



RMPS POLICY STATEMENTS

The major thrusts of the health manpower efforts of RMPS are related to more effective utilization of existing manpower. Some of the ways of accomplishment are through linkages of educational and health care resources to make optimum use of limited resources and manpower; regionalization of resources and services; updating of knowledge and skills of health workers at all levels; redefinition of roles; expansion of functions of existing health manpower; development of interdisciplinary programs; attitudinal learning to overcome obstacles to changes in health care practices. In short, the manpower emphasis of RMPS is primarily on continuing education as a process to affect the manpower problem rather than on basic education to increase the manpower supply.

DEFINITION OF CONTINUING EDUCATION AND TRAINING

As an operational definition of continuing education, the following has been accepted: "Those educational endeavors which are above and beyond those normally considered appropriate for qualification or entrance into a health profession or an occupation in a health related field." Continuing education activities must not be designed principally to qualify one for a degree, diploma or certification; therefore, internship and residency programs have been excluded from primary consideration.

Continuing education and training activities should lead to the assumption of new responsibility in the already chosen career field, update knowledge and skills in the chosen career or add knowledge and skill in a different but basically related health field but not provide for career change.

POSITION ON BASIC EDUCATION AND TRAINING

Generally speaking, other agencies exist whose primary efforts are aimed at supporting supply and training of health manpower at the basic and post-graduate levels. However, because of the critical need in regions for basic training support not usually available from other Federal and non-Federal sources, Regional Medical Programs Service has developed policy in three areas affecting support of basic training: (1) health careers recruitment; (2) basic training in established allied health professions; and (3) basic training for the development of new types of health personnel.

(1) Health careers recruitment

RMP grant funds are not to be used for direct operational grant support of health careers recruitment projects. Regions are

encouraged however, to use staff assistance to stimulate cooperative efforts between professional associations, clinical resources, educational institutions and other appropriate agencies to provide new opportunities for recruitment into health careers. RMP funds may also be used in planning health careers recruitment activities as a part of and coordinated with the overall manpower strategy for the region.

(2) Basic training in established allied health professions

A health profession will be considered established if a Board of Schools of the AMA Council in Medical Education, or some similarly recognized mechanism, has been set up to approve schools, outline standards for admission, curriculum requirements and certification procedures, and/or if definitive formal educational programs in the particular health occupation have already been instituted in the educational and training systems of hospitals, technical schools, junior and senior colleges.

No RMP grant funds may be used for the cost of providing basic education and training in established allied health professions as defined above.

The use of professional staff assistance is encouraged as well as direct support of special planning studies to simulate educational institutions in conjunction with clinical resources to provide new educational and training opportunities in established allied health disciplines and to add new disciplines.

(3) Basic training for the development of new types of health personnel

Grant funds may be used for innovative training approaches and the development of new types of health personnel or new arrangements of health personnel to meet the Region's goal of improved patient care for those suffering from heart disease, cancer, stroke or related diseases. Some of these activities may fall into the category of basic education.

Training of new types of health personnel is defined as that training which relates to newly developing technologies of new modalities of diagnosis and treatment for which no standard curriculum is yet recognized, no minimum national standards for certification or licensure are yet established and which is not generally part of the regular offerings of the health-related educational and training system of hospitals and/or technical schools, junior and senior colleges.

DEFINITIONS OF SHORT AND LONG TERM TRAINING

(1) Training conferences and seminars

Presentations which are planned full-time participation for periods from one full day to five consecutive days, or intermittently on a regular basis.

(2) Short-term training

Activities which are planned for full-time participation for more than five consecutive days, but not more than a single academic session (quarter or semester).

(3) Long-term training

Activities requiring full-time participation for more than a single academic session (quarter or semester).

SPECIFIC POLICIES

(1) Training for coronary care unit

Coronary care unit training projects are to disengage Regional Medical Program funding at the end of their current project periods or within a reasonable time thereafter (no more than 18-24 months is considered as a "reasonable period of time").

(2) Cardiopulmonary resuscitation training

Regional Medical Program grant funding for projects in cardiovascular resuscitation training must be limited to activities which are directed principally to medical and allied health personnel. Such personnel must be employed in hospitals and other in-patient facilities, or in out-patient or emergency facilities operated by or directly related to institutions which can provide immediate follow-up care.

STIPENDS*, PER DIEM AND TRAVEL

(1) Training conferences and seminars

Stipends are not authorized for training conferences and seminars.

(2) Short-term training

Grant funds may not be used for the payment of stipends, either directly or on the "maintenance of income principle", to participants in short-term continuing education and training projects.

Grant funds may be requested and awarded for 50 percent of the total amount budgeted for per diem and travel for the trainees. The awarded funds may then be paid to the enrolled trainees as considered appropriate by the project personnel, depending on the participants' ability to provide these costs for themselves, and/or the willingness of their employers to provide them. No single individual may receive per diem or travel allowance at a rate higher than that prescribed by the present Addendum-Guidelines.

Grant funds may not be rebudgeted, from within or without the project budget, to increase the total amount awarded for per diem and travel above the 50 percent level.

(3) Long-term training

Payment of stipends and other participant costs for long-term post-doctoral support at the senior resident and post-resident levels, particularly in the clinical sub-specialties of importance in patient management in the diseases targeted by Regional Medical Programs Service, may not be made from operational grant funds awarded under Section 904 of Title IX of the Public Health Service Act.

*EXCEPTION

Stipends for training for new types of health personnel is an exception and may be supported with RMP funds.

EDUCATIONAL TECHNOLOGY

An advice letter to the Regions covering the planning, equipment requirements, costs, utilization and evaluation of technology for educational purposes was sent to the Coordinators in January, 1971. The theme of the letter is guidance for effective use of technology within the context of Regional Medical Program operation.