

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

Report Run Date: 06/18/2019 08:42:20 PM

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 During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date	
No	07/29/2004		11/30/2005	
8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date		
Yes	Secretary Decision	11/30/2005		
9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?		
Terminate	No			
11. Establishment Authority	Agency Authority			
12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?	
Secretary Decision	07/29/2004	Ad hoc	No	
15. Description of Committee	National Policy Issue Advisory Board			
16a. Total Number of Reports	No Reports for this Fiscal Year			
17a. Open Meetings and Dates	17b. Closed Meetings and Dates	17c. Partially Closed Meetings and Dates	Other Activities	17d. Total Meetings and Dates
No Meetings				

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00

18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	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 assessment 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

Gloria Holland Chief Academic Affairs

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	Special Government Employee (SGE) 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	Regular Government Employee (RGE) Member
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	Special Government Employee (SGE) Member
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
- 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 Number 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 & RECOMMENDATIONS

Conclusion 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 Percentage of these recommendations that have been or will be Fully implemented by the agency?

75%

% of Recommendations Fully Implemented Comments

NA

What is the approximate Percentage of these recommendations that have been or will be Partially 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 implementation.)

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
- Reallocated resources
- 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

NA

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

Checked if Applies

- Contact DFO
- Online Agency Web Site
- Online Committee Web Site

Online GSA FACA Web Site



Publications



Other



Access Comments

N/A