2006 Current Fiscal Year Report: Advisory Committee on Veterans Health Administration (VHA) Resident Education

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1. Department or Agency			2. Fiscal Year
Department of Veterans Affairs			2006
3. Committee or Subcommittee			3b. GSA Committee No.
Advisory Committee on Veterans Health Administration (VHA) Resident Education			21517
4. Is this New D	uring 5. Current	6. Expected	7. Expected
Fiscal Year?	Charter	Renewal Date	Term Date
No	07/29/2004		11/30/2005
~ Termination			8c. Actual Term Date
Yes	Secr	etary Decision	11/30/2005
9. Agency Recommendation for Next FiscalYear		10b. Legislation Pending?	
Terminate	No		
11. Establishment Authority Agency Authority			
12. Specific Establishment Authority	13. Effectiv Date	14. e Commitee Type	14c. Presidential?
Secretary Decisi	on 07/29/20	004 Ad hoc	No
15. Description of Committee National Policy Issue Advisory Board			
16a. Total Number of Reports	No Reports for this FiscalYear		
17a. 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0 Open			
Meetings and D No Meetings	ates		

Current Next

	FY	FY
18a(1). Personnel Pmts to	\$0.0	00\$0.00
Non-Federal Members	ψen	
18a(2). Personnel Pmts to	\$0.0	00\$0.00
Federal Members	ψ0.	υψυ.υυ
18a(3). Personnel Pmts to	\$0 (00\$0.00
Federal Staff	ψ0.	υψ0.00
18a(4). Personnel Pmts to	ድር በ	00 02 02
Non-Member Consultants	\$0.00\$0.00	
18b(1). Travel and Per Diem to	ድር በ	00\$0.00
Non-Federal Members	ψ0.0	υψ0.00
18b(2). Travel and Per Diem to	\$0 (00\$0.00
Federal Members	ψ0.0	υψ0.00
18b(3). Travel and Per Diem to	\$0 (00\$0.00
Federal Staff	ψ0.	υψ0.00
18b(4). Travel and Per Diem to	ድር በ	00 02 02
Non-member Consultants	\$0.00\$0.00	
18c. Other(rents,user charges,	ድር በ	00\$0.00
graphics, printing, mail, etc.)	ψ0.0	υψ0.00
18d. Total	\$0.0	00.00
19. Federal Staff Support Years	0.0	00.0 00
(FTE)	0.0	0.00

20a. How does the Committee accomplish its purpose?

The Committee was chartered on July 29, 2004, and met twice, in December 2004 and April 2005. The Committee was established by the former Secretary of Veterans Affairs to provide a broad assessmenet of physician resident positions in relationship to future health care needs of veterans. The Committee reviewed the results of Veterans Health Administration's (VHA) Internal Graduate Medical Education Advisory Committee, provided their external perspective and national guidance on VHA resident education issues, and has affirmed broad philosophical principles regarding physician resident education in VHA. The Committee met with the Secretary of Veterans Affairs early in FY 06 to convey the Committee's recommendations, brief the Secretary regarding any remaining issues and bring closure to the Committee's activities.

20b. How does the Committee balance its membership?

Committee membership was fairly balanced with the qualifications necessary to offer sage guidance on the management of a national medical education program. Members included: medical school deans, current and former officers in prestigious medical associations, medical professors, researchers, medical facility administrators, and those who accredit graduate medical education curricula. The Committee provided a truly national perspective on health care trends and patient demands for health care specialists.

20c. How frequent and relevant are the Committee Meetings?

The Committee met two times.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Department of Veterans Affairs (VA) is annually engaged in the graduate medical education of more than 28,000 physician residents through a comprehensive program involving VA's affiliation with more than 100 of the nation's medical schools. The Secretary determined that the independent advice offered by the Committee would be both in the public interest and of substantial assistance to the on-going educational program. Medical education is one of VA's core missions. The Secretary determined that VA, in meeting that mission, must have access to the best possible independent advice on the delivery of cutting edge medical care.

20e. Why is it necessary to close and/or partially closed committee meetings?

The Committee did not hold closed meetings.

21. Remarks

Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Cohen, Jordan	09/01/2004	11/30/2005	President, Association of American Medical Colleges	Special Government Employee (SGE) Member
Fitzgibbons, John	09/01/2004	11/30/2005	Chair, Department of Medicine, Lehigh Valley Hospital and Health System	Special Government Employee (SGE) Member
Flynn, Timothy	09/01/2004	11/30/2005	Associate Dean, Graduate Medical Education, University of Florida College of Medicine	Member
Gardner, Laurence	09/01/2004	11/30/2005	Chair, Department of Medicine, University of Miami	Special Government Employee (SGE) Member
Getto, Carol	09/01/2004	11/30/2005	Associate Dean for Hospital Affairs, Senior Vice President for Medical Affairs, University of Wisconsin	Special Government Employee (SGE) Member
Guze, Phyllis	09/01/2004	11/30/2005	Chief of Medicine, Greater Los Angeles Health Care System	

Johnson, Jr., Bernett	09/01/2004	11/30/2005	Associate Dean, Graduate Medical Education and Minority Affairs, and Senior Associate Dean for Veterans' Affairs, University of Pennsylvania School of Medicine	Employee (SGE)
Kendall, John	09/01/2004	11/30/2005	Professor of Medicine Emeritus, Oregon Health & Science Univ., School of Medicine	Special Government Employee (SGE) Member
Leach, David	09/01/2004	11/30/2005	Executive Director, Accreditation Council of Graduate Medical Education	Special Government Employee (SGE) Member
Rumack, Carol	09/01/2004	11/30/2005	Associate Dean for Graduate Medical Education, University of Colorado School of Medicine	Special Government Employee (SGE) Member
Ullian, Elaine	09/01/2004	11/30/2005	President & CEO, Boston Medical Center	Special Government Employee (SGE) Member
Wilson, Donald	09/01/2004	11/30/2005	Dean, School of Medicine and Vice President for Medical Affairs, University of Maryland, Baltimore	Special Government Employee (SGE) Member
Winship, Daniel	09/01/2004	11/30/2005	Chief, Cook County Bureau of Health Services, Chicago, IL	Special Government Employee (SGE) Member

Number of Committee Members Listed: 13

Narrative Description

The Advisory Committee affirmed the critical role VA plays in providing the underpinnings of high quality graduate medical education from the general perspective of competency development in preparation for independent practice to serve national health care needs and from the specific perspective of meeting VA healthcare delivery needs.

What are the most significant program outcomes associated with this committee?

	Checked if Applies	
Improvements to health or safety		✓
Trust in government		
Major policy changes		
Advance in scientific research		
Effective grant making		
Improved service delivery		
Increased customer satisfaction		
Implementation of laws or regulatory		
requirements		
Other		

Outcome Comments

NA

What are the cost savings associated with this committee?

	Checked if Applies
None	\checkmark
Unable to Determine	
Under \$100,000	
\$100,000 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$10,000,000	
Over \$10,000,000	
Cost Savings Other	

Cost Savings Comments

NA

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee?

Number of Recommendations Comments

The Committee had a total of 4 recommendations. CONCLUSIONS & RECOMMENDATIONSConclusion 1: VA-medical school partnerships for graduate medical education are integral to the provision of high quality health care for the nation's veterans. VA's educational programs provide excellent training in areas that are directly relevant to veteran patient care. Recommendation 1: VA should continue and strengthen its partnerships with the nation's medical schools in the provision of graduate medical education. VA should strive to become a leader in physician education as it has become a leader in patient safety and medical informatics. Conclusion 2: VA's proportionate role in graduate medical education has diminished nationally. Recommendation 2: VA should restore and maintain its historic support for 11% of total U.S. resident physician positions as soon as feasible in order to maintain a leadership role in graduate medical education and to maintain training of a significant proportion of U.S. residents in areas of importance to the VA and to the nation. Conclusion 3: Oversight mechanisms currently in place are adequate and need not be altered. Recommendation 3: The current collaborative process between facilities and VISNs addresses local and regional resident physician needs, and VHA's Office of Academic Affiliations provides oversight concerning the funding, allocation, and distribution of all positions. National initiatives (via requests for proposals) should continue to be used to stimulate interest in and support emerging disciplines that are relevant to the healthcare needs of veterans. The oversight process for changing the specialty mix of trainees should remain flexible and responsive to VA's needs. Conclusion 4: The current geographic distribution of residents reflects the historic location of VA facilities in proximity to medical schools. Existing physician residency training programs have sufficient clinical workload to support training objectives, and provide necessary patient care services. Recommendation 4: Geographic redistribution should be undertaken by increasing VA resident positions in new facilities or in areas with increased educational opportunities.

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Fully</u> implemented by the agency? 75%

% of Recommendations Fully Implemented Comments NA

What is the approximate <u>Percentage</u> of these recommendations that have been or will be <u>Partially</u> implemented by the agency? 25%

% of Recommendations Partially Implemented Comments

VA should restore and maintain its historic support for 11% of total U.S. resident physician positions as soon as feasible in order to maintain a leadership role in graduate medical education and to maintain training of a significant proportion of U.S. residents in areas of importance to the VA and to the nation. (This is dependent upon feasibility of immediate implentation.)

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

NA

What other actions has the agency taken as a result of the committee's advice or recommendation?

	Checked if Applies
Reorganized Priorities	 Image: A start of the start of
Reallocated resources	Y
Issued new regulation	
Proposed legislation	
Approved grants or other payments	
Other	

Action Comments

NA

Is the Committee engaged in the review of applications for grants? No

Grant Review Comments

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	\checkmark
Online Agency Web Site	\checkmark
Online Committee Web Site	
Online GSA FACA Web Site	\checkmark

Publications Other

Access Comments

N/A