DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857

CHARTER

COUNCIL ON GRADUATE MEDICAL EDUCATION

Authority

The Council on Graduate Medical Education (Advisory Council) is authorized by section 762 (42 U.S.C. 294o) of the Public Health Service (PHS) Act, as amended. Except where otherwise indicated, the Advisory Council is governed by provisions of the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C. Appendix 2), as amended, which sets forth standards for the formation and use of advisory committees. Since 2002, with the expiration of the multi-year re-authorization contained in the Health Professions Education Partnerships Act of 1998, the Advisory Council has been authorized through annual appropriations; most recently, P.L. 112-74, Sec. 215.

Objectives and Scope of Activities

The Secretary is charged under Title VII of the Public Health Service Act with responsibility for taking national leadership in the development of programs addressed to graduate medical education and in the research, development, and analysis of programs that impact on the health workforce needs of this Nation. Section 762 of Part E of Title VII establishes this Council, and charges it with assessing physician workforce needs on a long term basis, recommending appropriate Federal and private sector efforts necessary to address these needs, and providing a forum to enable appropriate consideration of these needs.

Description of Duties

The Advisory Council shall:

(1) provide advice and make policy recommendations to the Secretary, the Committee on Health, Education, Labor and Pensions (formerly the Committee on Labor and Human Resources) of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to: (A) the supply, and distribution of physicians in the United States; (B) current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties; (C) issues relating to foreign medical school graduates; (D) appropriate Federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs; (E) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical education programs; and (F) deficiencies in, and needs for improvements in, existing data bases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies;

(2) Encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Advisory Council under (1) (E);

(3) Develop, publish, and implement performance measures for programs under Title VII of the PHS Act, except for programs under Parts C or D;

(4) Develop and publish guidelines for longitudinal evaluations (as described in section 761 (42 U.S.C. 294n)) for programs under PHS Act, Title VII, except for programs under Parts C or D; and

(5) Recommend appropriation levels for programs under PHS Act, Title VII, except for programs under Parts C or D.

In order to carry out the provisions of the authorizing Section, the Advisory Council is authorized to:

(A) collect such information, hold such hearings (with the approval of HHS), and sit and act at such times and places, either as a whole or by subcommittee, and request the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as the Advisory Council or such subcommittee may consider available; and

(B) request the cooperation and assistance of Federal departments, agencies, and instrumentalities, and such departments, agencies, and instrumentalities are authorized to provide such cooperation and assistance.

Agency or Official to Whom the Advisory Council Reports
The Council on Graduate Medical Education is authorized to provide advice and make policy recommendations to the Secretary of Health and Human Services and to the Committee on Health, Education, Labor and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives.

Support
Management and support services shall be provided by the Bureau of Health Workforce of the Health Resources and Services Administration.

Estimated Annual Operating Cost Estimates and Staff Years
The estimated annual cost for operating the Advisory Council, including compensation and travel expenses for members but excluding staff support, is $59,056. Estimated annual person-years of staff support required is 1.45 years, at an estimated annual cost of $219,503.

Designated Federal Officer
A full-time or permanent part-time Federal employee, appointed in accordance with Agency procedures, will serve as the Designated Federal Official (DFO) (or designee) and ensures that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO (or designee) approves and prepares all meeting agendas, calls all Advisory Council or subcommittee meetings, attends all Advisory Council or subcommittee meetings, adjourns any meeting when he or she determines it to be in the public interest, and chairs meetings when directed to do so by the Secretary.

Estimated Number and Frequency of Meetings
The Advisory Council shall meet at least twice per fiscal year. Each meeting must be called or approved by the DFO. Meetings shall be open to the public except as determined otherwise by the Secretary or designee in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C. appendix 2). Notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and departmental regulations.

Duration
Continuing.

Termination
Unless renewed by appropriate action prior to its expiration, the Advisory Council charter will expire 2 years from the date the charter is filed.

Membership and Designation
The Advisory Council shall consist of 17 members: Three Ex-Officio members which shall include: (1) the Assistant Secretary for Health or the designee of the Assistant Secretary; (2) the Administrator of the Centers for Medicare & Medicaid Services (formerly the Health Care Financing Administration) or the designee of the Administrator; (3) the Chief Medical Director of the Department of Veterans Affairs or the designee of the Chief Medical Director; (4) six members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations; (5) four members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine, and public and private teaching hospitals; and (6) four members appointed by the Secretary to include representatives of health insurers, business, and labor.

The Secretary, in appointing the 14 non-Federal members, ensures a broad geographic representation of members and a balance between urban and rural educational settings. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved. Most members are appointed as Special Government Employees.

Members of the Advisory Council appointed under (4), (5) and (6) above are appointed for a term of 4 years.

The Advisory Council elects one of its members as Chair and one of its members as Vice Chair of the Advisory Council. Nine members of the Advisory Council constitute a quorum, but a lesser number may hold hearings. Any vacancy in the Advisory Council does not affect its power to function.

Subcommittees
Standing and ad hoc subcommittees - composed of members of the parent committee, and others - may be established to perform specific functions within the Advisory Council's jurisdiction, with approval and/or recommendation of the Secretary or designee. Subcommittees must report

back to the parent Advisory Council, and do not provide advice or work products directly to HHS or HRSA. The Department's Committee Management Officer will be notified upon the establishment of each subcommittee and will be provided information on the subcommittee's name, membership, function, and estimated frequency of meetings.

Recordkeeping
Records of the COGME, formally and informally established subcommittees, or other subgroups of COGME, shall be handled in accordance with General Records Schedule 6.2, Federal Advisory Committee Records, or other approved Agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

Filing Date
9/30/2016

Approved:

9/27/2016
Date

Jason E. Bennett
Director, Division of the Executive Secretariat