

**Mission:** To ensure that public funds for graduate medical education (GME) support a coherent, dynamic, accountable, and transparent GME system designed to prepare physicians to provide competent, compassionate, person-centered care, and work within inter-professional teams to meet the health and health care needs of individuals, communities, and the broader society.

**CMSS Comment:** Should this mission be limited to “public” funds, and thereby eliminate a consideration of other funding sources (i.e. the “all payer” system)? This is not in keeping with Guiding Principle #4 to integrate and coordinate all funding sources. CMSS suggests that the Mission be amended to read: To ensure that funding for graduate . . .

**Vision:** A dynamic GME system that will prepare an exceptional physician workforce that meets the health and health care needs of all individuals and communities.

**CMSS Comment:** The word “exceptional” seems an unusual choice as it connotes several meanings, including that the new workforce will be better than the current workforce. “Qualified” might be more appropriate.

**Guiding Principles:**

1. Aim to meet the health needs of all communities. This must include:

**CMSS Comment:** Perhaps better stated as: “Aim to create a GME system that meets the needs of all communities and enhances health for all, including populations that are currently underserved.”

2. Be data-driven—specifically the use of data to determine the needs of society and support for research

**CMSS Comment:** “support for research” seems like an afterthought, whereas it is critical to resident education, to fostering physician-scientists (in short supply), and to the future of medicine. This concept merits a separate Guiding Principle, perhaps:

*Promote the value of medical research as an important component of GME and ensure appropriate funding for clinical and health services research.*

Therefore, CMSS would also revise Guiding Principle #2 to read: “Use data to determine the needs of the populations being served to determine the appropriate numbers and composition of the workforce to be trained.

3. Coordinate governance and policies across state and national entities—increasing state level data collection, analysis, planning, and implementation, coordinated at the national level to ensure equitable distribution

**CMSS Comment:** This Guideline is not entirely clear, as it mixes several concepts. Although the coordination of governance and policy across state and national entities may be needed it is not the role of a GME system to do this. “Increasing state level data collection . . . to ensure equitable distribution.” *Data collection* about what, exactly? Health care needs of

the population, perhaps? *Ensuring equitable distribution* of what, funding perhaps? We recommend that Guiding Principle #3 be revised to read: “Develop a GME system that is coordinated at a national level and has the capacity to respond to GME needs at state and community levels.”

4. Integrate/coordinate all funding sources, including the alignment of all federal GME funding sources

CMSS Comment: This Guideline might be better served is stated more broadly as: *Create a blueprint for the future of GME funding that will provide a case for continued public support of GME.*

CMSS Comment: This Guideline might be better served if stated more broadly as: *Create a blueprint for the future of GME funding that will provide a case that GME is a public good, and will integrate/coordinate all funding sources.*

6. Promote flexibility for trainees to adapt to changing needs over time

CMSS Comment: add “funding” so that this Guideline promotes flexibility and funding for trainees to adapt.

CMSS Observes: These Guiding Principles all focus on the development of the plan. However, there is no mention of any guidance once a plan is developed. Although it is premature to identify implementation strategies at this point, it might be prudent for COGME to identify some strategies to ensure that this plan, like many others before it, does not end up sitting on the shelf, so to speak. Some additional principles are identified below to address this need as well as other areas.

CMSS recommends these new/additional Guiding Principles:

1. Recognize the diversity of training needs of all specialties.
2. Promote the value of medical research as an important component of GME and ensure appropriate funding for clinical and health services research.
3. Coordinate efforts with specialty societies to develop metrics to assess the quality of GME
4. Promote acceptance of the plan by developing implementation strategies with all stakeholders, including specialty societies.