

Enhancing Flexibility in Graduate Medical Education

Client: U.S. Department of Health and Human Services, Health Resources and Services Administration

Overview

Insight worked with the Council on Graduate Medical Education (COGME) to develop a Report to Congress on removing barriers to achieving an expanded and more appropriately trained physician workforce. For more than 25 years, COGME has advised Congress and the Secretary of the U.S. Department of Health and Human Services on the adequacy of the supply and distribution of physicians in the United States; current and future shortages of physicians; and related graduate medical education (GME), accreditation, and financing issues.

COGME's 19th Report to Congress, *Enhancing Flexibility in Graduate Medical Education*, addressed the need to change the structure, design, accreditation, and financing of GME to meet the needs of the expanding training requirements of the physician workforce.



The committee, through direct research and presentations from national experts, explored the history of the development of GME; changes in federal and state policy that have influenced the needs of physician training; and financial, structural, and policy barriers to meeting expanding training requirements.

The resulting report addressed federal efforts to achieve the following:

- Expand the number of GME trainees.
- Improve the delivery of GME to adequately address the healthcare needs of the nation.

The report also made recommendations on how to meet the projected needs. COGME found a need for increased flexibility in how GME training is structured, designed, accredited, and funded. The COGME report presented four recommendations to Congress:

- Align GME with future healthcare needs.
- Broaden the definition of "training venue" (beyond that of traditional venues).
- Remove regulatory barriers limiting flexible training programs and training venues.
- Make accountability for the public's health the driving force for GME.

Products

Final report, *Enhancing Flexibility in Graduate Medical Education* (September 2007)