 1 program
Tier 3:
Academic programs that provide other medical support
Academic, research and innovation
Career development
Retention oriented specialties
LEGEND
Common Programs
Air Force
Army
Navy
National Capital Consortium

NAVY RESIDENCIES

GME Program Substantiation: Readiness Tier and Criteria for		Aerospace Medicine	Anesthesiology	Child Neurology	Dermatology	Emergency Medicine	Family Medicine	General Surgery	Internal Medicine	Neurology	Neurosurgery	Obstetrics-Gynecology	Occupational Medicine	Ophthalmology	Orthopaedics	Otolaryngology	Pathology	Pediatrics	Physical Medicine	Plastic Surgery	Preventive Medicine	Psychiatry	Psychiatry-Internal Medicine	Radiology	Radiology - Oncology	Urology	Vascular Surgery
Ready Force	Active duty, Primary care model	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
	OCONUS *(Landstuhl, Korea, Tripler)*	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
	Individual Augmentees	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
Ready Medics	Operational billets	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
	Deployable (Rotational policy)	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
	Platform assignments	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
	Humanitarian Assistance/Disaster relief	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
	Role IV direct care	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓		✓	
Ready Force	Active duty family medical care																										
	Specialized rehabilitation																										
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Ready Medics	Surge capacity for low volume specialties																										
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	Career development																										
	Retention oriented specialties																										

LEGEND

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NATIONAL CAPITAL CONSORTIUM

GME Program Substantiation: Readiness Tier and Criteria for

			Aerospace Medicine	Dermatology	Family Medicine	General Surgery	Internal Medicine	Internal Medicine-Psychiatry	Neurology	Neurosurgery	Nuclear Medicine	Ob/Gyn	Occupational Medicine	Ophthalmology	Orthopaedic Surgery	Otolaryngology	Pathology-anatomic and clinical	Pediatrics	Physical Medicine and Rehabilitation	Preventive Medicine	Preventive Medicine (NRAUR)	Psychiatry	Radiology	Radiology-Oncology	Radiology-Diagnostic	Transitional Year	Urology
Tier 1: Provide direct support to operational medical force readiness	Ready Force	Active duty, Primary care model	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
		OCONUS *(Landstuhl, Korea, Tripler)*	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
		Individual Augmentees	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
	Ready Medics	Operational billets	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
		Deployable (Rotational policy)	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
		Platform assignments	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
		Humanitarian Assistance/Disaster relief	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
		Role IV direct care	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Tier 2: Provide indirect support to operational medical force readiness	Ready Force	Active duty family medical care		✓						✓													✓				
		Specialized rehabilitation		✓						✓													✓				
		Population health		✓						✓													✓				
	Ready Medics	Surge capacity for low volume specialties		✓						✓													✓				
		Telehealth and operational reach back		✓						✓													✓				
		Substitutability		✓						✓													✓				
		Military specific enhanced skills		✓						✓													✓				
		Sustainment of ACGME accreditation of Tier 1 program		✓						✓													✓				

SAN ANTONIO UNIFORMED SERVICE HEALTH EDUCATION CONSORTIUM

GME Program Substantiation: Readiness Tier and Criteria for

			Anesthesiology	Dermatology	Emergency Medicine	General Surgery	Internal Medicine	Neurology	Obstetrics-Gynecology	Ophthalmology	Orthopaedics	Otolaryngology	Pathology	Pediatrics	Psychiatry	Radiology	Transitional	Urology
Tier 1: Provide **direct** support to operational medical force readiness	Ready Force	Active duty, Primary care model	✓	✓	✓	✓	✓	ir For	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		OCONUS *(Landstuhl, Korea, Tripler)*	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Individual Augmentees	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Ready Medics	Operational billets	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Deployable (Rotational policy)	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Platform assignments	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Humanitarian Assistance/Disaster relief	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Role IV direct care	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tier 2: Provide **indirect** support to	Ready Force	Active duty family medical care																
		Specialized rehabilitation																
		Population health																
	Ready Medics	Surge capacity for low volume specialties																
		Telehealth and operational reach back																
		Substitutability																
		Military specific enhanced skills																
		Sustainment of ACGME accreditation of Tier 1 program																
Tier 3: **Academic programs** that provide other medical support		Academic, research and innovation																
		Career development																
		Retention oriented specialties																

Common Programs Air Force Army

Navy National Capital Consortium

Appendix D: *GME Programs by Military Treatment Facility and Number of Students per Program*

GME Residency and Fellowship Programs- FY18	# of Residents	Capacity	Fill Rate	National Capital Consortium		SAUSHEC		NMC San Diego		Madigan AMC		NMC Portsmouth		Tripler AMC		Wright Patterson		Eisenhower AMC		William Baumont		Travis AFB		Darnall AMC		Keesler AFB		NH Camp Pendleton		NH Jacksonville		Nellis AFB		Womack		Eglin AFB		NAMI Pensacola		NH Camp Lejeune		USAF-SAM		Martin ACH-Ft Benning		Scott AFB	
Family Medicine	490	449	96%	43	45					22	21			21	21			19	30			35	36	18	18			41	39	39	39	28	30	24	27	34	36			31	30			26	29	24	24
Internal Medicine	448	476	94 %	70	93	96	96	43	44	40	36	38	41	39	39	40	42	23	24	28	27	5	6			26	28																				
General Surgery	285	295	97 %	41	46	30	34	36	34	19	20	26	24	20	20	25	24	15	15	18	20	21	22			24	24					10	12														
Emergency Medicine	227	224	101 %			49	48	41	40	36	36	41	40			24	24							30	30							6	6														
Pediatrics	189	219	86 %	29	39	39	42	17	24	24	24	29	36	25	27	26	27																														
Orthopaedics	172	170	101 %	30	30	31	30	24	25	17	15	19	20	15	15			11	10	25	25																										
Psychiatry	167	182	92 %	45	56	26	26	26	24			23	24	30	32	17	20																												
Obstetrics-Gynecology	149	153	97 %	23	24	26	24	19	20	16	16	21	24	19	20	12	12															13	13												
Radiology	147	189	78 %	23	39	38	40	21	28	17	20	19	28	16	22							13	12																						
Transitional Year	148	179	83 %	26	30	26	30	21	27	17	22	21	25	14	17			9	10	10	14	4	4																						
Anesthesiology	124	147	84 %	46	55	49	56	14	18			15	18																																
Otolaryngology	62	70	89 %	14	15	14	15	8	10	10	10	7	10	9	10																														
Aerospace Medicine	66	96	69 %																																	29	34			27	42				
Pathology	52	71	73 %	14	24	21	23	9	12	8	12																																
Dermatology	54	54	100 %	18	18	23	21	13	15																																		
Ophthalmology	44	48	92 %	12	12	18	18	8	12	6	6																																
Internal Medicine - Gastroenterology	37	39	95 %	14	15	17	18	6	6																																		
Urology	33	36	92 %	8	8	8	8	9	12	4	4			4	4																												
Internal Medicine - Pulmonary Medicine/Critical Care	36	37	97 %	13	15	16	15	7	7																																		
Neurology	34	34	100 %	18	18	8	8			8	8																																
Internal Medicine - Cardiology	27	48	56 %	9	18	15	21	3	9																																		

Internal Medicine - Hematology/Oncology	18	24	75 %	9	12	9	12																																									
Physical Medicine and Rehabilitation	15	15	100 %	15	15																																											
Pediatrics - Neonatal-perinatal medicine	13	18	72 %	5	6	5	9							3	3																																	
Preventive Medicine	11	24	46 %	9	12					2	12																																					
Occupational Medicine	13	15	87 %	11	15					2																																						
Psychiatry - Child/Adolescent	10	18	56 %	6	10									4	8																																	
Adolescent Medicine	7	6	117 %			7	6																																									
Family Medicine - Sports Medicine	8	8	100 %	6	6																							2	2																			
Internal Medicine - Infectious Disease	17	26	65 %	6	10	9	12	2	4																																					
Internal Medicine - Nephrology	8	10	80 %	4	6	4	4																																									
Neurosurgery	7	7	100 %	7	7																																											
Allergy and Immunology	7	18	39 %	4	9	3	9																																									
Internal Medicine - Infectious Diseases	9	12	75 %			9	12																																									
Internal Medicine - Rheumatology	9	10	90 %	4	6	5	4																																									
Pediatrics - Developmental	7	6	117 %							7	6																																					
Radiation Oncology	6	6	100 %	6	6																																											
Sleep Medicine	4	7	57 %	2	3	2	4																																									
Faculty Development	0	0	N/A																																													
Internal Medicine - Endocrinology	8	12	67 %	4	8	4	4																																									
Internal Medicine/Psychiatry	4	0	N/A	4																																												

Ob/Gyn - Gynecologic oncology	4	6	67 %	4	6																																										
Emergency Medicine - Emergency Medical Services	2	3	67 %			2	3																																								
General Surgery - Trauma/Critical Care	4	3	133 %			4	3																																								
General Surgery - Vascular surgery	6	12	50 %	1	2																	5	10																								
Preventive Medicine (WRAIR)	2	14	14 %	2	14																																										
Child Neurology	3	5	60 %	3	5																																										
Clinical Informatics	3	0	N/A							3																																					
Family Medicine - Hospitalist	0	0	N/A																																												
Internal Medicine - Endocrine (this is duplicate - see row 44)	0	0	N/A																																												
Ob/Gyn - Female pelvic medicine and reconstructive surgery	3	3	100 %	3	3																																										
Ob/Gyn - Maternal and Fetal Medicine	3	3	100 %							3	3																																				
Pain Medicine	4	5	80 %	1	3	3	2																																								
Pediatrics - Hematology/oncology	4	6	67 %	4	6																																										
Pediatrics - Infectious Disease	2	6	33 %	2	6																																										
Anesthesiology - Pain Management	2	4	50 %					1	2			1	2																																		
Emergency Medicine - Ultrasound	0	0	N/A			0																																									
Family Medicine - Obstetrics	2	0	N/A																					2																							
Internal Medicine - Critical Care	4	4	100 %	4	4																																										
Orthopaedics - Sports Medicine	2	0	N/A																																												

Pathology - Cytopathology	3	2	150 %			3	2						
Pediatrics - Endocrinology	3	6	50 %	3	6								
Radiology - Musculoskeletal	2	4	50 %			1	2					1	2
Radiology - Nuclear Medicine	2	8	25 %	1	4	1	4						
Clinical Pharmacology	0	0	N/A	0									
Emergency Medicine - Austere & Wilderness Med	1	0	N/A							1			
Neurology - Clinical neurophysiology (NIH)	2	2	100 %	2	2								
Neurology - Epilepsy	1	1	100 %	1	1								
Ob/Gyn - Reproductive Endocrinology	1	0	N/A							1			
Pediatrics - Gastroenterology	4	3	133 %	4	3								
Psychiatry - Forensic	2	2	100 %	2	2								
Radiology - Body Imaging	0	1	0%	0				0	1				
Undersea and Hyperbaric Medicine	0	2	0%			0	2						
Anesthesiology - Critical Care	0	1	0%	0	1								
Clinical Investigation	0	0	N/A										
Critical Care Ultrasound	0	0	N/A										
Dermatology - Dermatopathology	1	1	100 %	1	1								
Emergency Medicine - Humanitarian and Disaster	0	0	N/A										
Internal Medicine - Geriatric Medicine	0	0	N/A										
Neurology - Clinical neurophysiology (WRNMMC)	0	2	0%	0	2								

Orthopaedics - Hand surgery	2	2	100 %	2	2																																										
Pathology - Forensic	0	4	0%	0	4																																										
Psychiatry - Addiction	0	0	N/A																																												
Psychiatry - Geriatric	0	2	0%	0	2																																										
Psychiatry - Psychosomatic medicine	0	2	0%	0	2																																										
Anesthesiology - Acute Pain and Regional Anesthesia	0	2	0%	0	2																																										
Family Medicine - GI/Colonoscopy	0	0	N/A																																												
General Surgery - Research	1	0	N/A																							1																					
Internal Medicine - Faculty Development	0	0	N/A	0	N/A																																										
Ob/Gyn - Minimally Invasive Surgery	2	2	100 %	2	2																																										
Psychiatry - Prev/Disaster Psych	0	0	N/A																																												
Radiology - Imaging	0	0	N/A	0																																											
Radiology - Trauma	0	0	N/A																																												
Total	3,189	3,581	89 %	640	816	621	667	328	374	263	271	261	294	219	238	144	149	77	89	81	86	83	90	50	48	51	52	43	41	39	39	44	48	37	40	34	36	29	34	31	30	27	42	26	29	24	24

Appendix E: *Acronyms*

ACGME	Accreditation Council for Graduate Medical Education
CCMD	Combatant Command
DHA	Defense Health Agency
DoD	Department of Defense
FY	Fiscal Year
GME	Graduate Medical Education
HA	Health Affairs
IB	Integration Board
LOE	line of effort
MHS	Military Health System
MILDEPs	Military Departments
MTF	military treatment facility
NDAA	National Defense Authorization Act
RFI	request for information
SAUSHEC	San Antonio Uniformed Services Health Education Consortium
U.S.C.	United States Code
WG	Workgroup