

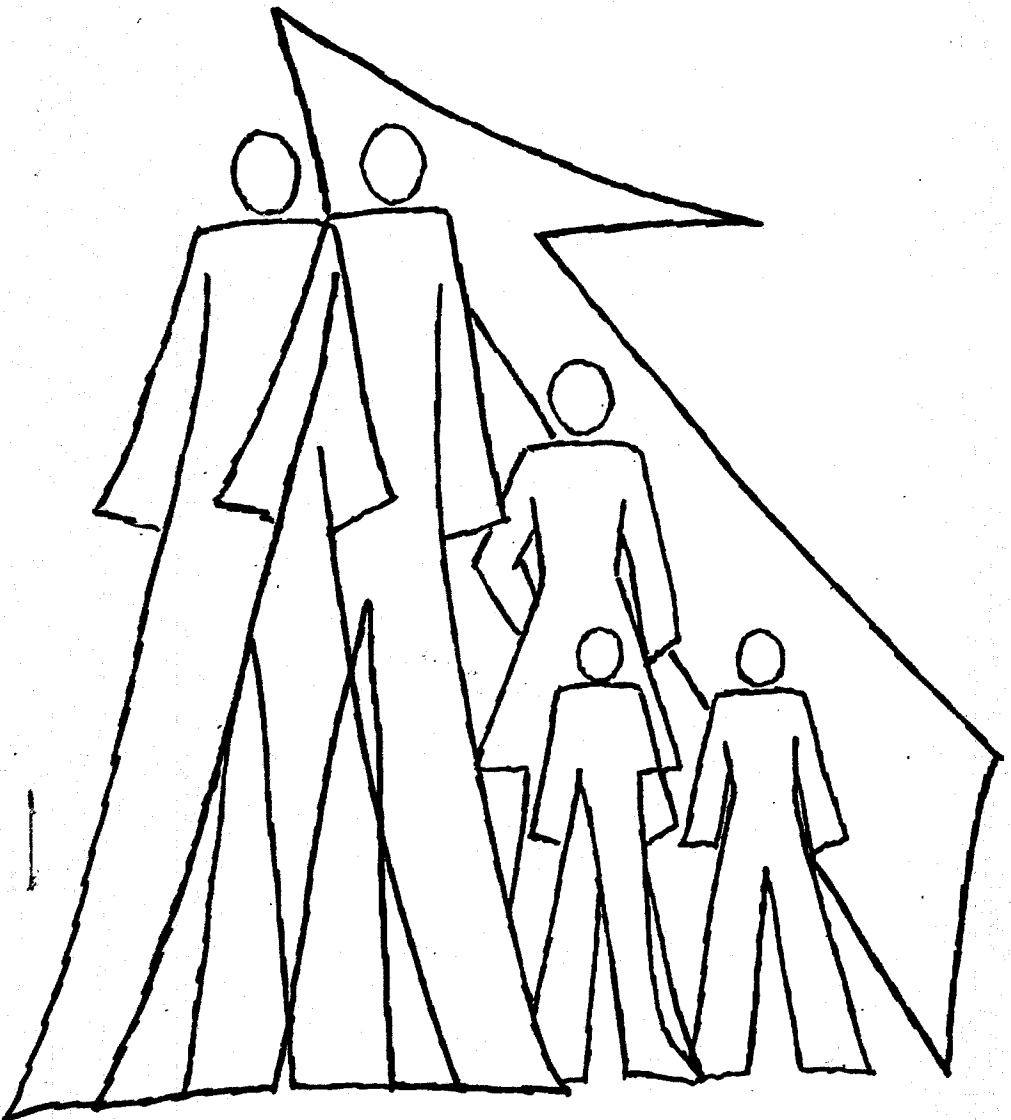


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**A SPECIAL REPORT TO THE
NATIONAL ADVISORY COUNCIL
REGIONAL MEDICAL PROGRAMS SERVICE**

May 11-12, 1971

...to improve health manpower effectiveness.



For further inquiries and assistance contact:

Continuing Education and Training Branch
Regional Medical Programs Service
Health Services and Mental Health Administration
Department of Health, Education and Welfare
Rockville, Maryland 20852

INTRODUCTION

This report to the National Advisory Council is intended to highlight areas of special interest and concern in the field of health manpower. It illustrates the interrelationship of issues affecting manpower effectiveness and summarizes Regional Medical Program activities and sources of federal and non-federal support.

As an agency within the Health Services and Mental Health Administration, the principle objective of Regional Medical Programs Service is the improvement in the delivery of health services. The major thrust of the health manpower efforts of Regional Medical Programs relates to more effective utilization of existing health personnel at the professional, technical, and supportive levels. Regional Medical Programs Service interests apply to every aspect of the health delivery system--patient care environments, research groups, public health activities, state and federal programs, education and training in institutions in the cities and rural areas alike.

\$ Book

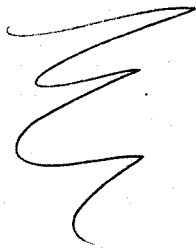
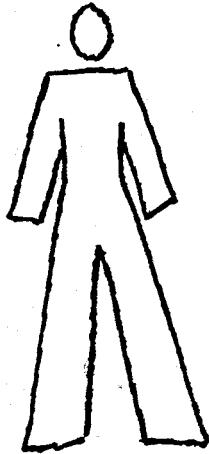


TABLE OF CONTENTS

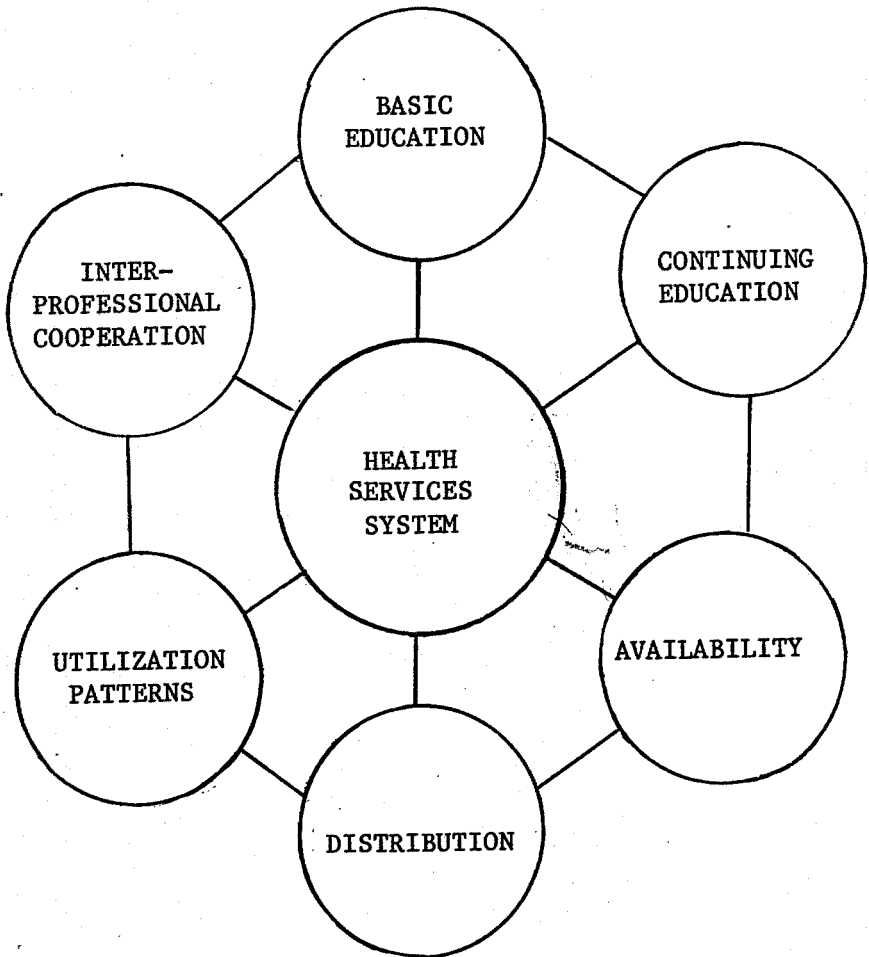
. HEALTH MANPOWER - A DEFINITION	1
. NATIONAL ISSUES RELATING TO HEALTH MANPOWER EFFECTIVENESS	2
. WHAT ARE THE COMPONENTS OF THESE ISSUES RELATING TO HEALTH MANPOWER EFFECTIVENESS	3
. FEDERAL AND NON-FEDERAL SUPPORT FOR HEALTH MANPOWER TRAINING AND EDUCATION	19
. REGIONAL MEDICAL PROGRAMS IMPACT ON HEALTH MANPOWER TRAINING AND EDUCATION	25
. RMPS POLICY STATEMENTS	37



HEALTH MANPOWER - A DEFINITION

All professional, technical and
supportive (including administrative)
personnel in the fields of patient care,
public health, health education,
and research.

NATIONAL ISSUES RELATING TO
HEALTH MANPOWER EFFECTIVENESS



These issues are dependent upon each other,
and it is their interrelationship which
complicates the solution of manpower problems.

WHAT ARE THE COMPONENTS OF THESE ISSUES
RELATING TO HEALTH MANPOWER EFFECTIVENESS?

Most of the Regional Medical Programs are directly involved in activities relating to one or more of these issues. Illustrations have been selected to indicate the scope and nature of what is going on at the present time in a number of Regional Medical Programs.....

NATIONAL ISSUE... THE HEALTH SERVICES SYSTEM

- . Equal access to health care can become a reality as the organization of the system responds to the rapidly changing needs of society.
- . Consensus among providers on the definition and description of quality of care will make evaluation procedures meaningful and productive for future improvements in the system.
- . Continuity of care as well as comprehensiveness requires increasing emphasis by providers to meet growing consumer needs.

... AN EXAMPLE OF RMP ACTIVITY

A new health maintenance system is being developed by the Georgia Regional Medical Program with a group of physicians in a rural Georgia county. Using allied health personnel time rather than physician time whenever possible, a program of regular health maintenance examinations for all members of the community will be established. Where health problems are detected, local physicians have agreed to provide necessary follow-up care. The objectives of this program would encourage the maintenance of good health through early detection of disease and to provide care for those who have not previously had easy access to medical care...Georgia Regional Medical Program.

NATIONAL ISSUE... BASIC EDUCATION

- . Curricula change within the educational system can reduce the time lag between knowledge and its application in the delivery system.
- . Greater emphasis on the interprofessional approach to planning and implementing the basic curriculum will facilitate improvement within the delivery system.
- . Solutions are needed for the dilemma of dealing with the uneven geographical distribution of educational resources.
- . Many community hospitals and service institutions do not have the capacity to develop resources to organize, administer and carry out educationally sound training

... AN EXAMPLE OF RMP ACTIVITY

A new medical education plan will enable first year medical students enrolled at the University of Washington to take certain basic science courses in selected colleges and universities throughout the region and to take part of their clinical experience in local physicians' offices and community hospitals. Alaska was chosen to accept the first students in the plan because of their acute medical manpower shortage. This plan to decentralize medical education was facilitated by the close ties that evolved between the School of Medicine and the practitioners in remote areas through the Regional Medical Program supported Guest Residency project...Washington/Alaska Regional Medical Program.

NATIONAL ISSUE... CONTINUING EDUCATION

- . Learning experiences need to become more relevant to current patient care and health service delivery system problems.
- . More adequate methods of identifying educational needs of health professionals as well as determination of standards of performance in continuing education are essential to improve the quality of program.
- . A greater number of long-range personalized continuing education programs are needed to accommodate individual learning differences.
- . As continuing education becomes an established part of the health care system, financial support, faculty benefits, and practitioner acceptance can be secured.

... AN EXAMPLE OF RMP ACTIVITY

A model of continuing education is being developed through the voluntary involvement of practicing physicians in a self-study audit of their patient care. The medical self-audit identifies the areas of need around which the community hospitals in the region can design continuing education programs for the medical staff...West Virginia Regional Medical Program.

NATIONAL ISSUE... AVAILABILITY

- . Student counseling, recruitment and selection should be related to the needs of the current health care system.
- . Increased consumer demands and the impact of technology in creating new or changing health occupations result in more employment opportunities being made available.
- . In order to compete more effectively with other kinds of employment, the health industry needs to deal with the unattractive characteristics of the system such as low morale and wages, lack of independent responsibility, extended training with few entry points, and with little opportunity for transfer into other careers.

... AN EXAMPLE OF RMP ACTIVITY

Through the leadership of the Core staff, the health manpower and education interests of all concerned private and public agencies have been brought together in the form of a single Inter-agency Task Force to work out solutions to identified health manpower problems. Results now anticipated through this collaboration is agreement on the approach to the most efficient and effective education, deployment, and utilization of health care personnel at every level and within each profession...Illinois Regional Medical Program.

NATIONAL ISSUE... DISTRIBUTION

- . Factors such as gaining community acceptance, finding socio-cultural and professional stimulation in rural and ghetto areas, availability of facilities and resources for practice, together with long hours and low pay contribute to the maldistribution of health manpower.
- . Adaptation of personnel policies and modification of the working environment to become more responsive to individual practitioner needs will improve the distribution of manpower.

... AN EXAMPLE OF RMP ACTIVITY

Physicians have instant access to specialists at the University of Alabama in Birmingham, through the Medical Information Service via Telephone (MIST).

The service permits the physician wherever in practice in the State, place a telephone call at any hour to the MIST circuit where switchboard operators are trained to respond by locating the needed specialist on split-second notice. The program has evolved as a cooperative effort including the Alabama Regional Medical Program, the University of Alabama and the American Medical Association Education and Research Fund. This service program has served as a model for similar programs being developed in other parts of the country...Alabama Regional Medical Programs.

NATIONAL ISSUE... UTILIZATION PATTERNS

- . Increased consumer expectations result in demands for more and improved comprehensive health services.
- . Licensure, liability and certification are three of the factors affecting changing responsibilities of health manpower and need to be addressed by the system in an effective manner.
- . The impact of changing technology, increasing employment opportunities for traditional health workers, and the emergence of new health occupations, i.e. therapists and technicians require innovative and imaginative administrative methods.
- . Changing patterns in the financing of health care is a major factor affecting employment practices and utilization of manpower.

... AN EXAMPLE OF RMP ACTIVITY

In Wisconsin, a patient care systems project was developed at St. Mary's Hospital, Milwaukee, with the cooperation of the University Schools of Nursing. A thirty-nine bed conventional patient care unit has been converted into a demonstration unit for optimal care of patients.

The goal is to use patient care requirements as the major focus for change. In recognition of the complex interrelationships of personnel and resources in the delivery of patient care, a systems approach is used which will change personnel utilization environmental factors, communication methods, equipment and resources.

The project staff consisting of a team of two nurses, a systems engineer, a sociologist and a hospital administrator work closely with all relevant hospital departments in the design and in the implementation of the changes within the demonstration unit. The project is now in the implementation and testing phase which will be followed by a program of instruction for health teams from other hospitals to help them develop more effective patient care system.. Wisconsin Regional Medical Program.

NATIONAL ISSUE... INTERPROFESSIONAL COOPERATION

- . The "guild like" practices of health professionals have impeded the development of interprofessional cooperation and continue to result in organizational control over mobility, transfer of functions and role expansion.
- . Strategies to improve communications among the health professions are essential in order to facilitate delegation of functions, assumptions of new roles and the development of new kinds of auxiliary personnel.
- . Attitudinal changes toward the delegation of authority and responsibility and toward the assumption of new responsibilities are critical in planning ways of improving manpower effectiveness.

... AN EXAMPLE OF RMP ACTIVITY

Leadership is being provided to six community hospitals in a multi-disciplinary program in stroke care for nurses, physicians, therapists, nutritionists and others. All those undergoing the training share in the clinical portion of the program and case presentations are given in such a way that provides the opportunity for the various professionals to learn from one another about each aspect of total patient care... Oregon Regional Medical Program.

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FEDERAL AND NON-FEDERAL SUPPORT

FOR HEALTH MANPOWER TRAINING AND EDUCATION

FEDERAL SUPPORT

The Federal Government has assumed an increased responsibility for the training of health manpower. Actual expenditures for health manpower training for Fiscal Year (FY) 1970 were \$969 million, with estimates of \$1,049 million for FY 1971 and \$1,128 million for FY 1972.

Federal agencies supporting health training include the Department of Health, Education and Welfare, Veterans Administration, Department of Labor, Department of Defense, Agency for International Development, Environmental Protection Agency and other agencies. Of the Federal agencies, the National Institutes of Health will continue to be the largest supporter of health manpower training. The Veterans Administration through its 169 hospitals, also trains large numbers of professional health students, interns and residents. The Department of Labor, under the Manpower Development Training Act, supports the greatest number of allied health personnel of any Federal agency.

Approximately 2.7 million students and trainees will be aided in support by the foregoing Federal agencies for FY 1972. Training is specified in the fields of medicine, dentistry, pharmacy, optometry, podiatry, nursing, paramedical professions, research and "other health training" which includes short-term training.

The following descriptions of major Federal program illustrate their relationship to RMPS manpower goals:

I. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

A. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

. Comprehensive Health Planning

Under Section 314c, the primary emphasis is on training people in health planning skills. Grants may support continuing education, graduate education, and training of consumers for participation in comprehensive health planning. Under Section 314e, training is supported only when it is necessary to enable a health services development project to be staffed adequately and when it is an integral part of a health services development project to meet needs of limited geographic scope or of specialized regional or national significance.

. National Center for Health Services Research and Development

Training activities focus on the development and assessment of new ways of utilizing health manpower. This includes design and experimentation with models of new types of health manpower; such as MEDEX, Pediatric Nurse Associate, Family Nurse Practitioner, etc. The National Center is now in the process of developing a uniform national protocol for evaluating the MEDEX effort and other mid-level manpower programs.

. National Institute of Mental Health

Support is available for continuing education of personnel in the mental

health field as well as for development of training programs for new types of mental health personnel.

B. NATIONAL INSTITUTES OF HEALTH

. Bureau of Health Manpower Education

The basic mission of the Bureau is to increase the health manpower supply of physicians, dentists, optometrists, podiatrists, osteopaths, pharmacists, veterinarians, nurses and the twenty allied health professions listed by the Secretary. The Health Manpower Act of 1968 and the new Allied Health Training Improvement Act of 1970 provide the authority to increase enrollment; to improve quality of training; to provide advanced traineeships, scholarships and student aid. In addition, the new Allied Health Training Act makes special provisions for returning veterans; for the development of programs for new types of health manpower and for the demonstration and evaluation of new and improved means of recruitment, retraining or retention of allied health manpower.

. National Library of Medicine

The Medical Library Assistance Act includes support for expansion and improvement of a medical library's basic resources; development of regional medical library services through support of major existing health libraries; training grants for health communications service and research; grants for research and development in communications related to health and grants for biomedical communications publications projects.

C. OFFICE OF EDUCATION

Monies are made available to State Departments of Education to maintain, extend, improve or develop new programs in vocational and technical education at less than the baccalaureate level in high schools, post secondary schools, vocational-technical schools, junior and community colleges and four-year colleges and universities under an approved state plan. Special services may include special demonstration and experimental programs, teacher training and development of instructional materials including those for use in programs of continuing education. Support is also available for research, demonstration, pilot and experimental programs in new careers.

D. SOCIAL AND REHABILITATION SERVICE

Provides grants for rehabilitation research and demonstration; training grants to increase the supply of personnel involved in rehabilitation of disabled persons; long term and short term traineeships to educational institutions to support graduate students and continuing education.

II. DEPARTMENT OF LABOR

Occupational training programs under the Manpower Development and Training Act provides grants to train the unemployed and underemployed. It can also provide refresher courses for workers who would be unemployable unless their skills were changed or brought up to date. Duration of training is usually less than 2 years.

III. VETERANS ADMINISTRATION

Veterans Administration education programs include continuing education; expanding and improving existing training categories; undertaking new ones; providing educational leave to professional staff; creating space for necessary education and training activities; and establishing selected VA hospitals as training centers in special care programs. It also includes grants to medical schools, hospitals and research centers for the exchange of medical information and techniques and medical information services, including the use of electronic links between Veterans Administration hospitals and major medical centers.

NON-FEDERAL SUPPORT

Contributions of the private sector to health manpower education and training are substantial. During the year 1966, among the nationally known funds and foundations which awarded grants of \$10 thousand or more, 153 foundations awarded over \$21 million for health manpower training. Recently, for example, the awards of several large grants were announced by the W. K. Kellogg Foundation. The grants provide \$.5 million per institution for the training of allied health practitioners and educators as teachers and \$1.5 million for accelerating and strengthening manpower education programs and for the continuing education of the area's health practitioners.

As well as the foregoing financial resources, voluntary agencies, special - interest corporations and professional associations provide fellowships and scholarships for the training of the wide range of health professionals.

State and local health agencies also provide the financial resources for staff advanced training. In addition, there are many hospitals that offer training free of charge and some pay trainees a modest sum. Finally, there is the whole segment within the health manpower pool which represents individuals who have undertaken some part of the financial burden of their own training.

REGIONAL MEDICAL PROGRAMS IMPACT ON HEALTH

MANPOWER TRAINING AND EDUCATION

DHEW REGION I



- 1 Region with declared priority in health manpower
- 1 Region with a health manpower committee
- 2 Regions with core staff representing health manpower

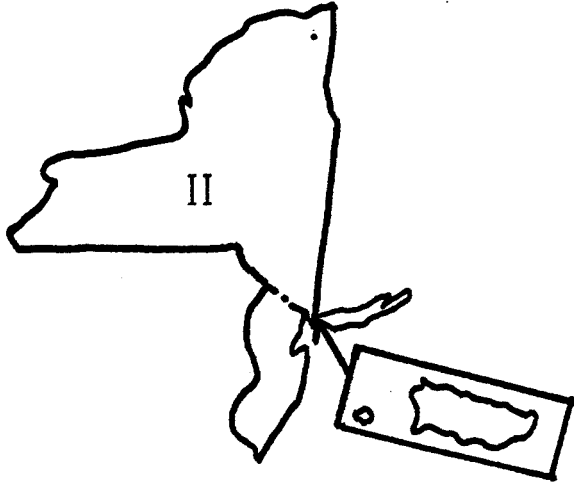
...
\$2,577,300 Total RMP dollars currently in manpower activities*

- ...
. in continuing education, 31% of total*
- . in training existing manpower, 19% of total*
- . in training new manpower, 0

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
Maine	Connecticut
New Hampshire	Maine
Vermont	Northern New England
Massachusetts	Tri-State
Connecticut	
Rhode Island	

* Data as of 12/31/70; excludes core staff activities.

DHEW REGION II



- 1 Region with declared priority in health manpower
- 2 Regions with health manpower committees
- 1 Region with core staff representing health manpower

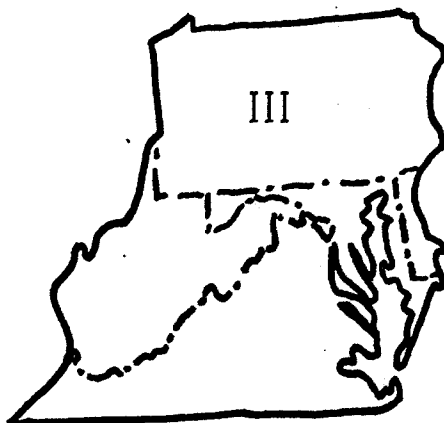
...
\$4,932,600 Total RMP dollars currently in manpower activities*

- ...
. in continuing education, 30% of total*
- . in training existing manpower, 25% of total*
- . in training new manpower, 15% of total*

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
New Jersey	Albana
New York	Central New York
	Nassau Suffolk (planning)
Puerto Rico	New Jersey
Virgin Islands	New York Metropolitan
	Rochester
	Western New York
	Puerto Rico

* Data as of 12/31/70; excludes core staff activities.

DHEW REGION III



- 1 Region with declared priority in health manpower
- 2 Regions with health manpower committees
- 1 Region with core staff representing health manpower

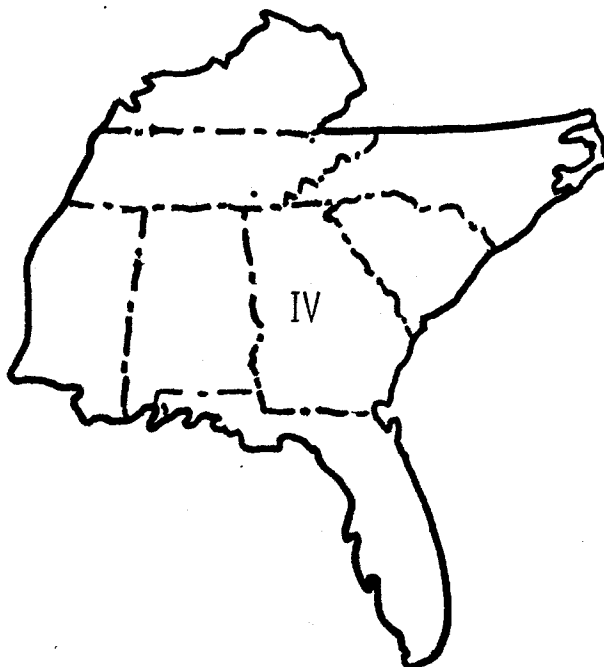
...
\$4,725,000 Total RMP dollars currently in manpower activities*

- ...
 - . in continuing education, 9% of total*
 - . in training existing manpower, 32% of total*
 - . in training new manpower, 17% of total*

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
District of Columbia	Greater Delaware Valley
Delaware	Maryland
Maryland	Metropolitan Washington, D.C.
Pennsylvania	Susquehanna Valley
Virginia	Virginia
West Virginia	West Virginia
	Western Pennsylvania

* Data as of 12/31/70; excludes core staff activities.

DHEW REGION IV



- 2 Regions with declared priorities in health manpower
- 3 Regions with health manpower committees
- 3 Regions with core staff representing health manpower

...

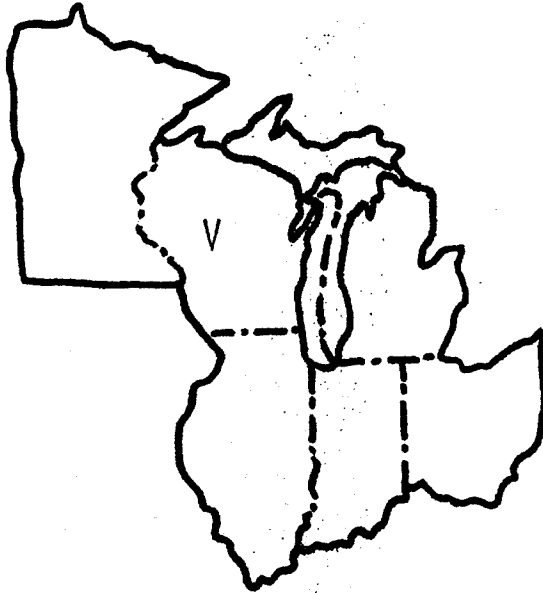
\$9,170,000 Total RMP dollars currently in manpower activities*

- . in continuing education, 18% of total*
- . in training existing manpower, 21% of total*
- . in training new manpower, 5% of total*

<u>States in DHEW Region</u>		<u>Regional Medical Programs</u>	
Alabama	N. Carolina	Alabama	N. Carolina
Florida	S. Carolina	Florida	Ohio Valley
Georgia	Tennessee	Georgia	S. Carolina
Kentucky		Memphis	Tenn/Mid-South
Mississippi		Mississippi	

* Data as of 12/31/70; excludes core staff activities.

DHEW REGION V



- 1 Region with declared priority in health manpower
- 0 Regions with health manpower committee
- 3 Regions with core staff representing health manpower

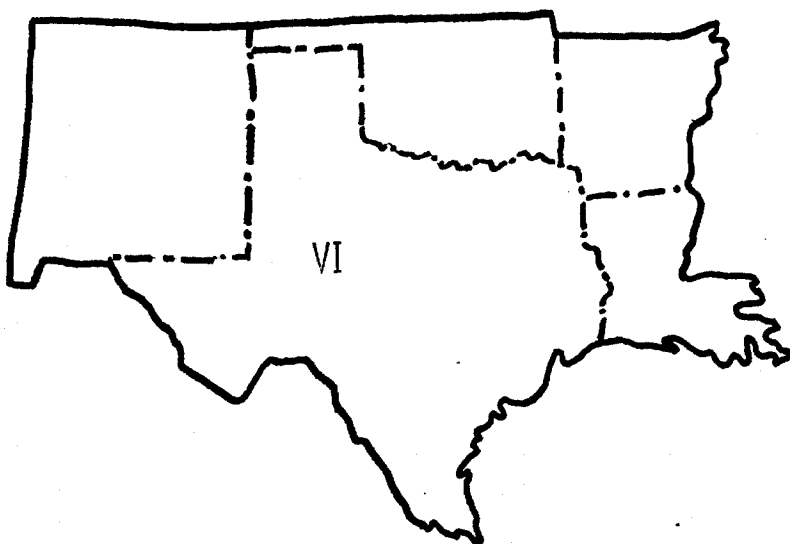
...
\$6,471,400 Total RMP dollars currently in manpower activities*

- ...
 - . in continuing education, 21% of total*
 - . in training existing manpower, 15% of total*
 - . in training new manpower, 0.4% of total*

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
Illinois	Illinois
Indiana	Indiana
Michigan	Michigan
Minnesota	Northeastern Ohio
Ohio	Northlands
Wisconsin	Northwestern Ohio
	Ohio State
	Wisconsin

* Data as of 12/31/70; excludes core staff activities.

DHEW REGION VI



- 2 Regions with declared priorities in health manpower
- 3 Regions with health manpower committees
- 2 Regions with core staff representing health manpower

...
\$3,767,500 Total RMP dollars currently in manpower activities*

- ...
. in continuing education, 19% of total*
- . in training existing manpower, 17% of total*
- . in training new manpower, 5% of total*

States in DHEW Region

Arkansas
Louisiana
New Mexico
Oklahoma
Texas

Regional Medical Programs

Arkansas
Louisiana
New Mexico
Oklahoma
Texas

* Data as of 12/31/70; excludes core staff activities.

DHEW REGION VII



- 1 Region with declared priority in health manpower
- 2 Regions with health manpower committees
- 2 Regions with core staff representing health manpower

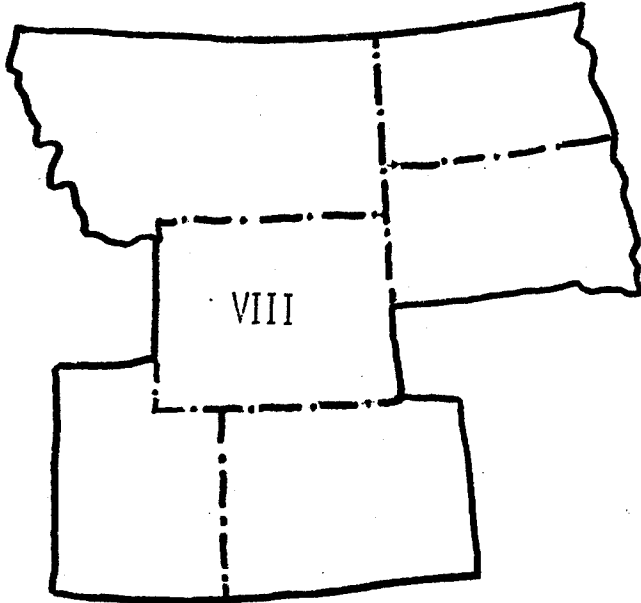
...
\$5,146,500 Total RMP dollars currently in manpower activities*

- . in continuing education 17% of total*
- . in training existing manpower, 21% of total*
- . in training new manpower, 23% of total*

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
Iowa	Bi-State
Kansas	Iowa
Missouri	Kansas
Nebraska	Missouri
	Nebraska

* Data as of 12/31/70; excludes core staff activities; data for Nebraska/South Dakota as one region.

DHEW REGION VIII



- 0 Regions with declared priorities in health manpower
- 1 Region with health manpower committee
- 1 Region with core staff representing health manpower
- ...

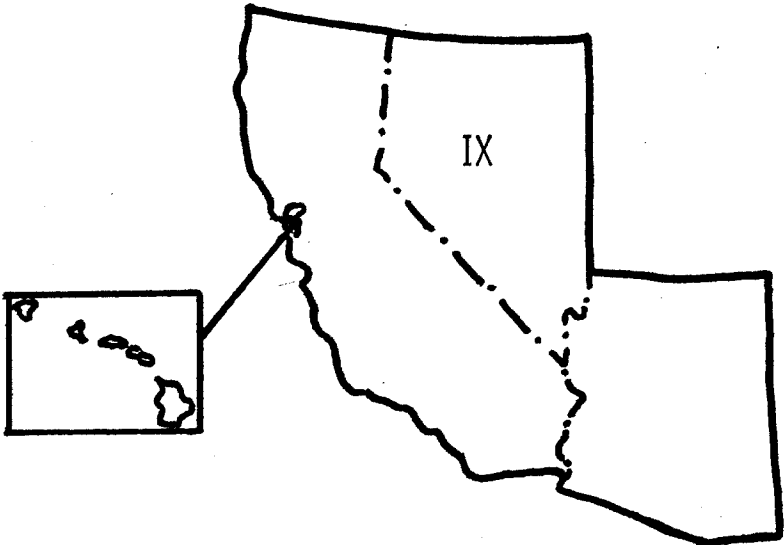
\$3,796,900 Total RMP dollars currently in manpower activities*

- ...
 - . in continuing education, 27% of total*
 - . in training existing manpower, 28% of total*
 - . in training new manpower, 2% of total*

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
Colorado	Colorado/Wyoming
Montana	Intermountain
North Dakota	Mountain States
South Dakota	North Dakota
Utah	South Dakota(planning)*
Wyoming	

* Data as of 12/31/70; excludes core staff activities; see Region VII for Nebraska/South Dakota RMP

DHEW REGION IX



- 0 Regions with declared priorities in health manpower
- 0 Regions with health manpower committee
- 1 Region with core staff representing health manpower

\$5,503,400 Total RMP dollars currently in manpower activities*

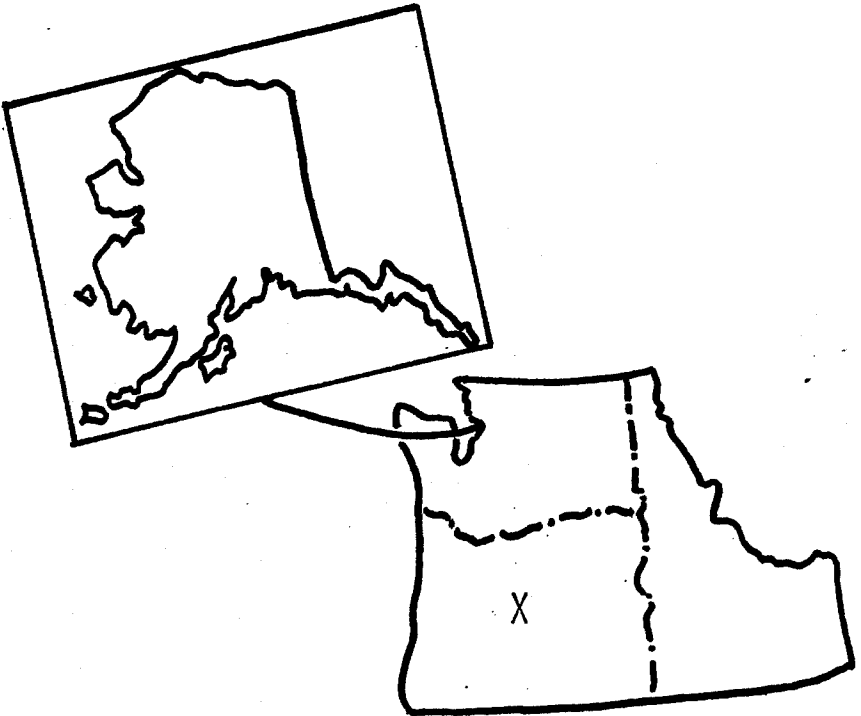
- . in continuing education 15% of total*
- . in training existing manpower, 26% of total*
- . in training new manpower, 2% of total*

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
Arizona	Arizona
California	California
Hawaii	Hawaii
Nevada	

American Samoa
 Guam
 Trust Territories of Pacific Islands
 Wake Island

* Data as of 12/31/70; excludes core staff activities.

DHEW REGION X



- 2 Regions with declared priorities in health manpower
- 0 Regions with health manpower committee
- 1 Region with core staff representing health manpower

...
\$1,725,700 Total RMP dollars currently in manpower activities *

- ...
. in continuing education 46% of total*
- . in training existing manpower, 17% of total*
- . in training new manpower, 0

<u>States in DHEW Region</u>	<u>Regional Medical Programs</u>
Alaska	Washington/Alaska
Idaho	Oregon
Oregon	
Washington	

* Data as of 12/31/70; excludes core staff activities.

RMPS MANPOWER CONTRACTS

Through the mechanism of contracts the Branch is able to draw upon, as well as create, national resources for development of selected types of health manpower. As an illustration of the use of contracts in this context, evaluation specialists in continuing education have been trained to assume such responsibilities.

The University of Illinois and University of Washington have long and short term training programs underway; the Universities of Southern California, Ohio State and Michigan State have also had contracts to support long term training at the pre and/or post doctoral level.

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 subspecialties of importance in patient

* EXCEPTION:

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

See also Two NID about stipends:
Oct. 13, 1970 41 Vol. 4 435

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.

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.

SELECTED REFERENCES

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2. National Conference for Allied Health Professions. Regional Medical Programs, Asilomar, California, Proceedings, April 21-24, 1969.
3. Regional Medical Programs Core Staff Activities in Health Manpower, Office of Program Planning and Evaluation, RMPS, March 5, 1971.
4. Regional Medical Programs National Allied Health Conference. Airlie House, Warrenton, Virginia, April 26-29, 1970.
5. Selected Data, Regional Medical Programs, Office of Program Planning and Evaluation, RMPS, February 15, 1971.
6. Selected Listing of Federal and Non-Federal Programs Relating to Allied Health. Continuing Education and Training Branch, Division of Regional Medical Programs, HSMHA, Bethesda, Maryland, April 1, 1969.

GENERAL SOURCES

1. Allied Health Manpower: Trends and Prospects. Harry I. Greenfield with the assistance of Carol A. Brown, Columbia University Press, New York and London, 1969.

2. Health Manpower Source Book, Section 21, Allied Health Manpower, 1950-1980. U.S. Department of Health, Education and Welfare, PHS, NIH.
3. HSMHA Activities Related to Health Manpower. Speech presented by Vernon E. Wilson, M.D., Administrator, Health Services and Mental Health Administration, at Conference on Physician Manpower, Bethesda, Maryland, January 13, 1971.
4. Manpower Report of the President. A Report on Manpower Requirements, Resources, Utilization, and Training, Department of Labor, 1970.
5. Report of the National Advisory Commission on Health Manpower. November 1967
6. Special Analysis, Budget of the United States Government, Fiscal Year 1972. Supt. of Documents, U.S. Government Printing Office, Washington, D.C., 1971.

- . Compiled by the Continuing Education and Training Branch, Division of Professional and Technical Development, Regional Medical Programs Service, Health Services and Mental Health Administration.

- . Illustrations by Miss Judith Fleisher, Office of Communications and Public Information, Regional Medical Programs Service, Health Services and Mental Health Administration.