

the Commonwealth of Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, and the Trust Territory of the Pacific Islands.

§ 57.3803 Who is eligible to apply for a cooperative agreement?

(a) Any public or nonprofit private school of medicine or osteopathy located in a State is eligible to submit a proposal.

(b) More than one accredited school of medicine or osteopathy may submit a joint proposal for the planning, development and operation of an area health education center program. In this case, each school must conduct the activities required by section 781(c) of the Act and § 57.3804(d) of these regulations.

§ 57.3804 Project requirements.

A project supported under this subpart must be conducted in accordance with the following requirements:

(a) Each area health education center program must have a program director who holds a faculty appointment at a medical or osteopathic school participating in the program and who is responsible for the overall direction and coordination of the program.

(b) Each area health education center program must have a program advisory committee to advise the program director on all aspects of the conduct of the program including administration, education and evaluation. This committee must include representatives of schools and programs of health professions which actively participate in the area health education center program under § 57.3804(d)(5) of this subpart and section 781(c)(4) of the Act, individuals with training and experience in the fields of medicine or osteopathy, dentistry, nursing, and an allied health profession, as well as a representative of each of the centers cooperating in the program.

(c) Each area health education center program must annually evaluate its activities to ascertain the extent to which it is meeting the purposes described in section 781(a) of the Act.

(d) *Requirements for schools of medicine or osteopathy.* A school of medicine or osteopathy participating in an area health education program (with the exception of a school whose only function

is to provide resources by purchase agreement to a center) must meet the following requirements. However, a school of medicine or osteopathy must fulfill the requirement of § 57.3804(d)(4) only if no other school of medicine or osteopathy participating in the program meets this requirement. Each school of medicine or osteopathy must:

(1) Have a cooperative arrangement with an area health education center, as evidenced by a written agreement. This agreement must provide at a minimum that the schools participating in the program will perform the following functions:

(i) Provide faculty to assist in the conduct of the center's educational activities, as necessary;

(ii) Provide an agreed upon amount of funds to the center to assist the center in meeting the costs of its activities, including those described in section 781(d)(2) of the Act;

(iii) Be responsible for the quality of the education received in the center, including evaluating the quality of the educational programs required by section 781(d)(2) of the Act and the performance of its students while receiving clinical training in the center. The area health education center must agree to conduct the activities described in section 781(d)(2) of the Act and these regulations, and assist the schools participating in the program in meeting the requirements in section 781(c) of the Act and these regulations.

(2) Provide for the active participation in the program by individuals who are associated with the administration of the school, and staff or faculty members of each of the departments (or specialties if the school has no departments) of internal medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry and family medicine. These persons may participate in the program in either the school or center and must perform, among others, the following functions: provide guidance on educational program or curriculum development and operation; instruct students (including residents and other practicing health professionals); perform student or program evaluation; and assist in program administration.

(3) Conduct no less than 10 percent of all undergraduate medical or osteopathic clinical education of the school in one or more centers and in clinical settings which are part of or affiliated with a center and in which the center arranges and supports the clinical education. The school shall assure that, annually, the ratio of student weeks of clinical education received by its undergraduate students in centers to the total number of student weeks of clinical education received by its undergraduate students, in any location, is no less than 0.10. For purposes of this paragraph, undergraduate medical or osteopathic clinical education means any clerkships, preceptorships, or other educational activities which are offered in the following fields: family medicine, internal medicine and its subspecialties, pediatrics and its subspecialties, dermatology, obstetrics and gynecology, surgery and its subspecialties, anesthesiology, psychiatry and its subspecialties, neurology, physical medicine and rehabilitation, emergency medicine, nuclear medicine and general preventive medicine, including community medicine. Courses, seminars, and other educational programs which are entirely didactic or laboratory in nature or which are primarily in anatomy, biochemistry, physiology, microbiology, pharmacology, or pathology are not included in this definition.

(i) The Secretary may waive, for good cause shown, all or part of the requirement of this paragraph if another such school participating in the same program meets the requirement.

(ii) To obtain a waiver, a school must submit a written request to the Secretary fully describing and documenting the good cause and stating which school meets the requirement. This request must include the following information:

(A) The extent to which the school for which the waiver has been requested has attempted to meet this requirement. A description of efforts and the reasons why the school cannot meet the requirement must demonstrate that the school has made a good faith effort, but constraints beyond its control have caused these efforts to be unsuccessful.

(B) The length of time for which this waiver is requested, and a plan and timetable for meeting the requirement.

(C) The alternative mechanisms the schools will use to provide clinical experiences in locations removed from the site of the teaching facilities where the major part of the educational program of any participating schools is conducted if the waiver is granted.

(4) Be responsible for, or conduct a program for the training of physician assistants, which meets the requirements of 42 CFR part 57, subpart I, or nurse practitioners, which meets the requirements of 42 CFR part 57, subpart Y, appendix. If one school which is participating in the area health education center program provides for or conducts a program for the training of physician assistants or nurse practitioners meeting this requirement, other schools participating in the program may, but need not, provide for or conduct a physician assistant or nurse practitioner program. Where the school is responsible for, but does not conduct one of these programs, it must participate in the presentation, review, and evaluation of one of these programs at an affiliated institution so that at least part of the education in the program is provided by faculty of the school. The school must give special consideration to the enrollment in these programs of individuals from or who plan to practice in the area served by the center by either:

(i) Giving preference to applicants whose place of residence has been in the area served by the center at any time prior to application; or

(ii) Obtaining a signed statement from applicants, indicating an intent to practice the skills acquired in the program in the areas.

(5) Provide for the active participation of at least two schools or programs of other health professions in the educational program conducted in the area served by the center(s). In meeting this requirement:

(i) One of the participating schools or programs must be a school of dentistry, if there is one affiliated with the university with which the school of medicine or osteopathy is affiliated;

(ii) Only the following schools or programs of other health professions may

be included to meet the requirement of this paragraph:

(A) Training centers for the allied health professions;

(B) Schools of nursing;

(C) Schools of optometry;

(D) Schools of pharmacy;

(E) Schools of podiatry; or

(F) Schools of public health.

(iii) Each school or program participating in the area health education center program under this paragraph must have a written agreement with the school(s) of medicine or osteopathy, under which the school or program agrees to assist and participate, as is appropriate, in the activities of each center as required under section 781(d)(2) of the Act.

(iv) Each school or program participating in the area health education center under this paragraph must have a written agreement with each center, under which the school or program agrees to provide some or all of its students with educational experiences in the center or in settings affiliated with the center, and the center agrees to arrange for and support the provision of the educational programs. This agreement may be part of the agreement required by paragraph (d)(1) of this section.

(e) *Requirements for area health education centers.* Each area health education center participating in an area health education center program must:

(1) Designate either a geographic area or medically underserved population which it will serve ("the area served by the center"). This area or population must be in a location remote from the main site of the teaching facilities of the schools which participate in the program. For purposes of this requirement,

(i) A medically underserved population means the population of a geographic area designated as a primary medical personnel shortage area under section 332 of the Act or a population group designated under section 332 of the Act as having a shortage of primary medical care personnel;

(ii) An area or population will meet this requirement if its location is removed from the site of the teaching facilities where the major part of the educational program of any partici-

pating school is conducted. The area served by the center must not duplicate, in whole or in part, the area served by any other center.

(2) Provide for or conduct training in health education services, in the area served by the center. This training must consist of courses and programs to train health professionals to instruct the public or patients in medical self-help, disease prevention, accident prevention, nutrition, physical fitness, and other subjects relating to health maintenance, and must include the principles of nutrition, the evaluation of nutritional status, and nutritional counseling. The training must be oriented toward the ethnic and cultural backgrounds of the people in the area.

(3) Assess the health manpower needs of the area served by the center and assist in the planning and development of training programs to meet these needs. In meeting this requirement, the center should work with existing health systems agencies designated for the area served by the center and other appropriate entities by cooperatively developing and sharing data on health personnel needs of the area for the next 10 years and in developing a plan for training programs to meet these needs. In areas where HSAs exist, the planned training programs must be consistent with the health personnel projections developed by the health systems agencies. At a minimum, the center must assess the need for (i) personnel to provide health education and nutrition counseling services; (ii) primary care health personnel including physicians in family practice, general internal medicine, general pediatrics, and obstetrics and gynecology, physician assistants, and nurse practitioners; (iii) mental health practitioners; (iv) dentists; and (v) nurses. In carrying out its responsibility to assess health personnel needs in the area, the center shall, to the maximum extent practicable, use existing data (including data used for the designation of shortage areas under sections 332 and 836(h) of the Act).

(4) Provide for or conduct a rotating osteopathic internship or medical residency training program in family practice, general internal medicine or general pediatrics, or osteopathy in which

no fewer than six persons are enrolled in first-year positions in the program. If one center which is participating in the area health education center program provides for or conducts a medical residency training program meeting this requirement, other centers participating in the program may, but need not, provide for or conduct a medical residency training program in these fields. In meeting this requirement:

(i) A family practice residency for allopathic and osteopathic physicians must meet the requirements of section 786(a) of the Act, and implementing regulations.

(ii) A general internal medicine or general pediatrics residency must meet the requirements of 42 CFR 57.3104, except for the requirements in paragraphs (h) and (i) of that section.

(iii) The center must conduct the medical residency training program at a site which is part of the center or provide for the conduct of this program, by written affiliation agreement with an appropriate entity located in the area served by the center.

(5) Provide opportunities for continuing medical education (including education in disease prevention) to all physicians and other health professionals practicing within the area served by the center. This continuing medical education must include courses, seminars, lectures, grand rounds, clinical pathological conferences, mini-residencies, library services, or in-house training, as appropriate, for all health professionals in the area. In meeting this requirement:

(i) The center must assess the need for providing continuing medical education taking into consideration the numbers, needs and location of health professionals in the area as well as educational activities available through other entities.

(ii) The center must announce the availability of continuing medical education activities offered in the center, as well as those provided through other entities in the area, through appropriate and usual distribution channels.

(6) Provide continuing medical education and other educational support services to the National Health Service Corps (Corps) members assigned to the

area served by the center, after notification of the assignment(s) by the Secretary. In meeting this requirement, the center must:

(i) Establish an organized program which will provide for the assessment of the continuing medical education needs of the members of the Corps and offer to members of the Corps, at a cost not to exceed the cost to any other participant, continuing medical education relevant to these identified needs.

(ii) Assist in identifying resources for and encouraging the provision of:

(A) Consultation services, if needed, including telephone consultation to Corps personnel.

(B) A patient referral system, if necessary, to Corps patients and assistance to these patients in obtaining laboratory and pathological services at accessible locations.

(C) Supervision and consultation for non-physician and non-dentist members of the Corps in the area.

(D) Temporary substitutes for Corps personnel, as needed.

(7) Encourage the utilization of nurse practitioners and physician assistants in the area and the recruitment of individuals for training in these professions at the participating medical or osteopathic schools. In meeting this requirement, the center must:

(i) Inform potential employers in the area regarding the following, among other subjects;

(A) The function and utilization of nurse practitioners and physician assistants;

(B) State laws and regulations governing nurse practitioners and physician assistants; and

(C) Reimbursement and malpractice coverage for services rendered by nurse practitioners and physician assistants.

(ii) Determine employment opportunities for nurse practitioners and physician assistants and participate in referral and recruitment of persons for these positions.

(iii) Distribute information in the area concerning the nurse practitioner or physician assistant training program(s) provided for or conducted by the schools of medicine or osteopathy participating in the program, and participate in recruiting persons in the area for the programs.

(8) Arrange and support educational opportunities for medical and other students at affiliated health facilities, ambulatory care centers, and health agencies throughout the area served by the center. In meeting this requirement, the center must:

(i) Coordinate the conduct of the following programs, including assisting in their planning and development, obtaining the necessary resources and providing administrative support services for:

(A) Clinical education for undergraduate medical or osteopathic students in at least family practice, general internal medicine or general pediatrics;

(B) Education for undergraduate and, as appropriate, graduate students, at a school of dentistry, if one is participating in the program;

(C) Education for students of the other schools or programs participating in the area health education center program under paragraph (d)(5) of this section; and

(D) Orientation for high school and post-high school students in schools in the area to develop awareness of health careers and health opportunities.

(9) Have an advisory board of which at least 75 percent of the members are persons from the area served by the center, including health service providers and consumers. For this purpose, health service providers are individuals who derive more than 10 percent of their annual income from the health care industry. In meeting this requirement:

(i) The advisory board must be reasonably divided between:

(A) Providers of health care, including at least one physician, dentist, nurse, and allied health professional who is actively engaged in the practice of his or her profession in the area served by the center; and

(B) Consumers, including students, who reside in the area and are broadly representative of the population in the area in terms of demographic factors, such as race, ethnic background and sex. The advisory board shall advise the chief administrative official of the center on all major policies concerning the operation of the center, on the es-

tablishment of center program priorities and on other issues, as necessary.

§ 57.3805 When do the requirements of § 57.3804 apply?

(a) The period of time in which any entity will have to meet all the requirements or § 57.3804 will be negotiated on a case-by-case basis, depending upon the nature and scope of the planned area health education center program. No cooperative agreement, however, shall provide funds solely for the planning or development of a program for a period of longer than two years.

(b) Each area health education center program must begin planning for at least one center during the first year of support so that at least one center is fully operational and meets all the applicable requirements of § 57.3804 during the third year of support. Additional centers may be phased in during the first four years of Federal support except that once planning for any center is initiated, it must become fully operational and meet all the applicable requirements of § 57.3804 within three years.

(c) Each school with which the Secretary enters into a cooperative agreement under this subpart must meet all the requirements of § 57.3804 during the first four years of Federal support, except that once planning to add any school is initiated, it must meet all the applicable requirements of § 57.3804 within three years.

§ 57.3806 How will applications be evaluated?

(a) After consulting with the National Advisory Council on Health Professions Education established by section 702 of the Act, the Secretary will award cooperative agreements to applicants whose projects will best promote the purposes of section 781 of the Act and these regulations, taking into consideration among other factors:

(1) The degree to which the proposed project adequately provides for the program requirements set forth in § 57.3804;

(2) The capability of the applicant to carry out the proposed project; and