COGME

Council on Graduate Medical Education

November 16, 2011

The Honorable Tom Harkin
Chair
Committee on Health, Education, Labor and and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Enzi
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Fred Upton
Chair
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20510

The Honorable Henry A. Waxman
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20510

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Chairman Harkin, Ranking Member Enzi, Chairman Upton, and Ranking Member Waxman and Ms. Kathleen Sebelius,

Approaches for the provision of comprehensive health care in the United States are changing rapidly. The notion that traditional leaders and policy makers hold sway over the education of physicians is being actively challenged. Due to the statutory obligations and advisory capacity of the Council on Graduate Medical Education (COGME), we must assess the present environment and make recommendations to ensure that we fulfill COGME's obligations to the Congress, the Secretary of Health and Human Services and ultimately, the American people.

We recognize the need for fundamental change in the continuum of medical education—from pre-medical undergraduate training, through medical school and concluding with graduate medical education. This includes COGME's recognition of the need for major innovations in health care education, health care, payment methodologies (i.e., payment incentives that improve health and health care), and the innovative use of technologies.

COGME believes that current graduate medical education funding **must** be preserved, that training program growth must be in targeted shortage areas, and fundamental change must occur within our current education model. Therefore:

1) **We recommend the preservation of the current level of GME funding.** The Council on Graduate Medical Education (COGME) is aware that there are several proposals with the intent of reducing graduate medical education funding. COGME believes strongly that current levels of graduate medical education funding must be preserved commensurate with the imminent increase in demand for health care *and* in recognition of the implications of the Affordable Care Act.
2) **We recommend that both COGME's 19th Report (Enhancing Flexibility in Graduate Medical Education: September 2007) and 20th Report (Enhancing Primary Care: December 2010) be operationalized.** These recommendations include creating 3,000 new entry-level graduate medical education positions which will lead to completion of training programs in alignment with societal needs. Specifically, shortages have been identified in the following medical specialties:
    - Family Medicine
    - Geriatrics
    - General Internal Medicine
    - General Surgery
    - Pediatric Subspecialties
    - Psychiatry

    Future recommendations by COGME may include newly identified shortages in other specialty areas.

3) **We want to inform you that the Council will recommend that the Association of American of Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) jointly convene:**

- The appropriate accrediting agencies, representing the full continuum of medical education from undergraduate through graduate medical education
- The American Board of Medical Specialties
- The American Osteopathic Association-Bureau of Osteopathic Specialists
- The Federation of State Medical Licensing Boards

The purpose of the convention is to propose a comprehensive review and development of new approaches for medical education and training in the United States. These meetings will explore innovative approaches to medical education including:

- Streamlining of training for physicians
- Accelerating the time frame for the education of physicians
- Improving the quality of medical education
- Developing new strategies for competency-based evaluation
- Increasing the numbers of physicians being trained
- Developing new approaches to team based training

COGME believes that this effort could net a substantial reduction in the overall cost of medical education and graduate medical education while retaining the rigorous standards that have been the hallmark of the education of physicians in the United States and a physician workforce more attuned to the needs of the American public.

Sincerely,

/S/

Russell G. Robertson MD
Chair: Council on Graduate Medical Education

Cc: Mary K. Wakefield PhD RN: Administrator: Health Resources Service Administration
Co-Chairs of the Deficit Reduction Commission:
Representative Jeb Hensarling
Senator Patty Murray
The House Ways and Means Committee