DCN: 11377

MINUTES OF THE DECEMBER 9, 2004 MEETING OF THE MJCSG PRINCIPALS

LOCATION: Pentagon, Room 2C554, 1500 -1730

Attending: LtGen Taylor – Chair; ADM Arthur – USN/SG; MGen Webb USA/SG; Mr. Chan – ASD (HA)/CP&P; CAPT Cullison – USMC/SG; Col Hamilton – Secretary; CAPT Shimkus – BUMED; Col Harmon – J4-MRD; Mr. Yaglom – USA/SG; Dr Opsut – OSD/HA; Mr. Curry – USA/OTSG; Mr. O'Connell – DoD/IG; Col Jacob – USAF/SG; CAPT Hight – BUMED; COL Powers – USA/SME; CAPT Miller – USN/SME; Lt Col Jones – USAF/SG; Maj Fristoe – HA/TMA; Maj Guerrero – AF/SG; Maj Cook – HA Analyst; Maj Harper – AF/SGSF; Dr. Christensen - CNA; CDR Bradley – Navy Analyst; Mr. Barton – AF Analyst; Maj Coltman – Recorder.

Decisions:

- Delete the Following Registered Scenario recommendations **(MJCSG Approved):**
  - E&T-3C (MED-0008) – Consolidate Aerospace Medical Training at Ft Rucker
  - HCS-2F (MED-0013) – Disestablish Langley AFB Medical Facility

Action Items:

- SGs to provide Service acceptable percentage amount/type of GME programs to retain
- E&T Review/Follow-up:
  - Run optimization runs using submitted/approved percentages and a baseline of 5.9 ADPL with further excursions (i.e. ADPL 10, 20, etc.)
- Legal review on medical/line services occupying/sharing same building
- 0-6 Lead Follow-up:
  - Run Model Excursions for 20 ADPL, 175K RWPs, Penalty 10K
  - Sub-groups continue working criteria 5-8 questions for candidate development
  - Continuous follow up/report on outstanding capacity/COBRA data calls

Meeting Overview:

- Chair turned meeting over Secretary to lead discussion on status of request for clarification (RFC) and COBRA data call results (see attachment).
  - **RFC Data Status:** Currently there are a total of 526 outstanding RFCs (down from 602 reported on the 3 Dec meeting); the majority of unresolved issues are related to the HCS scenarios with seven unresolved issues with material capacity and 18 with MILVAL. These can not be validated centrally and need site and Service specific validation, miss this data could have major impact scenario/data analysis. Some of the delay is related to the routing and validation process of through the Services and then BRAC offices.
  - **Scenario Data Call/COBRA:** As of 8 Dec 04, there are 54 MJCSG scenarios in the tracker with total of 103 (83%) related COBRA data calls out to the Services. Total received 4 (4%). All COBRA data calls have been sent except for the two enabling scenarios related to Hawaii and Guam.
    - Follow up from 3 Dec 04 meeting, TMA data for civilian market review is available from HA to use for COBRA analysis.
    - Chair re-emphasized limited timeframe to meet the ISG suspense of the 20 Dec 04. Requests

notification if/when he needs to write the Services a letter requesting data calls status and/or to the ISG identifying specific scenario recommendations that will be delayed because of non-certified and/or missing data. Continue to provide data call status updates to MCJSG.

- E&T rep briefed GME Review to include overview of impact to GME programs for scenarios identified in presentation (see attachment).
  - **Close Walter Reed Medical Center (WRAMC) or National Navy Medical Center (NNMC):** E&T rep explained NCR scenario-specific spreadsheet and how it identifies the impact of closing the inpatient function and/or outpatient clinics at either WRMC or NNMC at Bethesda on specific medical/dental residency/fellowship programs and the ability and to outsource to civilian and/or absorb into the DoD system. Members discussed GME program impact and E&T recommendations specific to NCR. E&T rep emphasized the need for expanding/upgrading facility and associated personnel resources if the inpatient function at either WRMC or NNMC is closed and that it would create significant expense with the potential of not being able to predict the GME end state. E&T recommends maintaining WRMC or NNMC as an AD/Adult Care hospital, move maternal/child care to civilian and/or Fort Belvoir, and maintain Naval Post-Graduate Dental School. Secretary further suggested alternate scenario of closing WRMC and "moving the flag" and significantly expanding Fort Belvoir's medical facilities.
  - **Inpatient MTF Closures**: E&T rep provided overview of proposed inpatient closures and associated impact to current GME programs to either absorb in projected system or outsource to civilian. Chair noted that Family Practice programs at Offutt and Keesler were already integrated with civilian programs and also that AF agreed to outsource General Surgery. SG voting sheet results were reviewed, there is an overall consensus for a GME program mixture of in-house and civilian programs (see attachment) what needs to be decided is a baseline or acceptable minimal level or requirement to retain certain identified programs.
    - **Close Wilford Hall Medical Center (WHMC) Inpatient Function**: E&T rep briefed proposal identifying impact to GME programs and Brooks Army Medical Center (BAMC) and facility expansion for maternal/child services and the loss of Level 1 ER in San Antonio. Chair stated that Wilford Hall is a pure BRAC scenario; allow the math and analysis to play out as it goes through the process.

Group discussed complexity of redesigning GME programs to fit proposed inpatient structure, ease of closing residency programs but difficulty in starting, and whether the Services should get out of training specialties. Chair focused discussion on looking at a more global view of setting a minimal acceptable baseline of GME programs. "How much GME programs do we need in all three Services?" Chair asked what is the actual requirement to include maximum capacity of each program and acceptable percent from each Services? Also need to ensure the facility reflects and meet program mix and requirements. Chair cautioned Service SGs when providing input to consider the other Service SG input because of possible danger of changing the overall academic platform. Requests SGs to provide an acceptable percentage of specific GME programs to retain in-house. Once this is done, we do not go below Service minimums and then look at "conditional" scenario recommendations can be developed in response to the HSC scenarios and resulting joint-Service medical platform. **(Deferred, Refer to Action Items. Readdress at next MJCSG Principals meeting for recommendations and deliberation)**

- **Candidate Recommendation Overview/Schedule:** Chair informed the group it is required that the primary voting members be present for the next meeting to vote on candidate recommendations that will be approved to go to the ISG. Secretary described rules of engagement in the voting process. Sub-group rep presents recommendation to include potential alternates. MJCSG members vote for consensus, votes are recommendations but ultimately the Chair decides whether to forward the majority or minority vote with rationale to the ISG. Alternative is to vote majority as a go or bring to ISE with specific votes and rationale. Candidate recommendation votes will then go to the IEC, SEC DEF, and ultimately the BRAC Commission once approved through the various stages and requirements. As previously stated, this is an iterative process with numerous opportunities for Services to vet issues and revise recommendations especially based on Services' major force movement scenarios input scheduled in Jan 05. In response, MJCSG recommendations may need to change.
- Scenario Clean-up:
  - **Recommend deleting the following registered scenario recommendations**:
    - **E&T-3C (MED-0008)** – Consolidate Aerospace Medical Training at Ft Rucker
      - Limited excess capacity, low MILVAL, and no fixed wing training for AF and Navy flight surgeons **(Approved)**
    - **HCS-2F (MED-0013)** – Disestablish Langley AFB Medical Facility
      - Maintain Aerospace medicine, capacity does not exist at Eustis to support **(Approved)**
- J-4 rep provided updates to previous information on inclusion of the Homeland Security in the BRAC process/recommendations. COCOMs provided feedback and had 7 Dec suspense to addresses concerns over HCS scenario recommendations. Rep will continue to provide periodic updates as they occur (Info).
- Secretary readdressed the considerable cost savings of disestablishing USUHS. It has been decided by E&T leadership to not move the excess to Base X but to use the facility and manpower as savings, which would be substantial. Army rep included that an additional savings would be from the loss of 900 students with a salary cost savings of approximately $200K annually. Continue to work COBRA and candidate recommendations for MJCSG approval. (Info)
- Closing Comments: Plan for voting on four candidate recommendations next meeting probably related to closing smaller facility inpatient functions, GME program deliberation, and data call status review.

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- NEXT 0-6 LEAD MEETING: 14 Dec 2004, Pentagon Room 4E1071, 1200-1400.
- NEXT PRINCIPAL MEETING: 16 Dec 2004, Pentagon Room 2C554, 1530–1730
  17 Dec 2004, Pentagon Room 2C554, 1500-1700

GEORGE P. TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Chair

Attachments:
1. Agenda with attachments (COBRA Update Slide; NCR Scenario Med/Den Spreadsheet; GME Scenarios Brief; SG Medical Residency Voting Sheet Spreadsheet; Scenario Clean-up Recommendation Slides.

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MJCSG Principals Meeting

12/9/2004
3:30PM - 5:30PM
Pentagon 2C554

Meeting called by:	Chair	Type of meeting:	Deliberative
Note taker:	Maj Coltman		

Agenda

Chair Comments	Lt Gen Taylor	5	
Data Call Status	Maj Guerrero/Maj Fristoe	10	"Hamilton OSD Report-8 Dec 04.xls" "cobra update.ppt"
GME Review	CAPT Hight	30	"WRAMC NNMC Scenario w Dental.pp "NCR Scenarios (2) w Dental.xls" "Med Res Voting Sheet.xls"
Scenario Cleanup	All	10	"deleted scenarios.ppt"
Around the Table	All	5	
Closing Comments	Lt Gen Taylor	5	

Medical Joint Cross Service Group

Deliberative Session
GME

9 Dec 2004

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Data Call Update

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JCSG Medical	Material Capacity Data Issues (ques/sites) 7/6	Material Military Value Issues (ques/sites) 18/13

Number of Sites	Capacity Status Material Capacity Data Issues Site Name	# of Unresolved Questions
1	Andrews AFB	1
2	Elmendorf AFB	1
3	Keesler AFB	1
4	Langley AFB	1
5	MacDill AFB	1
6	Scott AFB	2
6	Total	7

Number of Sites	Military Value Status Material Military Value Data Issues Site Name	# of Unresolved Questions
1	Fort Belvoir	2
2	Fort Benning	1
3	Fort Eustis	1
4	Fort McNair	1
5	Fort Meade	1
6	Fort Myer	1
7	Fort Polk	1
8	Fort Sam Houston	2
9	Walter Reed Army Medical Center	2
10	Andrews AFB	2
11	Luke AFB	2
12	Offutt AFB	1
13	Randolph AFB	1
13	Total	18

Total # of RFCs out: 526	Capacity	Mil Value
USA: 233	15	218
USAF: 293	69	224
USN: 0	0	0

Capacity: Total of 7 Material By Service and Sub Group	E&T	HCS	RDA
USA	0	0	0
USAF	0	7	0
USN	0	0	0

Military Value: Total of 18 Material By Service and Sub Group	E&T	HCS	RDA
USA	1	11	0
USAF	0	6	0
USN	0	0	0

MJCSG Scenario Data Call/COBRA
As of 8 Dec 04

- **Scenarios in tracker 54**
- **Total Scenario Data Calls 103**
- **Total Fielded to Services/4th Estate 86 (83%)**
- **Total Received from Services/4th Estate 4 (4%)**

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Medical Joint Cross Service Group

Scenario 1:
Close WRAMC or NNMC

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WRAMC & NNMC Current Configuration

- **Mix of Service Specific & Joint Programs**
- **Service specific programs**
  - **WR (Army) 12 Residencies, 21 Fellowships**
  - **NNMC (Navy) 14 Residencies (10 dental)**
    1 Fellowship
- **Joint/Integrated programs**
  - **12 Residencies, 11 Fellowships**

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WRAMC or NNMC Closure

- **Service specific programs at open site unaffected or may slightly increase size but not to aggregate number of the 2 separate programs**

- **Joint Programs at risk especially if split inpatient operations between facilities**
  - **Peds: NICU @ NNMC, PICU & Inpt Ward @ WRAMC**
  - **Ob/Gyn: L&D @ NNMC, GYN @ WRAMC**

- **Outpatient focused Joint Programs less impacted**
  - **Dermatology, Radiology, IM GI, Endo, Rheum, etc.**

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Close only Inpatient Capability @ either WRAMC or NNMC

- **Assumption: upgrade/expand IP capacity at open IP facility.**
- **Significant expense without guaranteed increased efficiencies and resource savings**
- **Ability to predict GME end state uncertain**

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Program Losses

- Only NNMC Open
- Residencies
  - Peds, Ob, *Neurosurg, Ophth, PM&R, Psych-FP, Psych-IM, Rad Onc, Urology*
- Fellowships
  - *Crit Care, CT, Vasc, Hand Surg, Interven Card, IM Fac Dev, Child Neuro, Neurophys,* All Ob/Gyn, Peds *and Psych Fellowships, IM A&I, Nuc Med*

- Only WRAMC Open
- Residencies
  - Peds, Ob
  - All 10 Dental Residencies
- Fellowships
  - *Rad Imaging*
  - All Peds and Ob/Gyn Fellowships

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Programs Staying Open

- <u>NNMC Open</u>
- Residencies

  Anesth, Derm, Gen Surg, IM, Neuro, Ortho, ENT, Path, Psych, Radiol, Transitional, all 10 Dental programs
- Fellowships

  Anesth sub, all IM subspec, *Rad Imaging*

- <u>WRAMC Open</u>
- Residencies

  Anesth, Derm, Gen Surg, IM, Neuro, *Neurosurg*, *Ophth*, Ortho, ENT, Path, *PM&R*, Psych, Pscyh-FP/IM, Rad, *Rad Onc*, Transitional, *Urol*
- Fellowships

  Anesth sub, *CC/CT/Vas Surg*, all IM subs, *EEG/EMG*, *all Psych subs, A&I, clin Pharm, Nuc Med*

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Solution

- NNMC or WRAMC
  - Active Duty / Adult Care Hospital
    - Primary receiving center for returning casualties
- Move Women & Childrens care to N. VA
  - Consider Cardiac Cath capability for TRICARE recapture
- Maintain Naval Post-Graduate Dental School

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Scenario 2: IP MTF Closures

- Andrews
  - FP(10), FP-Psych(4), Tran(11)
- Keesler
  - Gen Surg(4), IM(10), Ob/Gyn(3), Peds(6), CT surg(2)
- Offutt and Scott
  - FP(8) at each site
- Pensacola
  - FP(7)
- West Point
  - Ortho Fellowship(1)

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GME Impact of DOD MTF IP Closures

Site	Program	Service	DOD
Andrews, Scott, Offutt (26)	FP	Partial	Yes
NH Pensacola (7)	FP	Partial	Yes
Andrews (4)	FP-Psych	No	Yes
Andrews (11)	Trans	Partial	Yes
Keesler (4)	Gen Surg	No	No
Keesler (10)	IM	Partial	Yes
Keesler (3)	Ob/Gyn	No	Yes
Keesler (6)	Peds	Partial	Partial
Keesler (2)	CT Surg	No	No
West Point (1)	Ortho Fellow	No	No

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Medical Joint Cross Service Group

Scenario 2A: Close WHMC IP

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WHMC & BAMC Current Configuration

- **Mix of Service Specific & Joint Programs**
- **Service specific programs**
  - **WHMC (AF) 6 Residencies, 3 Fellowships**
  - **BAMC (Army) 6 Residencies, 2 Fellowship**
- **Joint (Army/AF) programs**
  - **5 Residencies, 13 Fellowships**
- **Integrated (Service/UTSA) programs**
  - **2 Residencies**

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WHMC or BAMC Closure

- **Service specific programs at open site unaffected or may slightly increase size but not to aggregate number of the 2 separate programs**

- **Joint Programs at risk especially if split inpatient operations between facilities or IP solely @ WHMC**
  - **All IP Peds @ WHMC**
  - **Ob/Gyn: L&D @ WHMC, GYN @ BAMC**

- **Outpatient focused Joint Programs less impacted**
  - **Dermatology, Radiology, IM GI, Endo, Rheum, etc.**

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Outcome of WHMC IP Closure

- **Programs that stay open**
- **Residencies**
  - **Anes, Derm, Gen Surg, IM, Ophth, Ortho, ENT, Path, Psych, Rad, Trans, Uro,**
- **Fellowships**
  - **All IM Subs, Neurophys, Cytopath, Interven Rad, A&I, Crit Care (Surg/Anes), Nuc Med**

- **Programs that close**
- **Residencies**
  - **Peds, Ob, Emerg Med**
- **Fellowships**
  - **All Peds Subs**

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Solution

- **BAMC**
  - **Build Maternal / Child IP Wing**
- **No solution for loss of Level 1 ER @ WHMC**
  - **No Level 1 ER civilian capability in San Antonio**

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GME Report

Voting Matrix

Microsoft Excel Worksheet

Backup Data Sheet

Microsoft Excel Worksheet

Note: Actual Spreadsheets attached after briefing slides

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Scenarios Proposed for Deletion

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Scenario 008 Consolidate Aerospace Medical Training at Ft Rucker

- **Recommend deleting scenario 008 for the following reasons:**
- **Optimization model did not consider Ft Rucker**
  - **Smallest amount of classroom space reported**
- **Military judgment – no fixed wing training for AF and Navy flight surgeons**

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MJCSG Recommended Deletion
Health Services

MED013 Disestablish Langley AFB Medical Facility

- **Maintain Aerospace medicine**
- **Capacity at Eustis does not exist**

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Medical Residency Programs	Officers trained in an MTF	Officers trained in Civilian Programs	Must Retain training in an MTF				Train some in Civilian Programs				Train all in Civilian Programs				Eliminate training in these Programs			
Aerospace Medicine	YES	YES/MPH																
Anesthesiology	YES	YES																
Dermatology	YES	YES																
Emergency Medicine	YES	YES																
Family Practice	YES	YES																
General Surgery	YES	YES																
Internal Medicine	YES	YES																
Neurology	YES	YES																
Neurosurgery	YES	YES																
Ob/Gyn	YES	YES																
Occupational Medicine	YES	NO																
Ophthalmology	YES	YES																
Orthopedics	YES	YES																
Otolaryngology	YES	YES																
Pathology	YES	NO																
Pediatrics	YES	YES																
PM&R*	YES	NO																
Preventive Medicine	YES	YES																
Psychiatry	YES	NO																
Psych-Family Practice*	YES	NO																
Psych-IM *	YES	NO																
Radiology	YES	YES																
Radiation Oncology*	YES	YES																
Transitional Year	YES	YES																
Urology	YES	YES																

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Medical Fellowship Programs	Officers trained in an MTF	Officers trained in Civilian Programs	Must Retain Officer training in an MTF				Train some in Civilian Programs				Train all in Civilian Programs				Eliminate training in these Programs			
Hyperbaric Medicine*	YES	YES																
Anesth - Pain Management	YES	YES																
Derm – Dermatopathology*	YES	YES																
FP - Faculty Development*	YES	YES																
FP- Geriatrics*	YES	YES																
FP-Sports Medicine	YES	NO																
Surgery – Cardiothoracic*	YES	YES																
Surgery – Vascular*	YES	YES																
IM – Cardiology	YES	YES																
IM-Cardiology Interventional*	YES	YES																
IM- Endocrinology	YES	NO																
IM-Gastroenterology	YES	YES																
IM- General / Fac Dev*	YES	YES																
IM-Geriatrics*	YES	YES																
IM- Heme/Onc	YES	YES																
IM - Inf Disease	YES	NO																
IM - Nephrology	YES	YES																
IM - Pul/CC	YES	NO																
IM - Rheumatology	YES	YES																
Neurology –Child*	YES	NO																
Neurology - Neurophys (EEG/EMG)*	YES	NO																
Ob/Gyn - Repro Endo*	YES	YES																
Ob/Gyn - Gyn Onc*	YES	YES																
Ob/Gyn - Maternal Fetal Med*	YES	YES																
Ob/Gyn – UroGyn*	YES	YES																
Ortho – Hand*	YES	YES																
Ortho - Jt - Soft Tissue*	YES	YES																
Ortho – Trauma*	YES	YES																
Path – Cytopath*	YES	YES																
Path – Forensic*	YES	NO																
Path – Hematopath*	YES	YES																
Peds – developmental*	YES	YES																
Peds – Neonatology*	YES	YES																
Peds – Endocrinology*	YES	YES																
Peds – Adolescent*	YES	YES																
Peds – Gastroenterology*	YES	YES																
Peds – HemeOnc*	YES	YES																
Peds - Infectious Disease*	YES	YES																
Psych - Child & Adolescent*	YES	YES																
Psych – Forensic*	YES	YES																
Psych – Geriatric*	YES	NO																
Rad – Imaging	YES	YES																
Rad – Interventional*	YES	YES																
Allergy-Immunology	YES	YES																
Clinical Pharmacology*	YES	NO																
Critical Care (surg/anesth)*	YES	YES																
Medical Research*	YES	NO																
Nuclear Medicine*	YES	NO																
Nephrology																		

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Dental Graduate Programs	Officers trained in an MTF	Officers trained in Civilian Programs	Must Retain Officer training in an MTF				Train some in Civilian Programs				Train all in Civilian Programs				Eliminate training in these Programs			
Oral Pathology	YES	NO																
Orofacial Pain	YES	NO																
Pediatric	YES	YES																
Orthodontics	YES	YES																
Prosthodontics	YES	NO																
Maxillofacial Prosthetics	YES	NO																
Endodontics	YES	YES																
Periodontics	YES	YES																
Comprehensive Dentistry	YES	NO																
Advanced Ed in Gen Den (1 yr)	YES	NO																
OMFS Residency	YES	YES																
General Practice Residency (1yr)	YES	NO																
Hospital Dentistry (AF Program only)	YES	NO																
Oral Medicine (Navy Program only)	YES	NO																
Gen Den (ACP 1yr)	YES	NO																
Oral Surgery (ACP 1yr)	YES	NO																
Facial Plastics Fellowship	YES	YES																
Facial Trauma Fellowship	YES	YES																

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		WR closes, no ch	WR closes, no ch	WR IP closes, OP	WR closes IP, OP	NNMC closed, no	NNMC Closes	WR closes, w/	WH IP closeS, DOD Capacity	
MC Residency	**NCC**									**SAUSHEC**
Aerospace Medicine										
Anesthesiology	**14/14**	**partial 8/14**	**No**	**partial 10/14**	**No**	**partial 8/14**	**No**	**Yes**	**No**	**12/12**
Dermatology	**5/5**	**yes 5/5**	**n/a**	**yes 5/5**	**n/a**	**yes 5/5**	**n/a**	**Yes**	**Yes**	**7/7**
Emergency Medicine									**partial 10/16**	**16/16**
Family Practice										
General Surgery	**3/3 , 4/4**	**partial 4/7**	**No**	**partial 4/7**	**No**	**partial 5/7**	**No**	**Yes**	**partial 4/6**	**3/3 , 3/3**
Internal Medicine	**8/10 , 10/12**	**partial 12/22**	**Yes**	**partial 15/22**	**Yes**	**partial 14/22**	**Yes**	**Yes**	**partial 13/29**	**13/16 , 11/13**
Neurology	**3/4**	**yes 4/4**	**n/a**	**yes 4/4**	**n/a**	**yes 4/4**	**n/a**	**Yes**		
Neurosurgery	**1/1**	**No 0/1**	**No**	**Yes**	**No**	**Yes**	**n/a**	**Yes**		
Ob/Gyn	**6/6**	**No 0/6**	**No**	**Yes**	**No**	**No 0/6**	**No**	**Yes**	**No**	**6/6**
Occupational Med	**5/6**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**			
Ophthalmology	**3/3***	**no**	**partial 1/3**	**Yes**	**partial 1/3**	**Yes**	**n/a**	**Yes**	**Yes**	**4/5**
Orthopedics	**3/3 , 3/3**	**partial 3/6**	**no**	**partial 3/6**	**no**	**partial 3/6**	**no**	**Yes**	**No**	**4/4 , 4/4**
Otolaryngology	**4/4**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**Yes**	**Yes**	**3/3**
Pathology	**5/6**	**yes**	**yes**	**Yes**	**yes**	**yes**	**yes**	**Yes**	**No**	**6/6**
Pediatrics	**8/11**	**no 0/11**	**No**	**Yes**	**No**	**no 0/11**	**No**	**No**	**No**	**12/14**
PM&R	**3/4***	**No**	**No**	**Yes**	**No**	**Yes**	**n/a**	**Yes**		
Preventive Med	**4/5**	**n/a**	**n/a**		**n/a**	**n/a**	**n/a**	**n/a**		
Psychiatry	**8/10**	**partial 6/10**	**Yes**	**Yes**	**Yes**	**partial 6/10**	**Yes**	**No**	**n/a**	**3/3***
Psych-FP	**1/3***	**No**	**Yes 3/3**	**Yes**	**Yes 3/3**	**Yes**	**n/a**	**Yes**		
Psych-IM	**1/2***	**No**	**No**	**Yes**	**No**	**Yes**	**n/a**	**Yes**		
Radiology	**8/8**	**partial 6/8**	**Yes**	**Yes**	**Yes**	**partial 6/8**	**Yes**	**Yes**	**Yes**	**9/10**
Radiation Oncology	**1/1***	**No**	**No**	**Yes**	**No**	**Yes**	**n/a**	**No**		
Transitional Year	**12/12 , 10/20**	**partial 14/32**	**Yes**	**partial 14/32**	**Yes**	**Yes**	**n/a**	**Yes**	**partial 12/24**	**5/9 , 10/15**
Urology	**2/2***	**No**	**No**	**Yes**	**No**	**Yes**	**n/a**	**Yes**	**Yes**	**3/3**

MC Fellowships										
Hyperbaric Medicine										
Anesth - Pain Manager	1/1*	Yes	n/a	Yes	n/a	Yes	n/a	Yes		
Derm - Dermatopathology										
FP - Faculty Development										
FP- Geriatrics										
FP-Sports Medicine										
Surgery - Cardiothorac	1/1*	No	No	No	No	Yes	n/a	No		
Surgery - Vascular	1/1*	No	No	No	No	Yes	n/a	No		
IM - Cardiology	5/6	partial 3/6	partial 1/6	partial 3/6	partial 1/6	partial 3/6	partial 1/6	Yes	partial 6/8	8/8
IM-Cardiology Intervent	1/1*	No	No	No	No	Yes	n/a	Yes		
IM- Endocrinology	1/2	Yes	Yes	Yes	Yes	Yes	n/a	Yes	Yes	1.5/2
IM-Gastroenterology	5/6	partial 3/6	No	partial 5/6	n/a	partial 3/6	No	Yes	Yes	4/4
IM- General / Fac Dev	.5/1	No	No	No	No	Yes	n/a	Yes		
IM-Geriatrics										
IM- Heme/Onc	3/3	partial 2/3	Yes	Yes	Yes	partial 2/3	Yes	Yes	Yes	4/5
IM - Inf Disease	3/4	partial 3/4	No	Yes	No	partial 3/4	No	Yes	partial 4/6	6/6
IM - Nephrology	2/3	partial 1/3	No	Yes	No	partial 1/3	No	Yes	No	X*
IM - Pul/CC	3/4	partial 3/4	Yes	Yes	Yes	partial 3/4	Yes	Yes	Partial 2/4	4/4
IM - Rheumatology	1/1*	Yes		Yes		Yes	n/a	Yes	Yes	1/2
Neurology -Child	1/1*	No	No	Yes	n/a	Yes	n/a	Yes		
Neurology - Neurophys	1/1*	No	No	Yes	n/a	Yes	n/a	Yes	No	X*
Ob/Gyn - Repro Endo	X*	No	No	Yes	n/a	Yes	n/a	Yes		
Ob/Gyn - Gyn Onc	2/2*	No	No	Yes	n/a	Yes	n/a	Yes		
Ob/Gyn - Maternal Feta	1/1	No	Yes	Yes	n/a	Yes	n/a	Yes		
Ob/Gyn - UroGyn	X*	No	No	Yes	n/a	Yes	n/a	Yes		
Ortho - Hand	2/2*	No	No	Yes	n/a	Yes	n/a	Yes		
Ortho - Jt - Soft Tissue										
Ortho - Trauma									n/a	X
Path - Cytopath									no	2/2
Path - Forensic										
Path - Hematopath										
Peds - developmental										
Peds - Neonatology	2/2	No	Yes	Yes	n/a	Yes	1/0	No	No	2/3
Peds - Endocrinology	1/1*	No	No	Yes	n/a	Yes	n/a	No		
Peds - Gastroenterolog	1/1*	No	No	Yes	n/a	Yes	n/a	No		
Peds - HemeOnc	1/1*	No	No	Yes	n/a	Yes	n/a	No		
Peds - Adolescent									Yes	1/2
Peds - Infectious Disea	X*	No	No	Yes	n/a	Yes	n/a	No		
Psych - Child & Adoles	1.5/1.5	No	partial	Yes	n/a	Yes	n/a	No		
Psych - Forensic	2/2*	No	No	Yes	n/a	Yes	n/a	No		
Psych - Prev Psych	1/1*	No	No	Yes	n/a	Yes	n/a	No		
Psych - Geriatric	1/1*	No	No	Yes	n/a	Yes	n/a	No		
Rad - Imaging	1/1*	Yes	n/a			No	Yes	No		
Rad - Interventional									No	1/1*
Allergy-Immunology	2/2*	No	No	Yes	n/a	Yes	n/a	Yes	Yes	3.5/3.5
Clinical Pharmacology	1/1*	No	No	Yes	n/a	Yes	n/a	Yes		
Critical Care (surg/anes	1/1*	No	Yes	Yes	n/a	Yes	n/a	Yes	Yes	1/3
Medical Research										
Nuclear Medicine	1/1*	No	Yes	Yes	n/a	Yes	n/a	Yes	Yes	X

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Dental Residency										
OMFS	**4/4***	**partial 2/4**	**No**	**Yes**	**n/a**	**partial 2/4**	**No**	**2/4***	**No**	**2/3***
GPR	**5/5***	**yes**	**N/A**	**Yes**	**n/a**	**No**	**No**	**n/a**		
Hospital Dentistry						**No**	**No**	**n/a**	**No**	**1/1***
AEGD 2yr	**6/9***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**7/10***
Endodontics	**4/4***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**6/6***
MaxFacPros	**1/1***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**1/1***
Oral Medicine	**2/2***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**n/a**
Oral Pathology	**2/2***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**n/a**
Oral facial Pain	**2/2***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**n/a**
Periodontics	**4/4***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**3/4**
Prosthodontics	**2/3***	**n/a**	**n/a**	**n/a**	**n/a**	**No**	**No**	**n/a**	**No**	**2/4**