Accreditation Council for
Graduate Medical Education

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Paul R. Cordts, MD
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Dear Drs. Kellerman and Cordts,

I write to you today out of concern for the future of our military physician training system. I am aware of the generalities of pending discussions regarding uniformed military health services workforce, and potential realignment of the Graduate Medical Education (GME) of the United States Military Services. I have grave concerns related to the possibility of reduced faculty and patient numbers and distribution across the military teaching institutions of the United States, and the multiple potential impacts of loss of these programs both on the outstanding support our military physicians provide to our men and women in the armed forces, as well as the ripple effects such reductions would have on the civilian GME structure in the United States. I will summarize these concerns.

Reductions either in expert clinical faculty directly, or reductions in patient volumes leading to reassignment of underutilized clinical faculty will directly jeopardize the ACGME accreditation of our outstanding military GME programs. Loss of these GME programs will dictate that physicians bound to military careers will have some or all of their GME training in civilian GME programs. There are two unintended negative consequences of such loss of GME programs. First, military physicians must be trained in the systems of care that are operative in military medicine, which is significantly unlike civilian medicine in many ways. It is often practiced in circumstances that are not seen in civilian medicine, within care structures that are not encountered in American medical practice. For example, in Afghanistan the critical care unit teams and operative teams were staffed by American and NATO allies, who did not always share a common language, but shared policies and procedures that were instilled in the physicians, nurses, and technicians during their education. A civilian trained physician, no matter how well trained, would not function effectively if placed in this circumstance. The outstanding care that our military physicians, nurses, and technicians provide to our wounded military personnel would suffer without this preparation.

Second, there is not excess capacity within the civilian GME system in the United States to absorb the hundreds of physicians annually who enter GME in preparation for careers of service to our military personnel. This past year, more than 1,000 allopathic medical school graduates did not receive a GME position in the National Residency Matching Program (NRMP), and more than 500 were without GME positions at graduation. Expecting hundreds of military-bound physicians to enter that pool will only exacerbate this problem, and doubtlessly result in some military bound physicians not achieving a match, no matter how well prepared they might be.

Perhaps most concerning is the dismantling of an outstanding academic infrastructure, designed explicitly to serve those who put their lives "on-the-line" and their families who support them. These heroes deserve our best efforts to provide state of the art care in often the most challenging of circumstances. Military medicine has advanced research into the care of individuals suffering traumatic injury, critical care, rehabilitation medicine, prosthetics, psychiatric care of those traumatized, and closed head neurologic injury, to name just a few. The sacrifices of our active military demand these advances, and the American Public benefit from these advances.

GME programs are the infrastructure on which successful clinical research programs are built. The programs attract the faculty who conduct the research, are benefited by the constant flow of bright, committed young physicians who ask constant questions that provoke continuous improvement. Resident physicians give their time, effort, and expertise not just to learn, but also to heal and discover better ways to heal. The two generations of physicians who have marched through the recommitted UME and GME systems of our armed forces are evidence of these perspectives, and the clinical outcomes of our troops over the past 30 years testimony to the fruits of their efforts.

I would be honored to speak on behalf of the importance of our Military GME Programs, and would be pleased to discuss my thoughts with senior Defense Health Agency and/or Military Health System leadership. I am prepared to travel to Washington, DC or other locations to share my thoughts, if you believe they would be of value in these discussions.

Most sincerely,

Thomas J. Nasca, MD, MACP

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