

COUNCIL ON GRADUATE MEDICAL EDUCATION (COGME)
Webinar and Teleconference
Meeting Minutes: October 20, 2016

Council Members in Attendance

Gamini Soori, MD, MBA, FACP, FRCP, CPE, Chair
Kristin Goodell, MD, FAAFP, Vice Chair
Nida F. Degesys, MD
Lois Nora, MD, JD, MBA
Beth Roemer, MPH
Andrew Sanderson, MD (on behalf of J. Nadine Gracia, MD, MSCE)
Eric Scher, MD
Kenneth Shine, MD

Council Members not in Attendance

Peter Angood, MD, FRCS(C), FACS, MCCM
Erin Corriveau, MD, MPH
Karen Sanders, MD
Miechal Lefkowitz

Others Present:

Kennita Carter, MD, Designated Federal Official, Council on Graduate Medical Education (COGME), Health Resources and Services Administration (HRSA), and Senior Advisor, Division of Medicine and Dentistry, HRSA
Joan Weiss, PhD, RN, CRNP, FAAN, Division of Medicine and Dentistry, HRSA
Carl Yonder, Division of External Affairs, HRSA
Raymond Bingham, MSN, RN, Division of Medicine and Dentistry, HRSA
Kimberly Huffman, Director, Advisory Council Operations, HRSA
Kandi Barnes, Advisory Council Operations, HRSA

Introduction

The Council on Graduate Medical Education (COGME, or the Council) convened its meeting at 10:00 a.m., on October 20, 2016. The meeting was conducted via webinar and teleconference from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 15SWH01, Rockville, MD 20857.

Dr. Kennita Carter, Designated Federal Official, opened the meeting and conducted a roll call. From the initial roll call, Dr. Carter informed the Council that only five members were present on the phone, which did not constitute a quorum. She indicated that the initial items on the agenda did not require a quorum and the meeting would proceed. Three more members joined later in the morning, so a quorum was reached and all items on the meeting agenda proceeded.

Dr. Carter turned the meeting over to Dr. Gamini Soori, the COGME chair. Dr. Soori welcomed the Council members and stated that all COGME meetings are conducted in the public domain, with time set aside for public comment.

Dr. Soori noted two items of sad news. Since the April meeting, COGME member Mr. David Squire had passed away. In addition, Dr. Joan Weiss, past Designated Federal Official of COGME, informed the Council members of the sudden passing of Ms. Crystal Straughn, a technical writer and editor at HRSA who had worked with several of the Council members on past COGME reports. Dr. Soori asked the Council members to observe a moment of silence.

Agenda Overview

Dr. Soori gave a brief overview of the meeting agenda, focused on review of the COGME 23rd report. First would come a discussion of the introduction/preamble, to frame the report. A major part of the Council's deliberations for the day would be devoted to the third part of the report, the COGME recommendations, as assigned to Writing Group 3. Dr. Ken Shine had provided a succinct draft write-up of a COGME recommendation, and the members would have the opportunity to respond. Following this discussion, there would be a review of the first two sections of the report as listed in an outline shared with the Council members, although there was not yet any draft text for the members to review.

He reminded the Council members of the proposed deadline, to have this report completed by the end of 2016. He noted that once draft sections of the report had been written and submitted by the writing groups, they would be reviewed and edited. Then, a new report draft would be made available to the Council members. He emphasized that the development of the final report would be an iterative process, with the goal of submitting the final report to the Secretary of Health and Human Services and to Congress early in the formation of the new administration.

COGME 23rd Report Overview – Format and Preamble

Dr. Soori reminded the Council members of steps already taken by the Council, including the development of a letter and a brief survey, to solicit feedback from a wide range of graduate medical education (GME) stakeholders on the proposal for a national strategic plan for GME. COGME had received several responses, which were compiled and summarized by HRSA staff. He believed that this step would help the Council members become more attuned to the concerns and perspectives of the stakeholders, while also increasing stakeholder buy-in.

Dr. Soori added that most of COGME's previous reports followed a format much like a scientific paper, with background research, followed by an articulation of the issue, all leading to a set of recommendations and ending with a list of references. He acknowledged, however, that this report differed from previous ones in that it would contain a specific "ask" of Congress, to devote resources to a strategic planning committee for developing a comprehensive national strategic plan for GME. As a result, there had already been some discussion during preliminary planning meetings of using a modified "case statement" approach. He introduced Dr. Kristen Goodell, COGME vice chair, to provide some background.

Dr. Goodell thanked Dr. Lois Nora for suggesting the case statement format. She noted that this approach had been used in nursing, business, and other areas as a way to propose taking a

particular action to an authoritative body. The case statement emphasizes the need for clarity, with a minimum of background material and theoretical underpinnings that may not be relevant to non-scientist clinicians and other readers. She noted that COGME is trying to make a case to develop a national strategic plan that considers GME as an enterprise that serves the needs of the nation, when it has not previously been viewed by most as a coherent system. A case statement approach would use a short, focused, and crystal-clear argument to help non-clinician readers understand and care about the issues.

The key points of a case statement include the need to describe the desired outcome and its potential value; to delineate a vision, context, and rationale; to support the arguments with clear data; to outline the negative consequences of not achieving that outcome; and finally to restate the desired outcome in terms of the actions needed.

She stated that using the case statement approach could change the way COGME developed its report. She noted that a preamble might not be necessary, or could be woven into an initial overview of GME issues. A short background would be needed to help make the case for the strategic plan. The recommendations would then address the next steps needed by the Secretary and Congress in forming a planning committee with the charge of developing the strategic plan. She felt the case statement offered the best way for the report to have an impact.

Dr. Soori opened the discussion to the full Council. Dr. Lois Nora agreed that the case statement format for the COGME 23rd report would be the most effective in asking for a specific action. However, she wondered if some readers might perceive this change in format negatively. Dr. Kenneth Shine offered a possible compromise approach, with an opening abstract or executive summary very clearly and succinctly addressing the main points of the COGME request, and the remainder of the report following a more traditional format to provide background and context. He and Ms. Roemer emphasized the need to incorporate data, such as when discussing the problems related to geographical distribution of specialty mix, to help a reader unfamiliar with GME and the health care system grasp the nature of the issues in a quantitative way.

Dr. Soori supported the idea of being flexible with the report format. He reiterated that the case statement approach required an early declaration of “the ask” as the desired outcome, and an explanation of its value. He noted that in previous discussions, the Council had created a vision statement, mission statement, and set of guiding principles that COGME proposed to give direction to the strategic planning process. He noted that HRSA’s National Center for Health Workforce Analysis (NCHWA) and other organizations have collected data related to the GME enterprise, which could be used in the strategic planning process. He stated the negative consequences of not acting would be that the country would “keep doing business as usual” with the current inefficient system. In making the request for a strategic planning process, COGME was attempting to address the GME enterprise holistically and try to move forward in a structured and organized manner to address the many deficiencies of the current system.

Dr. Eric Scher indicated that he wanted the report format to reflect the best way to communicate COGME’s position to members of Congress. He added that this was his first involvement in contributing to a COGME report, and asked if HRSA provided any project management services, and if the individual writing groups had to make their own arrangements. Dr. Carter said that

HRSA staff could help in making arrangements for conference calls and other support, depending on the needs and requests of the Council members. Dr. Scher also asked about what types of references might be needed to support the writing. Dr. Carter stated that a list of references had been prepared for the members and they were invited to add any other articles, reports, or related materials that they felt were relevant to the report. She offered the services of HRSA staff and resources in collecting any citations that the members had trouble accessing.

There was some discussion among the members of trying to arrange calls for the writing groups within the next 30 days, to move the development of the report draft forward.

Dr. Goodell asked if there were any restrictions related to the format of advisory council reports, and Dr. Soori replied that COGME was free to choose a format it thought was best.

Dr. Soori continued by saying that the report would have to begin with a preamble, which could take the form of an abstract or a case statement clearly articulating the need for and value of a national strategic plan for GME. This would be the responsibility of Writing Group 1. He added that the Council had already created a vision statement, mission statement, and set of guiding principles, which Writing Group 2 can use to expand on the case statement. For Writing Group 3, Dr. Ken Shine had offered a draft statement to describe the type of strategic planning process COGME is recommending.

Dr. Carter asked for any other general comments about the outline and format of the report. To keep the body of the report more readable and provide more impact, Dr. Goodell suggested putting some of the boilerplate material and background information at the end of the report in the form of appendices. Ms. Beth Roemer supported the proposal of having the report resemble a business case, opening with a brief executive summary containing a compelling statement of the problem, with just a few pieces of data or an infographic providing some of the salient facts. Dr. Andrew Sanderson added that government reports place a strong emphasis on plain language, with pertinent information presented within appendices or an outline.

Discussion: Developing the 23rd Report Recommendations

Dr. Soori asked Dr. Shine to lead the discussion on the draft COGME recommendation for the strategic planning process.

Dr. Shine noted that he had written a draft recommendation as a starting point for discussion. He outlined the main principles that he wished to convey. First, he felt that there needed to be an independent strategic planning committee, and this committee needs to have members who are outside of the field of GME. An Institute of Medicine (IOM) [Note: now the National Academy of Medicine (NAM)] report on GME noted that finding new and creative ways of dealing with GME requires a skill set that is often not reflected by those currently working in the GME enterprise. This includes prominent organizations like the Accreditation Council for GME (ACGME), and COGME itself, which is often perceived as having insufficient expertise in areas such as policy and economics. As a result, his proposal centered on having a strategic planning committee comprised mostly of innovative thinkers who are involved in medical education but whose livelihoods are outside of GME.

Dr. Shine believed the strategic planning committee would need effective mechanisms to gather input from all interested stakeholders, such as through local or regional town hall meetings. He also believed strategic planning committee needed a capacity for subcommittees, which may focus on specific topics such as GME financing, primary care, geographic distribution, specialty mix, and training programs. One subcommittee may have to focus on making the GME curriculum more relevant to 21st century medicine, the evolving healthcare system, team-based care, and the public interest, while avoiding “getting into the weeds” of specific curricula needed for different specialties. The strategic planning process could take years and a significant appropriation of money and resources if it was to be comprehensive and to take on the full range of issues in GME.

Dr. Shine felt that the process needed to be led by the Secretary of Health and Human Services, who could reach out to other organizations or create a public/private partnership. However, COGME could define some of the details of the process in order to decrease the political pressure on the Secretary. He recommended against making the strategic planning committee a public advisory committee, such as COGME, noting the many restrictions and complications of public committees. He felt the committee would need to deliberate, argue, and find solutions outside of the public eye.

Dr. Soori noted that Dr. Shine’s ideas were similar to recommendations 2a and 2b from the 2014 NAM report on GME (Graduate Medical Education That Meets the Nation’s Needs).

Recommendation 2a calls for:

- The creation of a GME policy council appointed by the HHS Secretary to develop a strategic oversight plan for GME funding, formulate policies on the geographic distribution and specialty mix of the physician workforce, and
- Promote cooperation and collaboration between existing federal agencies with GME oversight, as well as with private accreditation and certification organizations involved in GME;

In addition, the NAM Recommendation 2b called for the creation of a Center within the Centers for Medicare and Medicaid (CMS) charged with oversight of GME funding, including a transformation fund designed to generate innovation and improvement of the GME. Dr. Soori noted that COGME members had agreed that the creation of two separate entities would be problematic, while the COMGE recommendation calls for the creation of one strategic planning entity to cover policy, governance, and funding. Dr. Shine noted other differences with the NAM report, but added that the GME strategic planning committee would need to reach its own conclusions independently.

Dr. Soori clarified that the proposed COGME recommendation called for the GME strategic planning committee to be appointed by the HHS Secretary, not Congress, to reduce the chance of it becoming politicized. The Secretary could also choose to delegate the responsibility to another entity. Dr. Goodell supported the notion of having the GME strategic planning committee be composed of individuals who are thoughtful and not self-interested, who would be able to come up with new and creative ideas for GME policy that are best for the country, not for a particular organization or entity.

Dr. Soori said there are two parts, the strategic planning committee and the strategic plan. As strategic plans typically cover a finite time span, he asked if there was a finite lifespan for the committee. Dr. Shine replied that the planning process could take up to three years, but he did not see the planning committee as becoming a permanent bureaucracy. Dr. Soori concurred, saying the COGME did not want to recommend the creation of a body that will last in perpetuity. He noted two related questions: 1) will the strategic planning committee to be a public entity or a public/private partnership, and 2) where would it be housed?

Ms. Roemer cautioned against having the COGME report be too prescriptive in terms of the committee's composition, because readers could be bogged down in the details and momentum for action would be lost. She also did not want the report to be seen as COGME conducting an argument with the NAM recommendations, but wanted the COGME report to focus on areas of agreement and positive steps to address GME issues. She also noted concern that the NAM report concerns only GME, and did not touch on undergraduate medical education (UME) or the needs of the greater healthcare system. She felt the strategic planning process offered a chance to examine the continuum of medical education. Dr. Shine agreed that it was appropriate to consider GME in terms of what COGME hoped to accomplish within the physician workforce.

Dr. Soori reminded the Council of an issue raised in previous discussions related to conflict of interest and antitrust issues. Dr. Shine said that organizations such as ACGME and residency review committees have been reluctant to enter any conversations related to GME for fear of being sued under antitrust laws. For this reason, ACGME had focused on standardized rules to determine the quality of an education program for accreditation purposes. There was some discussion on whether antitrust laws would apply to members serving on a strategic planning committee, or whether they would receive some type of immunity. Dr. Shine added that COGME could not recommend a strategic planning committee to have authority to implement the plan, as implementation will rely on the HHS Secretary and Congress.

Dr. Soori raised another issue related to the coordination of GME funding, in terms of indirect medical education spending, Medicaid funding, state-supported financing, along with private funders such as insurers and hospital systems. He stated the COGME position that GME is a public good, and therefore it should be financially supported by all stakeholders who are the beneficiaries of GME.

Dr. Carter spoke in favor of keeping the recommendation at a high level based on the guiding principles. Dr. Shine argued that providing some level of detail, such as the recommended composition of the strategic planning committee, might help insure the integrity of the planning process. Dr. Lois Nora stated the need for balance, to provide clear directions while not being so granular as to appear to dictate the process, which outsiders might view with suspicion.

Dr. Soori said that the success of a national strategic planning committee for GME would depend on its ability to work collaboratively with existing entities in the GME enterprise, including ACGME, the Association of American Medical Colleges (AAMC), and the American Board of Medical Specialties, among others. He reiterated that the committee would be a policy body, not an implementing entity, and that COGME is not recommending a new GME infrastructure, but

rather the creation of a plan to coordinate policies and funding within the existing structure for the public good.

Discussion: COGME 23rd Report – Writing Group 1

After a brief break for lunch, Dr. Carter called the meeting back to order and took a roll call. All participating members had returned. She turned the meeting back over to Dr. Soori.

Dr. Soori moved the discussion of the COGME report to Writing Group 1, covering the report preamble and background. In shifting towards a case statement approach, the initial section of the report would make the case for a GME strategic planning committee and articulate the value of a national strategic plan for GME. Dr. Carter recalled that Ms. Roemer also suggested the inclusion of an infographic.

Dr. Shine noted that the opening should be brief, in the form of an executive summary, to include a statement of the main problems of the current system, with some accompanying data, so that the reader can quickly identify COGME's concerns. There could be a statement that other organizations, such as the Macy Foundation and NAM, have also called for a strategic plan, and that the healthcare delivery system is in rapid flux and GME needs to adapt to these changes.

Dr. Goodell said the report should open with the case statement, to say what COGME is asking for and why. The opening should also include a brief rationale, with the theoretical underpinnings and some relevant data.

Dr. Soori noted that the principal audience of the report is the HHS Secretary and two congressional committees, one in the House and the other in the Senate. The opening could take the form of a letter to the Secretary, stating the direct request. The rest of the report would provide the background and rationale. Ms. Roemer compared the opening to the main message in a communications campaign – it needs to be accessible, clear, and brief. Dr. Sanderson concurred that most government reports start with a brief executive summary, stating the issues up front. There is no way to know how deep into the report any reader is likely to go. Dr. Soori suggested adding a statement about the complexity of the current system and changes to the educational “microenvironment” that necessitate a realignment of GME system.

Dr. Shine suggested including a statement that current GME governance is not designed to address workforce issues, and thus has not been able to cope with changing societal needs. Another important point would relate to the training pipeline and its limitations. The breadth of the problems and vulnerabilities would lead to the conclusion that the GME system needs a new and comprehensive evaluation.

To provide guidance to the writing group, Dr. Carter clarified that the Council is suggesting the need for background on areas of governance, finance, training, and the education continuum. Dr. Soori summarized the discussion as: create a bold statement of the COGME proposal for a national GME strategic planning committee and its value to the GME system and society; present the rationale, including the issues of governance, financing, efficiency, and training; state the need for resolution; provide the vision, mission, and the guiding principles.

Dr. Soori indicated that he had a strong interest in one of the guiding principles, in particular the call to action to create innovation in medical education in general and GME in particular. He felt it was important to challenge the GME enterprise to encourage innovation. He noted that UME is undergoing changes, led by a grant initiative from the American Medical Association, which will bring to the fore the need for corresponding changes in GME. Dr. Sanderson stated that one issue that needs to be added is a focus on cultural competence in medical education.

Dr. Shine raised the question of what the vision, mission, and guiding principles developed by the Council have to do with the strategic plan. He suggested that the material can be added in an index, but if a GME strategic planning committee is created, it will have the option of adopting them, modifying them, or creating their own. Dr. Soori replied that COGME's purpose in creating these materials was to give a broad overview of GME, and suggest what an ideal GME enterprise might look like.

Dr. Soori added that the report will need to make a statement as to the value of a national strategic plan to multiple stakeholders, most of all to the public, the GME trainees, and the other stakeholders in the GME enterprise. Dr. Shine noted that most of the feedback COGME had received from its stakeholder questionnaire indicated support for a national strategic planning process, even if there was no consensus on how to accomplish it.

Dr. Soori asked if anyone saw a downside to the request for a strategic planning committee for GME, particularly in regard to potential antitrust complications, federal versus state issues, territory concerns of existing stakeholders, or other possible repercussions. He noted a possible concern of the creation of another federal entity having authority to dictate the agenda on GME. Ms. Roemer agreed that any good business plan contains an assessment of risks and ways to mitigate them.

Dr. Shine emphasized the number of reports from a wide range of credible organizations that have described current problems with GME. A synthesis of these reports that takes into account the roles of various stakeholders and provides some steps for carrying out an effective planning process might be attractive to the incoming HHS Secretary of a new administration. Dr. Soori added that from a business standpoint, the question is always asked about the potential cost of doing nothing. He noted that GME funding has essentially been frozen since 1997, while medical schools have been challenged to increase their output of medical graduates to meet projected national shortages. There are rising regulatory and funding challenges to founding new medical schools. Residency slots have not substantially increased to meet the demand. Medical students rack up large amounts of debt but more are at risk of failing to match for residency slots, and thus they would be unable to launch their medical careers. Meanwhile, projected physician shortages would mean more people with poor access to healthcare services. So, the cost of inaction is the potential for significant public outcry about the GME enterprise not meeting the needs of the public.

Dr. Shine suggested a slightly different approach, to state that the urgency for developing a national strategic plan has been precipitated by the challenges created in the geographic distribution and specialty mix of medical providers as health coverage expands, and growing gap

between medical school graduates and residency slots, spurring the need for action now. Ms. Roemer pointed out that the issue of the lack of residency slots led by Missouri to consider credentialing unmatched medical school graduates as “assistant physicians” and being allowed to treat patients under the supervision of a physician. Dr. Goodell added that the country does not have the right number and mix of doctors in the workforce in the right places to take care of all patients, noting that in certain parts of the country, patients may have to travel hundreds of miles to get a procedure done or to get the care they need. Another problem is that the current system relies on individual hospitals to decide what specialists to train and it may be more lucrative to develop specialists such as interventional cardiologists than to produce primary care physicians or psychiatrists. Dr. Sanderson said that there was discussion at the recent World Health Summit put on by CMS that the expansion of medical schools, without an adequate increase in GME slots, would create a bottleneck.

Dr. Soori indicated that the Council members might not be fully exposed to the concerns of medical students and their families, noting that COGME did not currently have a medical student representative. He stated that he had been contacted by the parents of new medical students asking about the difficulty in finding a residency slot.

Dr. Carter said that the proposed strategic planning committee for GME could hold hearings, because there are diverse opinions on the challenges faced by GME and how to address them. She posed the question of how deep COGME could get into the issues for its report. Dr. Soori replied that the report should highlight the broader issues to demonstrate the urgency in creating a national strategic plan. Dr. Shine pointed to the need to focus on the high-level points: addressing the distribution of specialties and geography; financing at the federal, state, and local levels; and developing the curriculum for the 21st century. The goal of the COGME report is to elevate the conversation, so that the HHS Secretary and Congressional staffers see the need for a strategic plan to address the needs of the country for the 21st century.

Discussion: COGME 23rd Report Discussion Wrap-up: Assignments and Timeline

During the previous discussions, Dr. Goodell had made edits to the draft report outline in an attempt to capture the main points of discussion for the COGME report, and Dr. Carter was able to display the updated draft for the members to review.

There was discussion about the vision, mission, and guiding principles that COGME had proposed. Concern was raised about describing these as “guiding” the strategic plan, since the strategic planning committee will develop its own set of principles. Dr. Goodell suggested saying that COGME offered these “for consideration.” Dr. Shine stated that as an advisory body, COGME might consider presenting a range of options for the HHS Secretary and Congress to consider in how to proceed with the strategic planning process. Dr. Sanderson asked if COGME should state specifically what it thought was the best option, and Dr. Shine recommended against that approach as being too prescriptive. Ms. Roemer recommended presenting the range of options, with pros and cons for each, in the form of an appendix to the report, but concern was expressed that staffer may not read material outside of the main report.

There was discussion about setting a “price tag” for the strategic planning process, and the availability of information to determine a realistic cost. Dr. Soori noted that CMS funds many innovative pilot projects, and that the HHS Secretary may have more latitude in committing resources to the planning process if COGME can make improving how residents function within the healthcare system to help the underserved. Dr. Goodell questioned if an allocation for the strategic planning process would affect current streams of GME funding, and Dr. Soori stated that he expected any funding to be allocated from outside the current system. He said the COGME might need to make the business case that investing approximately, \$1.5 – 2 million in a strategic plan could improve efficiencies in the GME system and lower healthcare costs in the end.

Ms. Roemer added that COGME would need to acknowledge all the efforts underway to change both GME and UME. ACGME has been leading in this effort, but other organizations such as the AMA and AAMC are also involved. Ms. Roemer added that there are opportunities to improve medical education across the continuum from pre-med, medical school, on to continuing medical education, emphasizing that the COGME recommendations are focused on the area where the Council has its greatest level of expertise and the best opportunity to promote change.

Dr. Shine stated that he saw the COGME chair and vice chair as the editors of the report, with the goal to help it come across with a clear, meaningful, and unified voice. There was some discussion on clarifying the writing group members, their roles, and the anticipated timeline for the report drafts. There was further discussion on the composition of COGME and questions as to when the new members would be joining the Council. Dr. Carter stated that it was still unknown when the current nominees might be approved, so the terms of current members were being extended at least through the completion of the report. She clarified that the expected length of the report would be 10-12 pages, as it would not include the extensive research and background often included in other reports. It was felt that the shorter length and the focus on a case statement would be appropriate to COGME’s intent.

A timeline was proposed to have the writing groups complete their draft sections. Dr. Soori felt that the robust discussions from the COGME meetings today and last April served to give the Council members adequate material to get started on the draft sections, and encouraged the writing group members to be in contact with each other over the phone and by email.

COGME Business Meeting

To open the business meeting, Dr. Carter said that the first item was to set a tentative date for the next COGME meeting, a two-day, face-to-face meeting planned for the spring of 2017. Dr. Shine noted that the terms of several members who had been extended would expire in March 2017, and Dr. Carter said that the transition to a new administration did create a great deal of uncertainty, but it was expected that new members would be appointed by the next meeting and that meeting would focus on a new topic. There was a consensus to tentatively schedule the next meeting for April 27-28, 2017. In the coming weeks, HRSA staff would reach out to the Council members to decide on a topic and begin planning.

Dr. Carter also informed the Council that the COGME charter was recently renewed. Charter renewal occurs every two years. The new charter, which replaced the one that expired on

September 30, 2016, is available on the web site for download. She said that the only change to the charter that affects how members can be renewed, stating that an advisory committee cannot extend members beyond what is prescribed by the Federal Advisory Committee Act unless provided for in the committee's statute. HRSA had been able to extend the terms of current members before the new charter took effect.

Public Comments

Dr. Soori reminded the Council members that all COGME meetings take place in the public domain, and members of the public often attend to represent different organizations and stakeholders. He opened the meeting to public comment.

The first comment came from Dr. Stanley Kozakowski of the American Academy of Family Physicians. He discussed a study published in the Journal of the American Medical Association (JAMA) of medical students who are not matched for a residency on their first attempt, which found that almost all unmatched students enter GME on subsequent matches within six years after graduation. He also stated that he and colleagues were about to publish a paper on the cap of GME positions, in which they found that, since 1995, the number of these positions had grown by 35 percent. There was some follow-up discussion on the data, the total number of GME slots, and the number allotted for primary care physicians.

A second comment came from Matthew Shick with the AAMC. He acknowledged concerns of the public and in the medical community about the growing number of medical graduates who do not match for a residency. , The AAMC believed the more appropriate focus was on whether or not the existing growth in GME positions was sufficient to meet the workforce needs and address projected workforce shortages of positions to provide healthcare to the growing U.S. population. After some discussion, he clarified that it was important to reframe the issue away from looking at how many GME positions might be needed to accommodate the current growth in medical school enrollment, and towards the need to address the importance improving healthcare access and mitigating projected physician workforce shortages.

Conclusion

There were no more public comments. Dr. Soori adjourned the meeting at 4:30 p.m.