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

PERSONNEL AND READINESS

NOV 2 2011

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

Dear Mr. Chairman:

This report responds to section 714 of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011, which requires the Secretary of Defense conduct a review of training programs for medical officers to ensure that the academic and military performance of such officers has been completely documented in military personnel records. Section 714(a) requires that, at a minimum, we examine the Uniformed Services University of the Health Sciences (USUHS) and a representative sample of residency programs at military treatment facilities throughout the Military Health System. This report is due January 6, 2012. Section 714(b) provides for the submission of a report on the status of the Graduate Medical Education programs of the Department of Defense. This report was due April 1, 2011, and an interim report was submitted in April 2011. Both issues fall under my purview. I apologize for the delay in submitting the response to section 714(b).

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

Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member

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

PERSONNEL AND READINESS

NOV 2 2011

The Honorable Daniel K. Inouye
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This report responds to section 714 of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011, which requires the Secretary of Defense conduct a review of training programs for medical officers to ensure that the academic and military performance of such officers has been completely documented in military personnel records. Section 714(a) requires that, at a minimum, we examine the Uniformed Services University of the Health Sciences (USUHS) and a representative sample of residency programs at military treatment facilities throughout the Military Health System. This report is due January 6, 2012. Section 714(b) provides for the submission of a report on the status of the Graduate Medical Education programs of the Department of Defense. This report was due April 1, 2011, and an interim report was submitted in April 2011. Both issues fall under my purview. I apologize for the delay in submitting the response to section 714(b).

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Jo Ann Rooney
Principal Deputy

Enclosure:
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cc:
The Honorable Thad Cochran
Vice Chairman

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WASHINGTON, DC 20301-4000

PERSONNEL AND READINESS

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The Honorable Daniel K. Inouye
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Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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Vice Chairman

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WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

NOV 2 2011

The Honorable Jim Webb
Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This report responds to section 714 of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011, which requires the Secretary of Defense conduct a review of training programs for medical officers to ensure that the academic and military performance of such officers has been completely documented in military personnel records. Section 714(a) requires that, at a minimum, we examine the Uniformed Services University of the Health Sciences (USUHS) and a representative sample of residency programs at military treatment facilities throughout the Military Health System. This report is due January 6, 2012. Section 714(b) provides for the submission of a report on the status of the Graduate Medical Education programs of the Department of Defense. This report was due April 1, 2011, and an interim report was submitted in April 2011. Both issues fall under my purview. I apologize for the delay in submitting the response to section 714(b).

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Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Lindsey Graham
Ranking Member

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

PERSONNEL AND READINESS

NOV 2 2011

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

Dear Mr. Chairman:

This report responds to section 714 of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011, which requires the Secretary of Defense conduct a review of training programs for medical officers to ensure that the academic and military performance of such officers has been completely documented in military personnel records. Section 714(a) requires that, at a minimum, we examine the Uniformed Services University of the Health Sciences (USUHS) and a representative sample of residency programs at military treatment facilities throughout the Military Health System. This report is due January 6, 2012. Section 714(b) provides for the submission of a report on the status of the Graduate Medical Education programs of the Department of Defense. This report was due April 1, 2011, and an interim report was submitted in April 2011. Both issues fall under my purview. I apologize for the delay in submitting the response to section 714(b).

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Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member

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

PERSONNEL AND READINESS

NOV 2 2011

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This report responds to section 714 of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011, which requires the Secretary of Defense conduct a review of training programs for medical officers to ensure that the academic and military performance of such officers has been completely documented in military personnel records. Section 714(a) requires that, at a minimum, we examine the Uniformed Services University of the Health Sciences (USUHS) and a representative sample of residency programs at military treatment facilities throughout the Military Health System. This report is due January 6, 2012. Section 714(b) provides for the submission of a report on the status of the Graduate Medical Education programs of the Department of Defense. This report was due April 1, 2011, and an interim report was submitted in April 2011. Both issues fall under my purview. I apologize for the delay in submitting the response to section 714(b).

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Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Susan A. Davis
Ranking Member

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

PERSONNEL AND
READINESS

NOV 2 2011

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

Dear Mr. Chairman:

This report responds to section 714 of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011, which requires the Secretary of Defense conduct a review of training programs for medical officers to ensure that the academic and military performance of such officers has been completely documented in military personnel records. Section 714(a) requires that, at a minimum, we examine the Uniformed Services University of the Health Sciences (USUHS) and a representative sample of residency programs at military treatment facilities throughout the Military Health System. This report is due January 6, 2012. Section 714(b) provides for the submission of a report on the status of the Graduate Medical Education programs of the Department of Defense. This report was due April 1, 2011, and an interim report was submitted in April 2011. Both issues fall under my purview. I apologize for the delay in submitting the response to section 714(b).

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Sincerely,

Jo Ann Rooney
Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

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

PERSONNEL AND
READINESS

NOV 2 2011

The Honorable C. W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This report responds to section 714 of the Ike Skelton National Defense Authorization Act for Fiscal Year 2011, which requires the Secretary of Defense conduct a review of training programs for medical officers to ensure that the academic and military performance of such officers has been completely documented in military personnel records. Section 714(a) requires that, at a minimum, we examine the Uniformed Services University of the Health Sciences (USUHS) and a representative sample of residency programs at military treatment facilities throughout the Military Health System. This report is due January 6, 2012. Section 714(b) provides for the submission of a report on the status of the Graduate Medical Education programs of the Department of Defense. This report was due April 1, 2011, and an interim report was submitted in April 2011. Both issues fall under my purview. I apologize for the delay in submitting the response to section 714(b).

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Principal Deputy

Enclosure:
As stated

cc:
The Honorable Norman D. Dicks
Ranking Member

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

REPORT TO CONGRESS

PREPARED BY:
ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

IN COORDINATION WITH
ARMY, NAVY, AIR FORCE

Preparation of this study/report cost the
Department of Defense a total of approximately
$9,740 in Fiscal Years 2010-2011

Fall 2011

Report to Congress, Section 714 of the Ike Skelton NDAA for Fiscal Year (FY) 2011 – Review of the Training of Medical Corps Officers

Section 714 of the Ike Skelton National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2011 required the Department of Defense (DoD) examine the training of Medical Corps officers at the Uniform Services University of the Health Sciences (USUHS) and in residency training programs throughout the Military Health System (MHS).

Congressional Language:

SECTION 714, IKE SKELTON NDAA for FY 2011 - *IMPROVEMENTS TO OVERSIGHT OF MEDICAL TRAINING FOR MEDICAL CORPS OFFICERS. (a) REVIEW OF TRAINING PROGRAMS FOR MEDICAL OFFICERS.-*

(1) REVIEW.-The Secretary of Defense shall conduct a review of training programs for medical officers (as defined in section 101(b)(14) of title 11 United States Code) to ensure that the academic and military performance of such officers has been completely documented in military personnel records. The programs reviewed shall include, at a minimum, the following:

(A) Programs at the Uniformed Services University of the Health Sciences that award a medical doctor degree.

(B) Selected residency programs at military medical treatment facilities, as determined by the Secretary, to include at least one program in each of the specialties of-

(i) anesthesiology;

(ii) emergency medicine;

(iii) family medicine;

(iv) general surgery;

(v) neurology;

(vi) obstetrics/gynecology;

(vii) pathology;

(viii) pediatrics; and

(ix) psychiatry.

(2) REPORT.-Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to the congressional defense committees a report on the findings of the review under paragraph (1).

(b) ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION PROGRAMS.-(1) ANNUAL REPORT.-Not later than April 1, 2011, and annually thereafter through 2015, the Secretary of Defense shall submit to the congressional defense committees a report on the status of the graduate medical education programs of the Department of Defense.

(2) ELEMENTS.-Each report under paragraph (1) shall include the following:

(A) An identification of each graduate medical education program of the Department of Defense in effect during the previous fiscal year, including for each such program, the military department responsible, the location, the medical specialty, the period of training required, and the number of students by year.

(B) The status of each program referred to in subparagraph (A), including, for each such program, an identification of the fiscal year in which the last action was taken with respect to each of the following:

(i) Initial accreditation.

(ii) Continued accreditation.

(iii) If applicable, probation, and the reasons for probationary status.

(iv) If applicable, withheld or withdrawn accreditation, and the reasons for such action.

(C) A discussion of trends in the graduate medical education programs of the Department.

(D) A discussion of challenges faced by such programs, and a description and assessment of strategies and plans to address such challenges.

(E) Such other matters as the Secretary considers appropriate.

REVIEW OF TRAINING PROGRAMS FOR MEDICAL OFFICERS

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES:

To comply with the congressional request, the USUHS Board of Regents (BOR) requested Secretary of Defense (SECDEF) permission to establish an academic review subcommittee to examine the University's internal processes and policies. The BOR received approval from the SECDEF on Mar 24, 2011. A distinguished panel was assembled to perform the review. The final report is enclosed (Attachment A) and is also available at the USUHS website. The Subcommittee report executive summary is below:

"The goal of the review was to report any critical shortcomings and provide recommendations to improve the University's processes for ensuring the commitment of USUHS students and graduates to their oaths as physicians, health professionals, and Commissioned Officers."

An eight-member Subcommittee was appointed on August 1, 2010 with Michael M.E. Johns, M.D., a member of the USUHS Board of Regents, as the Chair. The Subcommittee was comprised of individuals from academe and retired general officers of the Army and Marine Corps.

The Subcommittee was briefed by USUHS administrators, faculty, and Navy, Air Force, and Army personnel during four in-person meetings and four conference calls held between November 2010 and May 2011. During more than 40 hours of deliberation, the Subcommittee received briefings from some 33 people and met with panels of students at two of their four in-person meetings. Documents reviewed included the School of Medicine Student Handbook, the Ethics curriculum, and various policies of USUHS, as well as the Naval Academy and West Point.

USUHS is a unique educational and military institution. It is not just a medical school or a graduate nursing or postgraduate dental college. The mission of USUHS is to

admit and train medical and graduate students from the nursing, dental, medical, and other health care fields who can successfully fulfill dual roles as health care professionals and military officers prepared to operate in military environments around the world. As with all accredited medical schools, USUHS also incorporates a significant medical research component along with a portfolio of masters and doctoral degree programs.

The administration and faculty members are committed to this multi-dimensional and complex mission. They bring a level of academic expertise and military experience to ensure that the medical officers who are trained at this University are prepared to fulfill their duties as officers, as well as physicians, nurses, dentists and medical researchers. The USUHS medical school operates with high standards and achieves a commendable level of performance given that their students must meet the academic requirements of a medical education while also learning the intricacies of military medicine, including practicing in austere-deployed settings. USUHS students perform well on national exams and residencies. Many have assumed senior leadership positions in the military medical system.

The dual nature of the University creates a complex organizational structure. The Subcommittee found that at times there has been confusion in oversight responsibility and that civilian faculty members are not always fully knowledgeable of the military mission and comportment standards expected of military officers. This lack of knowledge may impact their effectiveness in fulfilling their roles as student advisors. While recently established policies are addressing this issue in the Master of Public Health portion of certain residency and fellowship programs, in general University policies and procedures regarding the various roles and responsibilities of faculty and staff as they relate to the harmony and synchronization of the dual structures of the Brigade and academic enterprise are unclear.

Based on the information received and in fulfillment of its charge, the Subcommittee makes the following recommendations to the USUHS Board of Regents:

ADMISSIONS

- Validate the admissions process by correlating the actual performance of medical and graduate students with the information available at the time of acceptance to the University
- Require the respective Surgeons General or their designees to provide the final endorsement of military applicants for admissions to graduate programs and fellowships and ensure there is sufficient rigor to the process, particularly when there are few applicants for specific programs

STUDENT PROFESSIONAL DEVELOPMENT

- Enhance military mentoring to ensure that all students in the School of Medicine are prepared to serve as Uniformed Services medical officers and to

meet their obligations with complete understanding and acceptance of the oaths they take as military officers
- Focus professional training on the attitudes and behaviors required to fulfill their responsibilities as Uniformed Services medical officers with a particular sensitivity to resolving conflicts that may arise between accomplishing the military mission and fulfilling the traditional duties of physicians
- Promote medical students from the rank of Second Lieutenant or Ensign to the rank of First Lieutenant or Lieutenant Junior Grade at the end of the second year of training if their performance indicates they are ready to assume the duties of the higher rank
- Prepare Uniformed Services medical personnel for the global responsibilities of the U.S. military by training them in the cultural, religious, and sociological factors that influence medical care delivery
- Ensure expanded mentoring by line officers to enhance the medical students' understanding of their roles in the overall military mission. Line Officers are the combat arms and combat support arms branches of all the military Services. Special branch and professional branch (e.g. medical) officers are not "line officers"
- Establish a faculty position of Professor of Military Science to be filled by a line officer
- Formalize objective peer input in the student evaluation system for all military students to increase student awareness of their professional obligations as officers and medical professionals
- Assign military students enrolled in graduate programs at the USUHS Bethesda campus to the USUHS Medical Brigade Command rather than to their respective Service personnel offices

STUDENT EVALUATIONS

- Develop more effective procedures for synchronizing the academic and military performance evaluations of USUHS students
- Review and better define the obligations called for by the student honor code within the School of Medicine
- Maintain and enhance annual post-admission student evaluations utilizing the most relevant metrics
- Ensure that members of the USUHS faculty and staff are trained to understand their roles in the student evaluations process. Training should include how to recognize and report instances in which student performance warrants Brigade intervention.
- Ensure that each student in the School of Medicine School of Graduate Studies has a committed and effective faculty advisor
- Ensure a coordinated and comprehensive execution of performance assessments of Uniformed graduate students and graduate medical students by having a specific individual responsible for coordinating the annual officer performance review that includes the academic performance metrics for each

student. When applicable, ensure student performance reviews are shared with residency and fellowship directors

POLICIES AND PROCEDURES FOR DISENROLLMENT

- Clarify the "academic chain of command" and stipulate who is responsible for the student while in the Master of Public Health program and in fellowship programs
- Revisit probation, deceleration, and disenrollment policies to ensure that these processes are objective and uniformly implemented
- Make clear the policy on student class attendance in light of curriculum reform, recent technological advances in the adult learning experience, and the duties incumbent of Uniformed Services members

SECURITY CLEARANCE

- Establish a USUHS hotline number for security and other matters that are routinely handled by hotlines and publicize the number with posters and in student handbooks
- Add a personal security section to the School of Medicine Student Handbook

FACULTY DEVELOPMENT

- Hold the administrators and faculty accountable for teaching the values of leadership, mentorship, and the standards of conduct befitting Uniformed Services medical officers
- Ensure that a mandatory orientation process for civilian faculty emphasizes military issues, including the meaning of the Oath of Commissioned Officers, and that the importance of these matters is reinforced throughout their tenure on the faculty
- Enhance faculty orientation and training regarding their roles as advisors and mentors to improve their ability to recognize and address shortcomings in students' non-academic performance in annual performance reviews
- Ensure that the entire University staff and faculty clearly understand that Uniformed Services students must comply with their responsibilities and obligations as Uniformed Services officers, regardless of their personal views
- Clarify that proper deportment in a military academic setting is the responsibility of all faculty, staff, and students
- Clarify for faculty and students the resources for and the routes to access appropriate counseling services
- Institute a process for tracking counseling and mentoring sessions between graduate students and their clinical/academic/research advisors and faculty and clarify the associated responsibilities in the University handbooks
- Employ the University handbooks in faculty orientation classes to clarify who within the military structure is in charge of officer ship

- Ensure that the limits on academic freedom inherent in an academic military environment are identified and clearly defined in written policy

ORGANIZATIONAL/STRUCTURAL ISSUES

- Conduct a comprehensive review of the USUHS organizational structure with a view toward reducing complexity and improving lines of communication
- Formalize a process for periodic review of all academic programs and departments to identify opportunities for improvement, for elimination of programs no longer required, and for establishing a new program that should be implemented
- Establish a full-time position to address the traditional Inspector General functions, i.e., inspections, investigations, and assistance

MILITARY HEALTH SYSTEM RESIDENCIES:

The Secretaries of the Military Departments performed a review of a representative sample of their residency programs. Their review included the below items:

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 that's being made to resolve concerns or deficiencies noted by the RRC.
2. At each program a list of the rates at which Residents pass the board exam at the first opportunity.
3. Review of official military evaluations of the Residents and assessment of the quality of the evaluations.
4. Appraisal of Residents' compliance with military requirements: physical fitness test, immunizations, mandatory training. If noncompliance was noted by the reviewer, determine 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.

Program RRC reports are reviewed and tracked at multiple levels. The ACGME accredits programs and then announces the time for the next inspection. The maximum is five years* [1] and it is referred to as cycle length. Duration of cycle length is considered a proxy for quality. The longer the cycling length, the less concern the RRC has about the quality of the program. Each of the Services average cycle length was greater than the civilian average (greater is better).

[1]* The ACGME is developing an a new program that could extend the review cycle to up to 10 years

At the command and the headquarters levels, tracking of changes in accreditation cycle length are monitored, as well as the specifics of any citations. In instances where accreditation cycle length is shortened or significant citations issued, close follow-up and regular progress reports are required. As an example: the General Surgery Residency Program at Naval Medical Center San Diego (NMCSD) received a two-year probationary accreditation in June 2008 due to a number of significant program discrepancies. These discrepancies were reviewed at the local and headquarters levels. In response, significant command resources and personnel were committed to addressing the multiple citations. The status of these corrective actions was tracked locally and reported at each tri-annual Navy Bureau of Medicine Military Education Policy Council meeting over a two-year period. The program received a maximum five-year accreditation with no citations after the 2010 RCC visit. NMCSD was commended by the General Surgery RRC for the dramatic improvement in the program.

Some selected and representative RRC comments are listed below:

1. Competency based goals and objectives should be developed and implemented for each major rotation.
2. The faculty does not demonstrate broad involvement in research.
3. Faculty should be board certified.
4. Program personnel turnover is high. Steps to mitigate the effects of deployment on the graduate medical education program should be taken.
5. Program director should have experience post residency/fellowship.
6. Scholarly activity in the program needs to be analyzed for adequacy.
7. Develop and implement formal process for evaluating all residents, including those who leave the program and those who enter the program from civilian training institutions. The evaluation must include ACGME competencies based on established goals and objectives analyze and implement methods of improvement
8. Analyze and implement methods of improvement to comply with required variety and volume of clinical/surgical experience to include the adequate monitoring of resident case logs.

The first-time specialty board pass-rate is one of the quality metrics collected and followed by Service Graduate Medical Education (GME) leaders. Overall, military GME graduates successfully complete first time board certification at a significantly higher rate than their civilian counterparts. Data for this metric is collected annually from each program.

The ACGME required training evaluations work in concert with officer performance evaluations to provide a detailed assessment of a trainee's performance as both a physician and an officer. GME trainees, as do all officers, receive formal mid-year counseling and an annual military evaluation which 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 these 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 the 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, to include 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. 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 with shortcomings in physical fitness, readiness and other required military training. Significant shortcomings can lead to counseling, non-adverse and adverse actions as previously described.

AIR FORCE

Overall, Air Force GME programs have received very favorable RRC reviews. All 52 programs (35 residencies and 17 fellowships) are fully accredited by the ACGME and 83% of programs have a cycling length of three years or longer. Due to the favorable RRC reviews, Air Force has had relatively few issues identified by the specialty RRC's. Specifically, Air Force rarely receives citations related to quality of the education program, curricular issues, faculty supervision or evaluation issues; citations for Air Force programs cluster in the areas of faculty experience and turnover, research, outpatient clinic issues (administrative and nursing support) and patient case mix. Each program is addressing these concerns at a local level, but the Air Force Medical Service (AFMS) also addresses some of the issues on a global level. Some of the strategies the AFMS has implemented to address faculty experience and turnover include the following:

- Program directors have assignments to the program which are one year longer than the length of the training program.
- Special experience identifier singles out trained faculty to ensure they are assigned to GME facilities.

- Increases in bonuses have resulted in improved retention of experienced clinician educators. Senior clinician billets have been established.
- Civilian faculty has been increased, which generally come with military GME experience. Air Force program directors participate in split deployments allowing them to be away from the program less time.

To address research:

- Air Force is optimizing the practice environment to allow for research. Mentoring residents increases faculty participation in their own research projects.
- Faculty are being recruited that have strong records of research productivity.

To address clinical support issues:

- Support staff are being increased, associated with the Air Force family health initiative.
- Plans that recapture surgical caseload are being introduced.
- Insufficient 65+ year old patients have only been permitted to enroll to the MTF on a space available basis. Now they are being actively sought and enrolled into sites with GME programs.
- Insufficient pediatric patients occurred because previously, children were only enrolled to the pediatrics service. They are now actively enrolled to family health clinics where there are family medicine GME programs.

The average initial board pass rate for Air Force residents for each program is 93% overall with a range of 80-100%. The Air Force appraises residents' compliance with military requirements (e.g.: physical fitness tests, immunizations, mandatory training). Readiness statistics of residents and fellows are integrated with other facility military medical personnel in the Preventive Health Assessment and Individual Medical Readiness (PIMR) database. Program directors and staff first address compliance and practice issues and elevate concerns through the chain of command and/or the medical treatment facility committee structure as necessary.

ARMY

Data from 73 training programs at eight training institutions across the Army Medical Department were collected and analyzed. Army RRC cycle lengths average 4.4 years versus 3.95 for the national average. Furthermore, Army graduates pass their boards at higher rates than their civilian peers. Nearly 2/3 (64%) of the programs reviewed by the RRC receive the maximum cycle of five years. Twenty-one percent were accredited for four years and 15% for three years. No Army programs are on probation or at risk of losing accreditation. After the RRC inspects a program, a letter is issued that identifies areas of noncompliance, termed citations, as well as accreditation decision in length. For the 73 programs reviewed, 181 citations were noted for an average of 2.5 citations per program. Citations fall into two categories: those that require

progress reports to the ACGME for the next inspection, and those that are examined using the institutions internal review process and then re-examined by the RRC during their next inspection. Eleven programs were required to submit progress reports outlining efforts to resolve the concerns. Nine were accepted by the ACGME. One is pending acceptance, and one was not accepted triggering an early visit by the RRC.

The aggregate Army resident board exam pass rate on the first attempt was 93.7% for the initial specialty certification examination, and 95.7% 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 five within the range of yearly national pass rates.

The Army reviewed the evaluations of 50 current third-year residents with a total of 96 evaluations being reviewed. It was determined that 95% of the evaluations revealed clearly documented the performance of the rated officers. The remaining 5% of the Officer Evaluation Reports (OERs) were characterized as generic and made it more difficult to ascertain performance and training. A group of 15 residents (20 OERs) whom had been previously identified as having academic or other performance issues by the Army Surgeon General's GME office was reviewed separately. Findings indicated that 100% of the evaluations in this category properly documented performance and provided adequate information on the officers.

Overall 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 OER 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.

NAVY

Program Residency Review Committee reports are reviewed and tracked at multiple levels of Navy medicine. The results are assessed at the program level, command level through the Graduate Medical Education Committee, and at the Bureau of Medicine and Surgery via the tri-annual Medical Education Policy Council. At the command headquarters levels, tracking 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. Of Navy medicine's 63 GME programs, 95% are currently accredited for three years or more. The average initial pass rate for Navy residents for 2007, 2008, and 2009 was 96%, versus the national average of 81% (2009).

Naval officers who are trainees must complete ACGME required training evaluations and Navy Fitness for Duty Reports. These two work well together providing a detailed assessment of the trainee's performance as both a physician and Naval officer.

REPORT ON GRADUATE MEDICAL EDUCATION PROGRAMS

Many of the residency programs listed on the spreadsheet at Attachment B are joint or integrated reisidencies. These programs add faculty stability, experience, and depth. They also improve interoperability and we expect they will enhance the accreditation cycle. The data requested by Congress regarding individual programs is at Attachment B.