Department *of* Health
& Human Services

Utah Medical Education Council (UMEC)
Thursday, September 3rd, 2026
Virtual Meeting
Anchor Location: Multi-Agency State Office Building (MASOB)
3:00- 4:00 pm
FY27 Q1 Meeting Minutes

Council Members Present Virtually: Kristina Callis Duffin, Karyn Springer, Cami Collett, Frank Powers, Marc Babitz, Mark Harris, Mark Greenwood, and Michael Rhodes.

Council Members Absent: Collin Lash

Guests Present (Virtual) Jeff Shumway (OPLR) , Jennifer Adler (OPLR), Jordan Gygi (OPLR), Luisa Hansen (DHHS), Jackie Patel (DHHS)

Staff Present: Kendyl Brockman and Kallysta Strong

This meeting was recorded per the Open Public Meetings Act. Welcome, Roll Call, and

Approval of Meeting Minutes- Dr. Kristina Callis Duffin / All
Kristina welcomed everyone and conducted a roll call.

Motion passed to approve the 05/18/2026 meeting minutes.

Administrative Update
Dr. Kristina Duffin yielded the floor to Vice Chair Karyn Springer, who announced her departure from the council following her appointment as Intermountain Health's Associate Chief Medical Officer for Ambulatory Care. Dr. Springer noted that stepping down allows Intermountain's active Graduate Medical Education leadership to assume representation, and expressed gratitude for her time on the council. Dr. Duffin thanked Dr. Springer for her service and introduced Dr. Samuel Brown, Chief Academic Officer at Intermountain Health, as her successor. Dr. Brown highlighted his background as an ICU physician and educator, reaffirming his commitment to advancing medical education in Utah. Dr. Duffin stated that the council will formally elect a new Vice Chair at the next meeting on November 17. Members interested in serving or nominating a colleague should contact Kendyl Brockman via email prior to the meeting. Formal reminder notices will be distributed in advance.

Office of Professional Licensure Review (OPLR) Update

Jennifer Adler of the Office of Professional Licensure Review (OPLR) quickly gave an overview on OPLR's healthcare review and presented findings and recommendations from their Physician Review.

Jennifer summarized OPLR's formal recommendations regarding physician licensure as targeted regulatory clean-up items. OPLR recommends repealing a defunct statutory pathway for international medical graduates (IMGs) and aligning physician endorsement requirements with the

Division of Professional Licensing's (DOPL) universal standard, replacing the existing 6,000-hour requirement with a one-year prior practice standard. Beyond formal statutory recommendations, OPLR outlined broader considerations for state agency partners, including establishing clear targets for primary care access, enhancing workforce data collection, and strengthening organizational oversight across workforce initiatives. Emerging topics such as IMG pathways and artificial intelligence integration were evaluated as context but excluded from formal statutory proposals.

OPLR's analysis revealed that while total licensed physicians in Utah have grown, the increase is driven entirely by medical specialists, whereas the primary care workforce (family medicine, general internal medicine, general pediatrics, and general OB/GYN) has declined. In response to questions from Dr. Michael Rhodes, regarding whether internal medicine figures included hospitalists, OPLR confirmed that the data did not include internal medicine hospitalists, just general internal medicine physicians. Jennifer noted that while primary care providers remain more evenly distributed geographically than specialists, federal health estimates project ongoing primary care shortages for Utah based on regional healthcare consumption models. OPLR also noted an increased share of physician assistants and nurse practitioners in the market, though Dr. Frank Powers cautioned against equating mid-level practitioners with licensed physicians in policy evaluations.

The council discussed structural constraints affecting primary care expansion, including medical student debt and local residency capacity. Dr. Mark Harris noted that current state metrics fail to track medical residents who leave Utah for specialized fellowships but later return to practice. Dr. Harris urged state agencies to leverage existing licensing data to map long-term practitioner retention. Jordan Gygi (OPLR) acknowledged the limitations of DOPL's survey data, explaining that while response rates average 50%, the dataset provides valuable baseline estimates. Jennifer agreed to incorporate residency retention tracking into OPLR's broader data recommendations.

The presentation concluded with a discussion on IMG integration pathways. Jennifer outlined ongoing DOPL initiatives, including an experience-based licensure framework developed by the International Teaching and Advisory Committee (ITAC) that bypasses U.S. residency requirements, as well as rule changes allowing accredited fellowships to substitute for residency training. Council members raised concerns regarding non-residency pathways. Dr. Samuel Brown inquired about directing IMG pathways explicitly toward primary care, while Dr. Powers and Dr. Harris emphasized that bypassing U.S. residencies creates significant barriers to board certification, hospital credentialing, and malpractice insurance, ultimately risks creating a tiered workforce, and faces strong opposition from major medical associations.

Utah Rural Health Transformation Program (RHTP) and GME Strategic Plan Update

Luisa Hansen provided an administrative update on the 10-year Graduate Medical Education (GME) strategic plan, designated as the RISE Initiative 2.1 under the Utah Department of Health and Human Services (DHHS) Rural Health Transformation Program. The initiative aims to address Utah's rural primary care physician shortages by establishing residency training programs directly within rural communities. Luisa reported that DHHS recently concluded a competitive solicitation process to select a national health workforce planning partner to lead the development of the 10-year plan. While the selected partner cannot be named publicly until the formal agreement is finalized, Luisa noted that the vendor brings an evidence-based GME expansion framework and will collaborate with national GME financial consultants to address state and federal funding barriers.

To ensure operational and financial viability, the strategic plan will be co-designed alongside a dedicated workgroup comprising representatives from local critical access hospitals, community health centers, medical schools, and tribal health systems. Key deliverables include actionable pathways for rural residency expansion, a public-facing GME information platform, and long-term financing models designed to sustain programs beyond the initial federal grant lifecycle. Formal announcements and website updates will be published at dhhs.utah.gov/ruralhealth upon contract execution.

During the discussion, Dr. Frank Powers inquired about the execution timeline for the contract relative to the September 30 end date for the initial grant funding period. Jackie Patel confirmed that DHHS expects the contract to be finalized within the coming week, noting that the agency has performance authority extending through September 30, 2027, to fully execute Period 1 deliverables. Dr. Powers shared positive historical context regarding his experience utilizing national GME consulting frameworks to launch local residency programs, expressing optimism for the project's strategic direction. Dr. Kristina Duffin closed the agenda item by emphasizing that expanding rural GME capacity remains a vital objective for resolving broader health workforce bottlenecks across the state.

Wrap-up: Kristina Duffin
Dr. Frank Powers reported that the Community Health Center Family Medicine Residency was featured at the Rural and Health Center Graduate Medical Education Conference and noted he will share the HRSA-funded promotional video with council members once available. Dr. Powers also outlined pending Rural Residency Planning and Development award applications, highlighting eligibility constraints under federal metrics compared to broader state rural definitions. Looking ahead to the November 17 meeting, the council will hold a Vice Chair election—with nominations to be submitted to Kendyl Brockman beforehand—and receive follow-up workforce data from Jordan Gygi alongside updates on the Community Health Center Family Medicine Residency video and Utah RHTP GME strategic plan. The meeting officially concluded at approximately 4:00 PM.

Motion passed to adjourn the meeting. The meeting adjourned by 4:00 p.m.

Respectfully submitted,

Kallysta Strong