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REPORT OF THE
REGENTS' ADVISORY COMMITTEE
ON ADDITIONAL FACILITIES FOR
THE HEALTH SCIENCES

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REPORT
OF THE
Minnesota University, Board of Regts. B.
REGENTS' ADVISORY COMMITTEE

ON
ADDITIONAL FACILITIES
FOR THE
HEALTH SCIENCES

January 31, 1968

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Report of the Regents' Advisory Committee
on Additional Facilities for Health Sciences

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REPORT OF THE REGENTS' ADVISORY COMMITTEE
ON ADDITIONAL FACILITIES FOR THE HEALTH SCIENCES

BACKGROUND FOR STUDY

During the past fifteen years, a number of studies have testified to the nation's growing need for and increasing shortage of health manpower personnel. The report entitled Health Manpower for the Upper Midwest, which represented a study carried out by a special Health Manpower Commission appointed and sponsored by the Hill Family Foundation of St. Paul, made clear that the Upper Midwest in general and Minnesota in particular are affected by the shortage. With respect to physicians, Minnesota ranks slightly above the national average in number of physicians per hundred-thousand population, but there is a substantial concentration of these physicians in the Twin Cities, Duluth, and Rochester areas, with the result that many of the smaller communities throughout the State have fewer physicians than they need to insure good medical care. The need for family physicians in both metropolitan and non-metropolitan areas of the State was emphasized. With respect to dentists, the problem was in some ways an even more acute one, even though it had received considerably less public attention. Of particular concern was the large proportion of Minnesota dentists that were age 65 and over at the time of the report (1964), a circumstance suggesting that the shortage of dentists would increase very sharply as the individuals in this group leave practice by retirement, death, or disability.

The Health Manpower Study recommended increases in the sizes of the University of Minnesota Medical and Dental Schools as promptly as these could be accomplished, acceptance into the University of Minnesota Medical School of a larger number of transfer students from the two-year medical schools in North and South Dakota, and increased emphasis on family medical practice. With respect to a second medical in Minnesota, the Commission did foresee the ultimate need for such a school but left open the questions as to the auspices under which such a school should be formed and how soon it would be needed.

ACTIONS OF THE BOARD OF REGENTS OF THE UNIVERSITY OF MINNESOTA
AND OF THE STATE LEGISLATURE

In 1963, the faculty of the University of Minnesota Medical School indicated a willingness to increase the size of its entering class from 150 to 200 students, contingent upon the availability of adequate facilities and staffing. The costs associated with such an expansion loomed large, and the Regents felt that such an expansion should take place only after the need had been well established by an independent study. It was the Board of Regents that suggested that the Hill Family Foundation of St. Paul might be willing to undertake the Health Manpower Study referred to above. In February, 1966, the report of the Health Manpower Commission was released. In June, 1966, the Regents presented to a special subcommittee of the Appropriations Committee of the Minnesota House of Representatives a comprehensive program for the future development and expansion of the health sciences at the University of Minnesota. This program was based in large measure on the report of the Health Manpower Commission. The same program was presented to the pertinent committees of both Houses of the Minnesota State Legislature during the 1967 session. The final action of the Legislature was to provide sufficient funds to permit the Board of Regents to acquire land necessary for the proposed development program and for the accomplishment of the first phase of architectural planning. The understanding was that the more definitive plans for the development of health sciences on the Minneapolis Campus of the University, with refined cost estimates, would be presented to the 1969 Legislature.

The 1967 Legislature also gave thoughtful consideration to the establishment of a second medical school in Minnesota. It established two committees, a Senate committee and a House of Representatives committee, for the "continued study of the need for and location of another medical school . . ." (Details of Legislative action are provided in Appendix 1).

Continued study of the matter by the Board of Regents of the University convinced them that the best interests of the State would be served by a coherent program for the development of the health sciences, a program that would be free

from wasteful duplication of faculty and physical facilities and one which would assure professional accreditation and maintenance of high quality. Accordingly, the Regents reaffirmed their responsibility for providing policy guidance for planning and implementing such health science programs and facilities as may be required to meet the statewide need for increasing numbers of physicians and dentists. Further, they recognized the importance of the associated health professional programs and their own responsibility to develop these programs further within the University and in cooperation with other institutions (the complete policy statement of the Board of Regents is found in Appendix 2). The Regents indicated that they have under active consideration various alternative possibilities for the long-range development of facilities for education for the health sciences beyond those envisioned in the present plan for the development of the health sciences on the Minneapolis Campus. They indicated that they will make definitive recommendations in this regard in early 1968. President Moos, acting on behalf of the Regents, appointed the Regents' Advisory Committee on Additional Facilities for the Health Sciences as a staff committee to gather pertinent data and to provide appropriate professional judgments. Representatives of three communities, Duluth, Rochester, and St. Paul, had indicated potential interest in the development of medical schools in their respective areas. President Moos communicated with representatives of these areas and invited them to meet with the Advisory Committee, should they wish to do so, in order to discuss the possible participation of the respective areas in a long-range program under Regent auspices. (President Moos' letter of invitation constitutes Appendix 3).

THE ADVISORY COMMITTEE AND ITS PROCEDURES

The Advisory Committee is composed of:

Dr. Robert B. Howard, Dean (Chairman of the Committee)
University of Minnesota College of Medical Sciences

Dr. Maurice B. Visscher
Regents' Professor and Chairman, Department of Physiology

Dr. John S. Najarian
Professor and Chairman, Department of Surgery

Dr. William N. Hubbard, Jr., Dean
University of Michigan Medical School

Dr. George A. Wolf, Jr., Dean
University of Kansas School of Medicine

Drs. Hubbard and Wolf served as "outside experts" and were selected by President Moos from a panel of six medical educators whose names had been submitted to the President, at his request, by the Committee on Medical Education of the Minnesota State Medical Association, which is chaired by Dr. R. P. Buckley of Duluth. Dr. Howard was asked to serve as chairman of the Advisory Committee. Several other members of the staff of the University also participated in the activities of the Committee. These included:

Mr. Chester B. Grygar
Budget Analyst, Office of the Vice-President
Central Administration

Mr. Elmer W. Learn
Assistant to the President, Central Planning Officer

Mr. Donald K. Smith
Associate Vice-President, Academic Administration

Mr. John Westerman, Hospital Administrator
University of Minnesota Hospitals

Mr. Gerald H. Gillman
Assistant to Dean Howard (Recorder for the group).

The Advisory Committee had a planning meeting on the evening of Wednesday, December 27, 1967. It then met with representatives from Duluth on Thursday, December 28, 1967; with representatives from Rochester on Friday, December 29, 1967; and with representatives from St. Paul on Saturday, December 30, 1967. The Committee held its final meeting on Saturday afternoon, December 30, 1967, at which time it agreed in principle upon its recommendations, with the understanding that a draft of the written report would be circulated among all members for their approval before its submission to the Regents in its final form.

DULUTH

The meeting with representatives of the Duluth community was held in Duluth in conference rooms on the University of Minnesota Duluth Campus. Those representing the Duluth area were representatives of the Northern Minnesota Council for Medical Education (Dr. Sam Boyer, President, and others including Mr. Bruce Bredeson, Drs. Charles Bagley, John Thomas, Gordon Strewler), of the University of Minnesota Duluth (Mr. Raymond W. Darland, Provost, Mr. Robert Heller, Assistant to the Provost, Professor Theron O. Odlaug, Head of the Biology Unit.) At luncheon we were joined by several legislators from Northern Minnesota districts and by Regent William Montague.

The Community. Duluth is a city of approximately 108,000 population in Northeastern Minnesota, lying along the westernmost stretch of the Northshore of Lake Superior. In recent times its economy has largely been linked with the economy of Northern Minnesota and the iron mining operation. Its population has remained essentially unchanged since 1920. The development of the taconite industry and an increasing importance of Duluth as a port, following the development of the St. Lawrence Seaway, give substantial promise of future growth and development of the area. Tangible evidences of its confidence in its future include a most impressive new civic center and auditorium and definitive plans for a major new hotel. The Duluth area is an important vacation area, both Winter and Summer, and serves as a "gateway" to other vacation areas in Northern Minnesota. With its new facilities, it is likely to become increasingly important as a site for conventions of moderate size. It is likely that the area served medically by Duluth in whole or substantial part includes as many as 400,000 people.

The University of Minnesota Duluth, which was converted from the Duluth Teacher's College to a branch of the University on July 1, 1947, has grown progressively in both reputation and enrollment, particularly within the past few years. Its present enrollment is 5,450 and is expected to reach 7,000 in 1970.

Health and Health Education Resources. Duluth has three hospitals, St. Luke's, St. Mary's, and Miller Community Hospital, which have a total of 1100 beds. Total admissions to these hospitals amounted to 27,000 in 1966, of which 72% were residents of the Duluth area. Both St. Luke's and St. Mary's Hospitals have offered internships for many years, and they have enjoyed substantial reputations. In recent years, St. Luke's Hospital has been somewhat less successful than formerly in attracting graduates of U.S. schools, while St. Mary's Hospital continues to attract a full complement. Miller Community Hospital has served since its founding as the hospital serving the medically indigent population of the area. With the gradual disappearance of the medically indigent patient, its future role becomes less certain. A recent study of the role of the Miller Community Hospital was carried out by Dr. Gerhard Hartman, Hospital Consultant. This report suggested a number of possibilities, for example, its conversion into a long-term care unit, but stressed the role that it might play in the development of opportunities for medical education in Duluth. A rehabilitation center is located adjacent to Miller Community Hospital. All three Duluth hospitals are located quite near one another and in an area ten to fifteen minutes away from UMD by automobile.

The medical staffs of St. Luke's and St. Mary's Hospitals are almost identical and include most of the physicians in Duluth. Duluth has approximately 190 physicians, approximately 40 of whom are members of a single large clinic, the Duluth Clinic. Approximately 68% of Duluth physicians are certified specialists in one or another of the various traditional specialties of medical practice. Duluth has always enjoyed a reputation for a fine level of medical practice, with little or no intra-professional friction. Many of the physicians in town have devoted considerable time and effort to the intern teaching programs at the two hospitals.

Duluth has two rather active nursing education programs. St. Luke's Hospital has a class of 75 each year. These students are required to take one-half year at the UMD with an additional course required during the spring quarter. The

balance of the period is clinical, and leads to the Registered Nurse certificate. St. Mary's Hospital and the College of St. Scholastica cooperate in a four-year program leading to a Registered Nursing certificate and a B.A. or B.S. degree for a class of 75 each year.

Potential facilities for education for the health sciences included those of the hospitals, those of UMD, and perhaps those of the College of St. Scholastica. This school is a Catholic girls' school located close to UMD and enjoying a good relationship with the latter. At the present time St. Scholastica offers a course in medical technology (the activities of the Advisory Committee did not include a visit to St. Scholastica or with its officials.) UMD has impressive classroom facilities and good teaching laboratories for basic courses in biology. Research laboratories are limited. The hospitals were not built as teaching hospitals and have consequent limitations. Since both St. Mary's and St. Luke's have had internship programs, they do have some conference rooms. They do not have offices or research laboratories for full-time faculty members in the number that would be required for a program in undergraduate medical education.

Consultation with Duluth Representatives. The representatives of Duluth with whom the Advisory Committee met were, without exception, people of intense good will with an interest in both building the stature of their community and helping to resolve the State's problems with respect to the shortage of health personnel. They have resolved that their efforts shall be directed through the University of Minnesota, and they give no evidence of any intention to attempt to establish a medical school under any auspices other than the University. Dr. Darland indicated that the group representing Duluth was purposely held small to preserve a professional approach to the request and to prevent a "sales talk" approach to the presentation.

Since their efforts on behalf of Duluth began only relatively recently, it is understandable that they have not fully studied the complexities and implications of the development of a modern academic health sciences center. This was

particularly evident in the conversations concerning the utilizations of the Duluth hospitals as part of the teaching program. They had not explored the problems associated with the need for a medical school to be in control of the staffing of its teaching hospital or hospitals in order to assure the highest possible quality of the academic programs presented in such hospitals. The physicians with whom the Advisory Committee met represented the Northern Minnesota Council for Medical Education and did not represent, in any formal way, the staffs of St. Luke's and St. Mary's hospitals. The staffs of those hospitals had not taken any position with respect to a medical school in Duluth or with respect to the hospital participation in such a program. It was perhaps significant that the Governing Boards and administrations of these hospitals were not represented in the conversations that we had.

The Duluth representatives indicated that their principal interest is in the development of a full four-year medical school. Most of them, however, reacted quite favorably to a suggested variant of the "multi-centric" plan that would envision the initial phase of medical education being carried on in Duluth for a modest number of students.

No special prospects for financing a program in health science education in Duluth were apparent. Dr. Darland did indicate that land on the Duluth Campus was available for possible expansion. Such a program would seem to require financing of both capital and operating expenses by the State, supplemented by relevant federal programs. The Duluth community would undoubtedly provide funds for certain purposes such as research laboratories or one or two endowed professorships, but there did not seem to be the prospect of a single magnificent gift which would endow an entire medical school in the manner that the new Hershey Medical Center has been endowed. Thus, a Duluth school would have to look to standard state sources of financing.

Evaluation. Among the positive attributes offered by the Duluth area are: the UMD, with its growing strength in general and in biology and chemistry in particular, which offers the prospect of an academic base for a program in health

science education; a sympathetic medical profession that practices high-grade medicine; and the location in Northern Minnesota, the area of the State suffering most acutely from the shortage of physicians.

It is the belief of the Advisory Committee that Duluth should be encouraged to participate in programs of education for the health professions and vocations on an increasing scale with the prospect that within a decade they will have reached a point in their development when their participation in the program leading to the M.D. degree will be appropriate. This will be dealt with specifically in the section headed "Conclusions and Recommendations."

ROCHESTER

The visit to Rochester was held on Friday, December 29, 1967 in the Mayo Clinic Board of Governors' Room. Included among those present as representatives of Mayo institutions and of the community were the following:

Mayo Clinic Board of Governors and Trustees:

Dr. L. E. Ward
Dr. O. H. Beahrs
Dr. J. M. Stickney
Dr. J.W. DuShane
Dr. D.W. Mulder
Dr. W.G. Sauer
Dr. A. Faulconer, Jr.
Dr. C.A. Owen, Jr.
Dr. E.D. Henderson
Dr. J.T. Shepherd
Mr. R.C. Roesler
Mr. J.W. Harwick

Dr. J.T. Priestley
Dr. A. M. Olsen
Mr. G. Slade Schuster
Mr. R. P. Kingsbury
Mr. K. J. Ladner

From the Mayo Foundation:

Dr. C.F. Code, Director for Medical Education and Research
Dr. R.D. Pruitt, Director of Education, and Director,
Mayo Graduate School of Medicine
Dr. R. Drew Miller, Associate Director, Mayo Graduate
School of Medicine
Mr. Robert Fleming, Member, Section of Administration
Mr. John F. McCally, Administrative Assistant, Mayo
Graduate School of Medicine
Dr. K. B. Corbin, Section of Neurology, Mayo Clinic

The International Business Machine Company:

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Mr. James Thornton, Plant Controller

The Rochester Community:

Dr. James V. Moon, Superintendent of Public Schools
Dr. Francis J. Tyce, Medical Director, Rochester
State Hospital

The Community. Rochester is a city of approximately 50,000 population located in Southeastern Minnesota. It is, of course, world famous as a medical center. Much of the life and economy of the community have been geared to the health care enterprise. A substantial proportion of Rochester's working populace is employed either by the Mayo enterprises or in businesses whose activities are related to the medical activities, for example, the hotels and pharmacies. In recent years, since the establishment of an important IBM plant in Rochester, the community has also become an electronics center.

The average educational attainment of the residents of Rochester is, quite understandably, substantially higher than what one would find in almost any community of comparable size in the nation. The general economic status of the populace is similarly favorable. The primary and secondary schools enjoy fine reputations and the community offers a large number of cultural advantages in the fields of literature, music, art, and drama that would not be available in the usual community of this size. Rochester Junior College has an enrollment of approximately 1,900 students and enjoys a good reputation.

Health and Health Education Resources. The Mayo Clinic, which recently celebrated the centennial of the birth of its founders, is an association of 477 physicians who conduct an integrated private practice of medicine within a clinic. Essentially all of the Mayo Clinic physicians are certified by their respective specialty boards. The Clinic organization includes several diagnostic divisions of medical and surgical specialties, several sections relating to general surgery and the surgical specialties, several sections relating to internal medicine and the medical specialties, a number of clinical and research laboratories, including the majority of the recognized basic medical sciences (e.g., anatomy, biochemistry,

physiology, and microbiology), and a number of other sections representing various special services (e.g., section on publications, medical art studio and biological photography service). The Board of Governors of the Mayo Clinic serves as its policy determining Board, with a network of special committees serving to advise the Board of Governors with respect to specific problems and areas of activity. The Mayo Clinic library is one of established excellence and contains in excess of 140,000 volumes.

The Mayo Foundation was established in 1917 as a part of the Graduate School of the University of Minnesota. It was originally endowed by a gift of \$1.5 million from the Drs. Charles H. and William Mayo. The Mayo Foundation added an additional \$0.5 million later to bring the total endowment to \$2 million. This endowment now has a book value in excess of \$3.25 million. Their purpose was to establish a means for providing an educational opportunity for young physicians wishing to pursue advanced work in the specialties of their choice. The Mayo Foundation, serving the educational and research functions of the Mayo Clinic and, in its educational activities, acting as a unit of the University of Minnesota, grew progressively in stature and attracted large numbers of young men and young women to Rochester for their graduate and postgraduate training. In 1964 the educational enterprise that had been known as the Mayo Foundation assumed a new title, the Mayo Graduate School of Medicine. The Mayo Graduate School of Medicine, like its predecessor, is a part of the Graduate School of the University of Minnesota. The title Mayo Foundation was then applied to a still more comprehensive entity that has purview over both the research and the educational activities of the Mayo Clinic staff. Thus, the Mayo Foundation is now the agency through which applications for research grants are made and by which such funds are administered. The Mayo Graduate School of Medicine is one arm of the Mayo Foundation.

Since its inception, over 5000 Medical Fellows have completed programs under the auspices of the earlier Mayo Foundation and the current Mayo Graduate School of Medicine. At the present time, there are 701 Medical Fellows in the Mayo Graduate School of Medicine. It is interesting to note that since 1952, approxi-

mately 3290 Fellows have completed their work there and of this number 2985 came to Rochester from medical schools other than the University of Minnesota Medical School. Of this number, 566 remained in practice in the State of Minnesota, 333 on the Mayo Clinic staff and 233 now in practice elsewhere in the State, thus demonstrating that the Mayo institutions attract to the State a substantial number of physicians who remain within the State to practice.

Essentially all members of the staff of the Mayo Clinic hold academic rank in the Mayo Graduate School of Medicine. Both their initial appointment to membership in the Graduate Faculty and their academic advancement are subject to initial scrutiny by the Academic Committee of the Mayo Graduate School of Medicine, to a subsequent review by the Joint Medical Graduate Group Committee with representatives from both the Minneapolis and Rochester Campuses, to approval by the Dean of the Graduate School, and finally to approval by the President and Board of Regents of the University.

Virtually all members of the faculty of the Mayo Graduate School of Medicine participate in some kind of scholarly activity. For the majority this is constituted of clinical research related quite directly to the practice of their respective specialties. Many, however, including those in the basic science sections and some of those in the various clinical sections, participate also in research of a fundamental nature. The faculty has included two Nobel Laureates. During 1967 outside support of research in the Mayo Foundation is estimated to amount to \$4,300,000.

The Mayo Graduate School of Medicine has in recent years offered a clinical clerkship for undergraduate medical students. As the nation's medical schools have made their curricula less restrictive and have provided more opportunities for off-campus electives, the popularity of the Mayo clerkships has increased. Last year some 117 students from 53 medical schools availed themselves of this opportunity. In addition, during 1966-67, twelve senior medical students from the University of Minnesota Medical School participated in a pilot project under the auspices of the Mayo Graduate School of Medicine whereby they received their comprehensive clinic

program experience in Rochester. Both the students and the Rochester faculty members felt that it was a rewarding experience.

Two hospitals, St. Mary's and Rochester Methodist, serve as the principal facilities for hospitalization of Mayo Clinic patients. These are supplemented by some additional beds in the Methodist-Colonial buildings. These hospitals are closed staff hospitals; the only staff members of the hospitals are members of the Mayo Clinic staff. The normally hospital-based specialists, for example, radiologists and clinical pathologists, are, in the case of the Mayo institutions, members of the Mayo Clinic staff assigned to the hospitals, with the Mayo Clinic reimbursing the hospital for the space provided. These hospitals serve, of course, as the teaching hospitals for the Mayo Graduate School of Medicine, which has the total responsibility for all of the residency programs. Residents are assigned on a rotational basis to the various hospitals as may be appropriate to their specialty area. An internship program is planned.

It is interesting to note that the arrangement existing between the Mayo Clinic and these hospitals is based on tradition and mutual understanding. There is no written agreement or contract delineating this rather unusual arrangement. It is clear, however, that the Mayo Clinic and the Mayo Graduate School of Medicine have full professional control of these hospitals, which are responsive to the needs of the educational program.

During 1965, total patient registrations were 195,776. Hospital admissions during this same period were 43,124, and 26,000 surgical procedures were performed. Approximately 80% of Mayo Clinic patients live within a 500-mile radius of Rochester. During the meeting on December 29, 1967, representatives of the Mayo institutions emphasized that the patients seen at the Mayo Clinic are likely to have unusual diseases or particularly complicated health problems. In subsequent conversations, however, they have made it clear that the very large number of total patients seen includes more than ample numbers of patients with common disorders as well. The Advisory Committee did not have an opportunity to consider in depth the matter of the spectrum of disorders seen in Mayo Clinic patients.

Since the Mayo Graduate School of Medicine has been deeply committed to graduate education for over half a century, the Mayo facilities and those in the hospitals serving the Mayo institutions provide facilities for teaching in addition to those provided simply for clinical service. Thus, conference rooms and auditoriums are readily available. The basic science sections are well staffed except for anatomy, which has but one full-time member. In accord with the fact that these sections now offer only graduate programs, they do not provide teaching laboratories necessary for a program in undergraduate medical education. Office space and associated research laboratories for the additional teaching staff that would be needed for any undergraduate medical education program would also be required.

Rochester has traditionally had strong programs in nursing education. St. Mary's Hospital and Methodist Hospital have continued to maintain diploma schools graduating 80 to 100 students per year from each school. Beginning in 1968, diploma schools will be phased out in favor of an Associate in Arts program to be presented by the hospitals in conjunction with the Rochester State Junior College. The new program in nursing is expected to have an enrollment of 225. In addition to the above mentioned program, St. Mary's Hospital in conjunction with the College of Saint Teresa at Winona, Minnesota has a nursing program for about 80 students a year which leads to a Bachelor of Science degree. In 1967 the Rochester Vocational School in cooperation with Methodist Hospital established a one year practical nursing program.

Other medical facilities in Rochester are also worthy of note. The Rochester State Hospital, while not a part of the Mayo institutions, is affiliated with the Mayo Graduate School of Medicine. Various Medical Fellows, in particular those in psychiatry, surgery, and the surgical specialties, are assigned to the Rochester State Hospital for portions of their clinical training. Many of the full-time members of the staff of the Rochester State Hospital are retired Mayo Clinic staff members, and many current Mayo Clinic staff members serve as part-time consultants to the State Hospital.

In Rochester there are, in addition to the Mayo Clinic staff, three independent family physicians, and a substantial and growing clinic known as the Olmsted Medical Group. The Olmsted Community Hospital, which has 50 beds, serves these physicians as well as some of the physicians from the nearby communities.

Consultation with Rochester Representatives. The question of a medical school in Rochester in association with the Mayo institutions is not a new one, having been raised at least a decade ago and perhaps in even earlier times, as well. It appears that until fairly recently, the prevailing view among Mayo Clinic staff members was that the Mayo Clinic should remain a clinic devoted to rendering medical care, limiting its educational activity to the graduate level, where practice and teaching and research programs were clearly mutually supportive. It seems to have been the view of the majority a decade or more ago that the establishment of an undergraduate medical school in the Rochester setting would so drastically change the nature of the Mayo institutions that they would no longer serve so effectively their historic, traditional mission of patient care.

The circumstances have now changed to an appreciable extent. Within the past few years the medical school question has been intensively re-examined. The Advisory Committee was told that a majority of the staff would probably now be in favor of the establishment of a medical school. A belief with a growing number of adherents is the one that holds that excellence of patient care is and will to an increasing extent be dependent upon the advances made in academic environments, and thus the full span of teaching and research activities must be developed within an institution such as the Mayo institutions in order to assure continued excellence of the service rendered. While this view now does seem to predominate, it was made clear that it is not unanimous. The matter is still under intensive discussion, and the Mayo Clinic Board of Governors has not adopted a formal, public position concerning it.

Those representing the Mayo Clinic, the Mayo Foundation, and the Mayo Graduate School of Medicine, while clearly interested in the possibility of the establishment

of an undergraduate medical education program, emphasized several points that are highly relevant to the considerations of this Committee and to the program to be developed by the Regents. First of all, their interest is in the development of a full four-year program, one spanning the entirety of medical education. They are not interested in a program that would involve them solely in instruction directly related to the clinical sciences. At the time of the meeting, the Committee felt that Mayo representatives evinced some potential interest in the suggestion that their program might begin as a less-than-complete program, utilizing at the outset the excellent clinical opportunities and developing the basic sciences over the next several years. Subsequent discussion, however, made it clear that they do not have such an interest. They do appear to envision any medical school in Rochester as being under the aegis of the University of Minnesota. In this connection it is also worth pointing out that both Mayo representatives and other representatives from the community are eager to have a four-year University branch in Rochester, and they see such a branch as the appropriate academic sponsor for a Mayo medical school.

A second point that they emphasized is their strong feeling that any Mayo related medical school must retain the national and indeed international flavor of the Mayo Clinic and the Mayo Graduate School of Medicine. They do not envision a medical school that would accept principally Minnesota students in the manner that the present University of Minnesota Medical School does.

Finally, they make it clear that financing of such a project is of serious concern to all of them, both those who favor the establishment of such a school and those who are less enthusiastic about it. They reported that a medical school could not be financed out of Mayo Clinic earnings, and they would expect to receive from other sources -- state, federal, endowment, etc. -- operational funds in amounts equivalent to funds available to other first class medical schools. Their faculty and staffing budget needs would be no less than those of other schools. The capital expenditures necessary would also need to be provided from sources

are geared to an ongoing educational program at the graduate level, the capital expenditures related to clinical instruction very likely would be less than those encountered in the establishment of a new school that has no clinical teaching facilities. Even here, however, office and individual research laboratory space would be required for the additional staff. Capital expenditures relating to instruction in the basic sciences would be the same as those required for the establishment of any new medical school. No really major benefactions appear likely with respect to the development of a medical school in Rochester so both the building and ongoing support of such a school would require public funds. Full federal support of a Mayo Medical School as a national resource is a concept that has received serious attention.

The Mayo Clinic staff is, as would be expected, dedicated to the concept of the integrated practice of specialty medicine, which they do in outstanding fashion. They are sensitive to the health care needs of the smaller communities, but they appear to believe that the solution to these needs lies in the development of group practices of traditional specialists in appropriate population centers. The primary physician, they believe, will function within the framework of such group practices. They do not believe that there is a significant future role for the solo practitioner, whether he be a traditional general practitioner or a new type of specialist that would be known as a family physician. Accordingly, they are not interested in developing training programs for solo practitioners.

Evaluation. The Advisory Committee believes that the Mayo institutions and the related health care facilities in Rochester provide superb and truly unusual opportunities for education in the health sciences. We believe that they can make an important contribution to undergraduate medical education on a national scope. Specific recommendations in this regard appear in the section headed "Conclusions and Recommendations."

ST. PAUL

The meeting with the representatives of St. Paul was held on Saturday morning, December 30, 1967, in the Board of Regents room on the University of Minnesota campus, the location preferred by the St. Paul group. Conversations were held with representatives of the Northern Association for Medical Education (NAME) and these included Dr. Davitt Felder, President, Mr. John Hedback, Executive Director, Mr. Louis Lundgren, Chairman of the Capital Funds Committee, and Dr. P.T. Watson, Member of the Board of Directors. NAME was established in 1958 by a group of St. Paul physicians for the stated purpose of establishing "a new medical school for the Northwest".

The Community. St. Paul, Minnesota's capital city, has a population of 317,287 with 663,134 living in the city and the immediate suburban areas. It has a substantial amount of both light and heavy industry. The central offices of the world famous, rapidly growing Minnesota Mining and Manufacturing Company are in St. Paul. It is known as an important insurance center, as well.

Seven liberal arts colleges are located in St. Paul and enjoy good reputations. Hamline University, which is now a liberal arts college despite its title, at one time included a medical school, which was discontinued in 1903 by amalgamation with the University of Minnesota Medical School.

Health and Health Education Resources. There are approximately 575 physicians in St. Paul and its environs. The level of medical practice is recognized as outstanding. St. Paul is served by 7 hospitals with a total of 2,269 beds. Central to the discussion of any program of medical education in St. Paul is St. Paul-Ramsey Hospital. St. Paul-Ramsey Hospital, with 583 beds, was opened in 1965, succeeding Ancker Hospital as the city-county hospital. Ancker Hospital had served in that role for many years, had become outmoded and uneconomical to operate, and is currently in the process of demolition.

St. Paul-Ramsey Hospital is an excellent new up-to-date structure (although it has been suggested that the design of the out-patient areas was based on an out-dated concept of ambulatory care). The Governing Board of the hospital is the Ramsey County Welfare Board, and this Council has legal authority with respect to the hospital. A Hospital Advisory Committee, consisting of eleven of St. Paul's most respected citizens, is appointed by the Welfare Board and works with it and the hospital administration in an advisory role. It does not have legal authority.

The recently appointed Executive Director and Superintendent of the Hospital, who is responsible to the Welfare Board, is the lay hospital administrator. A Chief of Staff is nominated each year by the Executive Committee and elected by the staff. The Executive Committee consists of the heads of the various clinical departments and such other members as may be appointed by the Chief of Staff.

St. Paul-Ramsey Hospital is affiliated with the University of Minnesota and its Medical School on the basis of a written agreement. All service or department heads are subject to the joint approval of both St. Paul-Ramsey Hospital and the University of Minnesota. All future staff appointments to any clinical service are similarly subject to joint approval. At the present time the following departments are headed by full-time individuals: Surgery, Medicine, Pediatrics, Obstetrics, Neurology, Psychiatry, Pathology, Clinical Pathology, Anesthesiology and Orthopedic Surgery. All full-time service chiefs hold regular ranks in the faculty of the University of Minnesota Medical School, and all part-time chiefs hold ranks bearing the additional designation "clinical".

The medical staff numbers 265 altogether. The medical staff is, in general, supportive of the University affiliation, and their supportiveness has increased tangibly in the past 4 or 5 years.

Approximately 40 medical students are assigned to the various services at St. Paul-Ramsey Hospital at any given time. The internship program is not

officially part of a University of Minnesota program, but of course the interns are supervised by University faculty members. The residents or Medical Fellows are participants in the University of Minnesota program and duly registered in the Graduate School.

A Joint Educational Council, which includes representatives of both St. Paul-Ramsey Hospital and the University of Minnesota, meets regularly or on call for special purposes in order to discuss the educational programs and to deal with any problems that might arise relating to the operation of the joint program. The University of Minnesota Medical School considers St. Paul-Ramsey Hospital an important part of its clinical teaching program. St. Paul-Ramsey Hospital provides research laboratory space adequate for the needs of the present full-time staff. An education building adjacent to the main hospital building provides classrooms for teaching of residents, interns, nursing students and medical students. It also contains some research laboratories. Its possible use for a more extensive program in medical education would have to be the subject of considerable further evaluation and discussion. In any event, it seems evident that a full-scale program in medical education centered about St. Paul-Ramsey Hospital would require construction of all of the necessary basic facilities and substantial additional offices and research laboratories for a full-time clinical staff that would be much larger than the present full-time staff.

The University of Minnesota has had, at various times, less extensive affiliations with other hospitals in St. Paul including Miller and St. Joseph's Hospitals. These programs were limited in scope and involved only graduate level training in one or two disciplines. The Department of Pediatrics presently relates to Children's Hospital in St. Paul. These hospitals, and others in the community, offer excellent clinical facilities for patient care. None was built as a teaching hospital, and they do not provide either extensive classroom facilities or offices or laboratories for full-time faculty.

The Northern Association for Medical Education (NAME). It is useful for the purpose of this report to provide further information concerning NAME and the history of the proposed new medical school in St. Paul. The original purpose of NAME was to establish such a school as a private medical school. NAME representatives pointed out that almost all of the proposed new schools across the nation were to be state supported, and they indicated their belief that medical education in the United States should have a proper balance between private and public sponsorship. They cited as one benefit of such private sponsorship the fact that the student body could be drawn from a nationwide pool of applicants without regard to their state of residence. The early announcements of the formation of NAME emphasized the intent of the founders to establish a school devoted to the art of medicine as contrasted with a research-oriented school. An early publication of NAME, for example, stated "the basic philosophy of the new school will be to train physicians to care for people rather than for research and teaching; although these areas will not be ignored."

NAME's spokesmen have indicated that shortly after their founding they considered various sites for a new medical school and concluded that St. Paul provided the best opportunity. They cited among the potential advantages of a St. Paul location the clinical facilities offered by the various hospitals in the city that were not fully exploited for teaching purposes, the large number of physicians in St. Paul with both experience and interest in clinical teaching, and the presence in St. Paul of several private liberal arts colleges of good reputation. At the outset, membership in NAME was open to physicians for an annual membership fee of \$5.00. Subsequently membership was opened to laymen as well, and by October, 1964, it included 560 physicians and 76 laymen, a total of 636 members. While Twin Citians, and especially residents of St. Paul, predominate, membership includes individuals from throughout Minnesota and from neighboring states, as well. The present membership is 650. At the outset NAME apparently had expectations that it would receive an extremely large gift that would in effect provide capital funding and an endowment that would provide at least a portion of the operating funds, as well.

Such a gift has not yet materialized. An original principle underlying the founding of NAME was that the school would be a truly private school, not dependent upon any kind of government resources. The growing appreciation of the expenses involved in the establishment and operation of a medical school and the indefinite status of a major benefaction caused the NAME Board of Trustees to re-examine their earlier position and to indicate their willingness to accept federal funds on the same basis as other non-state supported medical schools. More recently NAME has requested support from the State of Minnesota. (Vide infra).

NAME officials, cognizant of the importance of academic sponsorship with respect to medical school accreditation, held conversations with administrators and trustees of several of the liberal arts colleges in St. Paul. To date, none of these colleges has expressed a willingness to accept the responsibilities and highly complex obligation of operating an academic medical center.

In 1959, NAME officials met with Drs. Ward Darley, then Executive Director of the Association of American Medical Colleges and Dr. Walter Wiggins, then Executive Secretary of the Council on Medical Education of the American Medical Association. The organizations represented by Drs. Darley and Wiggins, the AAMC and the AMA, share joint responsibility for the Liaison Committee on Medical Education, which has final authority with respect to medical school accreditation. The visit was advisory in nature and did not result in any action by accrediting agencies. To date, NAME has not requested a formal evaluation of their potential accreditability by the Liaison Committee on Medical Education, nor has it sought provisional membership in the Association of American Medical Colleges, a preliminary step in the accreditation process.

In 1962 NAME officials sought the advice of Dr. Robert S. Morrison, who was then associated with the Rockefeller Foundation. Dr. Morrison was favorably impressed by the facilities potentially available for clinical teaching in the St. Paul area but apparently concerned by lack of academic sponsorship. He suggested the possibility of a federated university in St. Paul to include the various

liberal arts colleges, which might then jointly sponsor graduate and professional education programs including a medical school. The idea of a federated university in St. Paul was indeed pursued by NAME officials and by others in the community as well. This suggestion did generate interest within the community, and a committee of college presidents and deans was formed for the purpose of pursuing it. Despite this early interest, however, substantive realization of a federated university program has not occurred.

In 1967 NAME for the first time sought state support for its proposed medical school. A bill was introduced into the Legislature to establish a medical school in St. Paul under the direction of NAME, providing \$500,000 for the initial expenses of starting such a school, and agreeing to the principle of state subvention of medical education in a non-state school. Specifically the bill provided that the State of Minnesota would provide the proposed new medical school with the amount of \$5,000 per year for each student enrolled. The school would thus be a "state-related" but not state supported medical school, according to NAME officials. A point emphasized by supporters of NAME was that the assurance of ongoing operating support provided by such legislation would encourage donations for capital purposes from potential donors who had, up to that point, been reluctant to commit themselves because of the uncertainty of future operating funds. The legislation was not enacted by the 1967 Legislature.

Consultation with St. Paul Representatives. During the course of the meeting with NAME officials on December 30, 1967, it was made clear that the basic NAME proposal remains a proposal for the establishment of a full four-year autonomous medical school in St. Paul, directly responsible to an independent Board of Trustees. NAME officials indicated that they plan to press for this program and that they will continue to seek again in 1969 the subvention from the State of Minnesota that they sought in 1967. They expressed a willingness to explore an accommodation with the Board of Regents of the University of Minnesota to expedite the attainment of accreditation. The nature of such an accommodation was explored as intensively as was possible. for this was naturally the key issue in these discussions

It appeared evident to the Advisory Committee that NAME placed great emphasis on having its medical school established as a separate corporate entity with fiscal and academic autonomy, responsible to its own Board. NAME representatives indicated a willingness to consider an arrangement whereby their Board would associate itself in some manner with the Board of Regents of the University. The question was raised as to whether the North Star Research and Development Institute or the program that relates the University High School and Marshall High School might serve as a model for relating NAME to the Board of Regents. It was not possible, however, to have a definitive discussion of the essential characteristics of such a relationship, for NAME representatives felt that they had not had sufficient opportunity to consider the matter.

NAME places a very high premium on maintenance of a corporate identity separate from the University of Minnesota for a number of reasons, one of which they believe to be very practical from the standpoint of financing. They believe that a potential donor stands ready to make a sizeable donation for the establishment of a St. Paul Medical School as soon as its ongoing operating financing is assured. According to NAME officials this donation would not be available to the University of Minnesota, hence the need to remain a separate corporate entity in order to receive such a gift.

The subject of clinical facilities available to a proposed NAME - sponsored medical school was discussed at some length. Conversations have been held between NAME representatives and representatives of all or nearly all of the hospitals in St. Paul and at least one or two in Minneapolis. Dr. Felder indicated, however, that no hospital has, to date, entered into a written agreement to serve as a teaching hospital for the proposed new medical school. The prospects for the attainment by the proposed new medical school of the necessary authority for direction of the various clinical services in its proposed teaching hospital or hospitals could not be evaluated in the absence of clear-cut and documented agreements.

Evaluation. The Advisory Committee believes that the proposal that NAME has made for an autonomous, free-standing medical school in St. Paul is unlikely to meet the requirements of the Liaison Committee on Medical Education for accreditation and hence would not qualify for federal funds for construction. This belief is based on the lack of academic sponsorship and the uncertainties of both operational financing and teaching hospital affiliations. The possibility of a substantial benefaction in support of medical education in Minnesota cannot be set aside lightly. Recommendations made in the section entitled "Recommendations and Conclusions" are relevant to that point and to the future role of St. Paul-Ramsey Hospital in medical education in Minnesota.

CONCLUSIONS AND RECOMMENDATIONS

1. The Advisory Committee concurs in the judgment expressed by the Board of Regents, as well as by others in the state, that the proposed development and expansion program for the health sciences on the Minneapolis Campus of the University of Minnesota constitutes a vital first step in the provision of more physicians for Minnesota. It will provide the most certain, most expeditious means of attaining that objective. In addition, it will provide additional numbers of other key health personnel, notably dentists, currently in short supply and within the next few years apparently destined to become in even shorter supply, relatively, than will be the case with respect to physicians. Viewed as a program dedicated to the production of additional physicians, dentists, nurses and other current health professionals and to the development of emerging health professions and vocations, it also represents the least expensive approach to the problem, although undeniably costly. The Advisory Committee recommends that the Regents continue their vigorous efforts on behalf of this development and expansion program.

2. The Advisory Committee believes that each of the communities that were subjects of its discussion and consideration offers tangible, interesting, and substantially differing opportunities for the development of additional facilities for education for the health professions and vocations. The Committee believes that all such opportunities should be explored to the extent possible and points out that a premature commitment by the state to the development of a full four-year school in one locality might well preclude appropriate and highly desirable programs in other areas. The Advisory Committee recommends, therefore, that the Regents give most serious consideration to the development of a comprehensive program of education for the health sciences. Such a program should, in its entirety, be under the jurisdiction of the Board of Regents and the Central Administration of the University and subject to such administrative coordination as may be necessary to assure full, effective, and appropriate utilization of all available facilities and resources and to prevent wasteful duplication. On the other hand, such a program should be structured with substantial flexibility so as to permit major

individual components of the program to progress toward the objective of the full span of medical education when resources from federal, state, or private sources make this possible.

3. With respect to Duluth, the Advisory Committee recommends that the obvious strengths of the Biology and Chemistry Departments of UMD be extended even further; that they be encouraged to develop graduate programs in these areas; and that, at the same time, UMD undertake development of a substantial program of training for the various allied health professions and vocations, such as nursing, physical therapy, occupational therapy, etc. These developments would foster, the Committee believes, the sound ultimate development, perhaps within a decade, of the initial phases of the M.D. degree program. The further development of the full four-year span of the M.D. program would appear to lie in the more distant future.

4. With respect to Rochester, the Advisory Committee recommends that the Board of Regents give active encouragement to the development of a four-year medical school in Rochester. Since such a school is clearly envisioned as a national and, indeed, an international school, it is unlikely that the State of Minnesota would provide its capital funding. On the other hand, a subvention from state funds on behalf of Minnesota students accepted and attending such a school, once established, would be a reasonable expectation. The Advisory Committee believes that the Board of Regents can and should be of great help to Mayo officials in marshalling funds from private and federal sources for the capital development of a school of the type envisioned. The possibility of full federal financing (not merely formula support as it now applies or might in the future apply to all programs of undergraduate medical education) for a sort of national health sciences academy deserves full exploration. Rochester would be an ideal location for such a program.

Whatever the capital funding, the Board of Regents could appropriately serve as academic sponsors of the school, at least at the outset. It is conceivable that ultimately either a branch of the University of Minnesota analagous to UMD or a private university might be developed in Rochester of which the medical school

5. With respect to St. Paul, the Advisory Committee recommends that the Board of Regents explore with the officers and Board of Trustees of NAME, together with other physicians and civic officials of St. Paul, the possibility of a program in medical education in St. Paul which would permit the development of a separate corporate identify with respect to certain fiscal aspects such as land and property ownership but which would be subject to the full authority of the University of Minnesota Board of Regents and appropriate administrative officers, with respect to all academic matters, including student admissions, faculty appointment and promotion, curriculum development, Graduate School activities, and awarding of degrees. The Advisory Committee advises strongly against any arrangement under nominal Regent auspices that would result in an institution that would be anything less than an integral part of the University.

6. Assuming that the explorations suggested in the foregoing paragraph are successful, the Advisory Committee recommends that the Board of Regents proceed as soon as possible with the development of a program fully incorporated into that of the University of Minnesota Medical School and centering about St. Paul-Ramsey Hospital. The present clinical teaching program at St. Paul-Ramsey Hospital, already a significant portion of the total Medical School program, would be further strengthened and expanded, so as to accommodate as many as 50 students in each of the clinical years. Further, the realization of the expected major benefaction would permit development of an adjacent basic science facility which could initially provide instruction for perhaps 25 entering students. Future increases in the number of students served would occur in accord with both need and available resources. The program at St. Paul-Ramsey Hospital should be developed so as to have a substantial local identity, a distinctive name, and as much autonomy as is consistent with an integrated academic program. The citizens of St. Paul and Ramsey County should have an opportunity to identify with the program there and to take substantial civic pride in it both as a facility of their community and as a University program.

7. Should the explorations suggested in Recommendation No. 5 not be successful in leading to the development of a separate corporate entity as described, the Advisory Committee recommends that the Board of Regents proceed with the strengthening and expansion of the clinical program at St. Paul-Ramsey Hospital in order that it could serve a larger number of students in their clinical years, perhaps as many as 50 in each such year.

8. Although not charged with the responsibility of considering these facilities as possible locations for a new medical school, the Advisory Committee took note of the important role that Hennepin County General Hospital and the Minneapolis Veterans Administration Hospital have played in the program of clinical instruction of the University of Minnesota Medical School. The Committee recommends that the Board of Regents strengthen and expand these programs in order that they, like St. Paul-Ramsey Hospital, may accommodate substantially larger numbers of students in the clinical years. The urgent need for a new physical facility for Hennepin County General Hospital was made fully evident to the Committee which expresses the hope that the Board of Regents will lend support to current efforts directed toward the realization of a new Hennepin County General Hospital.

9. The Advisory Committee recommends that the Board of Regents, together with responsible state officials, explore means whereby a larger number of students from the North and South Dakota Medical Schools might be encouraged to transfer to the University of Minnesota Medical School for the clinical phases of their education and whereby appropriate funding could be financed. It is recognized that prospective changes in curriculum in most all of the nation's medical schools, including the University of Minnesota, are likely to make such transfers more difficult in the future. It is believed, however, that the difficulties are not insurmountable, especially if some joint academic planning can take place, and that the potential gains are such as to warrant the effort.

10. Realization of the full potential of the program implicit in the foregoing Recommendations (225 entering students and up to 250 graduating students each year)

by 1973 is dependent upon the development of a separate corporate entity in St. Paul, with the features described in Recommendations No. 5 and No. 6, which would permit the development of capacity for basic science instruction in conjunction with the St. Paul program. In the event that such a development is not possible, the Advisory Committee recommends that the Board of Regents take one of the following steps:

- a. Make the necessary modifications in the current health sciences development program and plans for future staffing that would permit a Medical School entering class size of 225 rather than 200; or
- b. Speed the development of the program of UMD substantially over that implicit in Recommendation No. 3 above.

This choice would depend, at least in part, upon the Regents' overall plans for development of UMD and its campus.

REGENTS' ADVISORY COMMITTEE:

Dr. William Hubbard, Jr.
Dr. John S. Najarian
Dr. Maurice B. Visscher
Dr. George Wolf, Jr.
Dr. Robert B. Howard, Chairman

Appendix 1

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Extra Session Laws, Chapter 55--S.F. 62, PP-2334-5

Sec. 8. Medical School, study of need and location. There is appropriated from the general revenue fund the sum of \$10,000 to the senate and \$10,000 to the house of representatives for salaries, supplies, and expenses for the continued study of the need for and location of another medical school to be established in Minnesota. The house of representatives' committee on rules shall designate the committee or committees of the house to conduct the study on behalf of the house; the senate's committee on rules and legislative expense shall designate the committee or committees of the senate to conduct the study on behalf of the senate.

Sec. 9. Effective date. This act is effective on final enactment.

Approved June 2, 1967.

Changes or additions indicated by italics, deletions by ~~strikeout~~.

Position of the University of Minnesota on the Question of
Expanding Facilities for Education in the Health Sciences

-32-
Appendix 2

Following is a summary of the position recommended by the President of the University and adopted by the Board of Regents:

1. The Regents of the University of Minnesota re-affirm their responsibility to provide policy guidance for planning and implementing such health science programs and facilities as may be required to meet the statewide need for increasing numbers of physicians and dentists. The Regents also recognize the importance of the associated health professional programs and their responsibility to develop these programs further within the University and in cooperation with other institutions.

2. Exercise of such responsibility by the Regents is in the best interests of the State. It would assure a coherent development program, free from wasteful duplication of faculty and physical facilities. It would assure professional accreditation and high quality in all expansions undertaken. It would assure a planned pattern of growth responsive to the needs of the State for particular kinds of professional practitioners.

3. The Regents again re-affirm their belief that the present plan for developing the facilities for the Health Sciences on the Twin Cities campus of the University is the most logical and economical first step to be taken by the State to: a) increase as rapidly as possible the preparation of the greater numbers of physicians, dentists, and related professional personnel needed by the State; b) meet the recognized need for increasing the number of family practice physicians available to the State; c) maintain the quality and national stature of its present colleges.

These three important goals, and the procedures for achieving them, are incorporated in the present development plan.

4. As the findings of the Health Manpower Study indicate, the most effective and economical plan for meeting the need for increased numbers of dentists is contained in the current development program of the present School

of Dentistry. This program also includes provision for training additional parodontal professionals.

5. The Health Manpower Study also demonstrates that the present plan for expanding the College of Medical Sciences will meet the immediate need for more physicians as effectively as possible. But the long-range need of the State for increased numbers of physicians will require, in addition to the present development plan, new facilities for medical education at a location or locations other than that of the present College. Planning should now be undertaken which will lead to decision concerning the location, physical plant, administration, and program for such new facilities.

If this planning leads to a decision that the second medical school should be administered separately from the present College of Medical Sciences, the Regents would be prepared to serve as a policy board for this new School, thus assuring coordination of the missions, standards, and program of the two Schools.

Planning might also lead to a decision to restructure the entire design for medical education in the State by locating programs in the basic medical sciences at one or two sites, while establishing two, three, or four clinical colleges at distributed locations. Thus, a two-year program in the basic medical sciences could be concentrated, as it now is, on the Twin Cities campus of the University, or could be augmented by the development of a second such program at another location. Two-year clinical Colleges could be placed at several locations with hospital settings. Each College could be prepared to emphasize a particular kind of clinical experience for prospective physicians. This hypothetical pattern of distribution is used to illustrate the nature of a "multi-centric" approach to expanding medical education facilities. Actual decision of the number, location, and missions of the distributed centers would need to follow thorough planning.

3.

6. As the product of discussions now under way, the President and the Regents will be prepared to recommend to the legislative committees in early 1968 their position on an optimal program for planning and implementing expansion of facilities for medical education beyond the levels which will be achieved by the current development program for the College of Medical Sciences.

Same letter to: Dr. Charles F. Code and Dr. Samuel H. Boyer Appendix 3
Mayo Clinic, Rochester 1115 Medical Arts Bldg.
Duluth

November 22, 1967

Dr. Davitt Felder
734 Lowry Medical Building
St. Paul, Minnesota

Dear Dr. Felder:

On November 17, the University Board of Regents adopted the enclosed position on the question of expanding facilities for education in the Health Sciences.

We are aware of the concern you share with us and the Regents that the administrative organization and the facilities to be developed serve the state's interests in an optimal fashion. I have asked Dean Robert B. Howard, Dr. Maurice Visscher and Dr. John Najarian of our College of Medical Sciences to serve as the core of a committee to meet with a number of organizations such as your own to discuss alternative organizational and locational considerations. I have asked Dr. R. P. Buckley, Chairman of the Medical Education Committee of the Minnesota Medical Association, to nominate two medical experts from outside the state to participate in the discussions as consultants. The University will assume the necessary expenses.

If this proposal is acceptable to you, would you please inform me regarding the individuals who would represent your organization. Dr. Howard will communicate directly with you to organize a schedule of meetings.

Cordially,

Malcolm Moos
President

MM:ap

Enclosure

