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

PERSONNEL AND
READINESS

APR 30 2015

The Honorable John McCain
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 directs 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 Chairmen of the other congressional defense committees.

Sincerely,

Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

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

PERSONNEL AND
READINESS

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

APR 30 2015

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Brad Carson
Acting

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As stated

cc:
The Honorable Adam Smith
Ranking Member

UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

APR 30 2015

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

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Brad Carson
Acting

Enclosure:
As stated

cc:
The Honorable Barbara A. Mikulski
Vice Chairwoman

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

PERSONNEL AND
READINESS

APR 30 2015

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

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Sincerely,

Brad Carson
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

FIFTH ANNUAL
REPORT TO THE CONGRESSIONAL DEFENSE COMMITTEES

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

2015

Preparation of this study/report cost the
Department of Defense a total of approximately
$1,400 in Fiscal Years 2014-2015

The Military Health System Graduate Medical Education 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), requires that the Secretary of Defense provide an annual report to the congressional defense committees on the status of Graduate Medical Education (GME) programs of the Department of Defense (DoD) during the period of 2011-2015. This is the fifth annual report and it includes:

1. An identification of each GME program of the DoD 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. The status of each program referred to, including for each such program, an identification of the fiscal year in which the last action was taken with respect to initial accreditation; continued accreditation; probation and the reasons for probationary status, if applicable; and withheld or withdrawn accreditation and the reasons for such action, if applicable.
3. A discussion of trends in the GME programs of the DoD.
4. A discussion of challenges faced by such programs, and a description and assessment of strategies and plans to address such challenges.

The DoD continues to sponsor 201 GME programs; 129 residencies and 72 fellowships with a total of 2880 trainees. This number represents 2.4 percent of the total of Accreditation Council for GME (ACGME)-approved residencies and fellowships in the United States.

Background

The Military Health System (MHS) reviews and tracks each program's Residency Review Committee (RRC) reports at multiple levels in the ACGME accreditation process. In the past, when the RRC performed an accreditation visit, the ACGME would award the accreditation and announce the time for the next visit. The maximum time between inspections was 5 years, and a long cycle length between inspections was considered a proxy for GME quality. This changed with the ACGME implementing the "Next Evaluation System" (NES), which extends 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 or a variance, the ACGME may investigate without an RRC visit and adjust accreditation. If, due to the variance, an RRC visit is needed, the RRC may make a site visit without necessarily adjusting the date of the formal accreditation visit. Most programs are now under the NES and as a result, the MHS is seeing cycle lengths of longer than 5 years but cycle length should no longer be viewed as a measure of quality.

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 reflects 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 any shortcomings in physical fitness, readiness, and other required military training. Significant shortcomings can lead to counseling or disciplinary action.

An issue brought forward from last year is that some programs have case-mix concerns over an inadequate exposure to the broad range of medical disease and injury. If trainees do not have an adequate clinical experience, this will put accreditation at risk. The issue is primarily due to lower patient volumes in the over-65 age category and pediatrics in military training programs. The Services are implementing solutions at the local institutional level by improving access to military medical care for the pediatric and over-65 beneficiary population which will greatly assist in resolving this issue.

Air Force Annual Graduate Medical Education Report
Executive Summary

Air Force (AF) GME remains a leader within both the DoD and the US civilian community. For academic year 2014-15, the AF has 44 different residency programs and 20 fellowships spread across 10 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, Texas area and some are programs integrated with civilian academic institutions such as the programs in the Dayton, Ohio area. These flexible GME models afford 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 65 programs are fully accredited by the RRC. Finally and most importantly, program graduates uniformly have performed very well as staff physicians in both in-garrison and deployed settings.

Keeping with the philosophy of developing strategic partnerships, the AF executed a virtual Joint Services GME Selection Board (JSGMESB) with the Army and Navy with cost savings of $1M to the DoD. 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.

The AF continues to be challenged by less than desirable applicant interest in some key specialties. Significant shortage specialties include Aerospace Medicine, Family Medicine and Psychiatry. Due to the AF's excellent performance on RRC site visits, it has very few concerning citations at its GME sites. However, in reviewing the citations, some of the AF programs receive, certain trends can be seen. These include RRC concerns about GME program director (PD) and faculty turnover, scholarly activity, caseloads and case mix in certain programs and concerns about the outpatient clinic experience in some AF primary care programs. Recent DoD policy changes designed to eliminate superfluous conference attendance spending have inadvertently made it difficult for doctors to attend conferences essential to their education. Conference attendance has been especially challenging for AF 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 upon scholarly activity such as research presentation at national meetings. We are currently working this issue with DoD leadership to reform the approval process and minimize barriers impacting the AF GME community.

Due to federally-imposed fiscal constraints, the 2014 JSGMESB was scored virtually through the Army's Medical Operational Data System (MODS) with specialty panels consisting of PDs and Specialty Consultants engaging in discussions via teleconference. Each Service then conducted its Board President review at separate locations with its Specialty Consultants. This resulted in a significant cost savings for DoD without a compromise in the quality of the JSGMESB. In addition, for the first time, all AF GME documents were self-loaded in MODS by either the applicant, the medical school or the PD/Consultant-the first fully virtual JSGMESB in the history of the AF.

Challenges for Air Force GME

- 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
- Travel approval/funding process for our GME programs

The Air Force Medical Service (AFMS) is continuing to work diligently to address these challenges. AF continues to develop strategic partnerships with other Services and civilian academic medical centers to expand case load and improve case mix. AF GME locations are working closely with AFMS leadership and Defense Health Agency (DHA) to recapture care in specific patient populations. Additionally, as the virtual JSGMESB illustrates, the AFMS is willing to partner with sister Services to provide military GME improvements. The AF continues to maintain policies and processes to strengthen controlled tour lengths for GME PDs and other key faculty and to limit the impact deployment of these individuals has on the training program.

Army Annual Graduate Medical Education Report
Executive Summary

Data from 127 ACGME accredited programs and an additional 18 non-ACGME accredited programs conducted at 11 training institutions across the Army Medical Department and the DHA was collected and analyzed. As of January 2015, there are 1478 trainees in Army or Army sponsored internships, residencies, and fellowships in the 2014-2015 academic year with 1329 in Army in-house programs, 142 in civilian sponsored programs, and 23 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 all programs in good standing and no programs in a probationary status. With ACGME cycle lengths no longer applicable under the "Next Accreditation System" (NAS), 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, as of January 2015, was 96.4 percent for the initial specialty board certification examination which is a slight increase over last year's five year of 95.8 percent. In comparison, the national first time board pass rate overall is approximately 85-87 percent.

Army physician faculties have distinguished themselves on a national level for a number of years and despite current challenges, continue to excel in the national arena. Many have been named to committees in accrediting and certifying organizations, are oral board examiners, have been selected for highly prestigious civilian awards, and have published globally recognized research in militarily relevant areas of medicine.

Although there are no alarming systemic issues or recurring problems that have been identified during the past year, a number of concerns continue as a result of current fiscal limitations. Reduced funding has diminished the number of trainees and faculty attending conferences to present and share knowledge, a key value and metric of the ACGME, which has further decreased the visibility of Army Medicine across the US. Several process changes are being implemented to mitigate the impact on Army 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 all 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 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. 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 Base Realignment and Closure (BRAC) 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.

The JSGMESB was revised and downsized substantially in 2013, and continued efforts in cost containment have resulted in further savings with a more streamlined and "virtual" Board in 2014. Diligence and perseverance in planning by all three Military Departments led to a highly successful JSGMESB in December 2014, with considerable efforts made in ensuring the integrity of the Board.

The Army placed 342 intern applicants into its programs at the December 2014 JSGMESB, with six placed in educational delay for civilian training in critical specialties (General Surgery, Neurosurgery, and Orthopaedics). In the recent past, several key specialties have been challenged by less applicant interest, with projected shortfalls for staffing in specialties such as Psychiatry, Family Medicine, Pathology, Neurology, Pediatrics, and Internal Medicine. However, 2015 will see the fruits of recruiting efforts in Psychiatry and Family Medicine, with all programs filling their training positions for the first time in over eight years. Unfortunately, Internal Medicine, Pathology, Pediatrics, and Neurology continue to be challenged in recruiting interested medical students. Emergency Medicine, General Surgery, and

Orthopaedics remain the most competitive specialties in Army GME, with almost 50 percent more applicants than positions. Overall, the distribution of applicants was improved this year with slight increases in applicants for nearly all of the shortage specialties. Efforts will continue for recruiting in those areas – Internal Medicine, Pathology, Neurology, and Pediatrics, as well as for Psychiatry and Family Medicine.

Review of all Army intern, resident, and fellowship programs for cost effectiveness, relevance to military medicine, location best suited to serve the needs of the Army, and quality of training has been ongoing. No programs have been closed, but programs that do not appear as value-added and where training can potentially be more efficiently done in the civilian sector with little to no impact on military treatment facility (MTF) care are being examined. The potential for growth of partnerships with the Department of Veteran Affairs and civilian institutions is also under review.

Further, joint efforts by the Army, Navy, and Air Force have expanded and include monthly Tri-service teleconferences with the Directors of Medical Education of the three Military Departments. Several projects are currently underway to standardize processes in anticipation of the integration of GME administrative functions under the DHA.

In summary, the Army has continued its tradition of excellence and led DoD medical education despite the current challenges. Army GME remains 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, developing a ready and deployable medical force, and caring for all Soldiers, other Service members, and their beneficiaries.

Navy Annual Graduate Medical Education Report
Executive Summary

GME is critical to the Navy's ability to train board-certified physicians and meet the ongoing requirement to maintain a tactically proficient, combat-ready medical force. Robust, innovative GME programs continue to be the hallmark of Navy Medicine. Despite the challenges presented by severe fiscal constraints, pressures due to shifting priorities and new accreditation requirements, Navy GME remains resilient and focused on the mission, with particular emphasis on readiness, jointness and value.

This year the JSGMESB was again hosted by the Navy, with virtual scoring for all applicants for the first time, followed by service-specific selection boards. The previous year's process was refined and expanded to include the PGY-1 applicants in virtual scoring. The interservice placement and interservice transfer process was also revamped and streamlined with outstanding results. The Office of the Medical Corps continues to receive high praise for the spectacular success of this achievement, executed under tight time and fiscal constraints and requiring an unprecedented level of collaboration within the various specialties and commands and among the three Military Departments GME headquarters offices.

Navy institutions and training programs continue to demonstrate outstanding performance under the NAS of the ACGME. All Navy GME programs have now transitioned to the NAS, and the three major teaching hospitals all successfully underwent Clinical Learning Environment Review (CLER) visits this year.

Board certification is a universally recognized hallmark of strong GME. The five-year average first time board certification pass rate for Navy Trainees as reported by the Navy sites is 93 percent. Navy board pass rates meet or exceed the national average in nearly all primary specialties and fellowships. 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.

This year Family Medicine training sites and billets were realigned as necessitated by the CONUS Hospital Study. Navy GME restructured six sites down to four and redistributed the in-service training billets among the remaining sites, reserving five out-service training billets per year for both PGY-1 and PGY-2 training as needed to maintain the training pipeline during the transition.

Navy GME trains to requirements; however, requirements as expressed in billets are not completely aligned with community needs articulated by the specialty leaders. For example, manning forecasting might focus solely on operational needs, but specialty leaders are also expected to provide specialists to facilitate vigorous efforts at the MTFs to recapture care from the network. Strategic efforts to improve recruiting in undermanned specialties over the past several years have been successful. We have had enough qualified applicants for previously tenuous specialties, such as Neurology, Neurosurgery, Urology and Radiation Oncology, to restore and maintain the required pipeline. Specialties that are still working to attract sufficient qualified applicants are at the top of our priority list and include: General Surgery, Family Medicine and Aerospace Medicine.

The Navy is extremely proud of Navy GME and the many contributions the dedicated uniformed faculty and staff make to ensure that the Navy continues to train a sustainable medical force ready to take on any challenge, anytime, anywhere the nation calls upon them to serve.

National Capital Consortium
Executive Summary

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. Travel restrictions as a result of sequestration could play a negative role if continued indefinitely. It is an ACGME requirement that faculty, residents and fellows engage in scholarly work and they must disseminate this work at national meetings.

The majority of the NCC's ACGME training programs has achieved maximal or near maximal accreditation length under the NAS, 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, completed, and is eagerly awaiting, the results of the CLER from the ACGME. Overall, the NCC is well prepared to meet these challenges and to remain a leader in GME in the DoD.