

1974

Board of Trustees Ad Hoc Committee July 8, 1974

University Of Maine System

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MEETING OF AD HOC COMMITTEE ON MEDICAL EDUCATION
July 8, 1974
Portland, Maine

PRESENT: Attendance list appended to the file of these minutes.

Dr. Wessell opened the meeting and asked Dr. Robert Coon, Assistant Chancellor for Health Science Education to present the University proposal for a Medical School.

Dr. Coon posed four questions:

1. Should the University of Maine establish a Medical School?
2. Does the professional community support the development of a Medical School for Maine?
3. Should the University contract for Basic Science Education or develop internal capability in Basic Science Instruction?
4. Would the "Health Provider" Institutions be able to participate?

He outlined the University's plans for a Medical School including:

- 50 students by the third year as the minimal cost effective size
- providing clinical instruction in 3 locations in the State, 16 students at Maine Medical Center in Portland, 16 in Central Maine hospitals and 16 at Eastern Maine Medical Center at Bangor as well as in selected clinics and offices throughout the state.

Dean William H. Luginbuhl, M.D., University of Vermont College of Medicine, stated in answer to Dr. Coon's 4 questions that Maine should decide if it wishes to establish a Medical School. He stated that the demand for education dollars should be balanced against the benefits such as: 1. states with Medical Schools have more physicians, 2. development of a better Health Care System in the state and 3. stimulation of Continuing Medical Education.

He outlined the alternatives which the state faces:

1. Do nothing.
2. Medical Education on the graduate level.
3. Undergraduate medical education focusing on the clinical years.
4. Establish a 4-year medical school.

Dean Luginbuhl stated that University of Vermont could take only a limited number of Maine residents for Basic Science Instruction on a short term contract basis. The cost of developing Basic Science Instruction in the state was estimated by Dr. Luginbuhl to be not less than 2 million dollars a year.

Dean James C. Strickler, M.D., Dartmouth Medical School, endorsed Dean Luginbuhl's remarks and elaborated on the expense of operating a small medical school. He also stated that he was skeptical that a Basic Science Medical School faculty could be built from a general education faculty. Although the faculty at Dartmouth Medical School has not voted on accepting contract students from Maine he stated that Dartmouth would be interested in about 12 Maine students because of their obligation to the New England area and improvement of their cost/benefit ratio because of limited clinical facilities. Twenty students a year is the upper limit they could consider.

Admissions. Prompted by a question by Lawrence M. Cutler, M.D., Honorary Chairman, University of Maine Board of Trustees, Dr. Luginbuhl stated that the institution that grants the degree has primary responsibility for admissions selection. Robert R. Masterton, University of Maine Board of Trustees, asked if Vermont would substitute Maine students for the NEBHE contract program. Dr. Luginbuhl stated that looking to decrease clinical load at Burlington and with no change in clinical arrangements, Vermont will take only seven Maine students in 1975.

Acting Dean Lauro F. Cavazos, Ph.D., Tufts University School of Medicine, outlined a regional role for Tufts. Tufts has admitted 10 Maine students of 80 to 90 applicants by Dr. Cavazos stated that his faculty was unwilling to take the 24 students Dr. Coon had proposed. He stated that the Tufts faculty would prefer NEBHE or some other route. He said that Tufts cannot now consider a direct contract with the University of Maine.

Douglas W. Walker, M.D., Director, Maine Medical Center, Portland reported that the Trustees of Maine Medical Center in a 1970 resolution supported a Maine Medical School. He stated that Maine Medical Center is unwilling to give up their Tufts agreements but will take 16 University of Maine students for 3rd and 4th year work although they may have to sacrifice some of the 50 fourth-year medical students now taking 1 to 3 month electives. He stated that Maine Medical Center will continue to operate education programs on money from AHEC, Foundations and the federal government in addition to the \$6.50 a day patient care funds.

John F. Gibbon, M.D., Chief of Radiology, Maine Medical Center, Portland, spoke in opposition to the University four-year plan. He recommended that training be limited to the last two clinical years. He cited cost of buildings, additional staff and asked what other hospitals in the state planned to do.

Charles D. McEvoy, Jr., M.D., Medical Director, Eastern Maine Medical Center, Bangor, stated that Eastern Maine Medical Center trustees adopted a resolution in support of the University of Maine venture into Medical Education. He reported that by the fall of

1974 Eastern Maine Medical Center will have 400 beds. He also said that planning for Family Practice Residency and 4th year students at EMMC has started but is incomplete.

Manu Chatterjee, M.D., Program Coordinator, Maine's Regional Medical Program, stressed that Maine's program for a Medical School must be different from the traditional. New programs and new educational methods should be explored without compromising quality, he said. He added that quality residency programs already under way in Central Maine make a Medical School more feasible for Maine. Dr. Chatterjee, also pointed to underutilized resources in Maine and disagreed that General Science faculty could not teach medical students.

George W. Wood, III, M.D., Department of Medicine, Eastern Maine Medical Center, Bangor, expressed the desire of practicing physicians in the state to have medical students around. The medicine group at Eastern Maine Medical Center is presently planning for teaching, he said, and stated that other physicians in Maine admire and envy Maine Medical Center's education experience. He outlined the support of the Maine Medical Association for a Medical School.

Charles A. Hannigan, M.D., Chief, Department of Internal Medicine, Central Maine General Hospital, Lewiston spoke of the importance of the now defunct Rotating Internship Program at Central Maine General Hospital. He said that people of the state pay 400 million a year in health costs now. Compared to 2 or 3 million for a Medical School and improved health care, the amount seems small. He applauded the University's appointment of Dr. Coon as Assistant Chancellor for Health Science Education and cited the Truslow Report as recommending this 10 years ago. Dr. Hannigan said that since Tufts cannot contract for Basic Science Education and Vermont is limited, he feels the University should go ahead with Basic Science Education.

Robert L. Ohler, M.D., Chief of Staff, Veterans Administration Hospital, Togus, offered the Veterans Administration support for the project. He said the VA is prepared to provide additional staff to Togus to become a teaching institution.

David R. Ginder, M.D., Department of Medicine, Thayer Memorial Hospital, Waterville, spoke of the eight to ten Yale University Medical School students at Thayer each summer as so successful that this year two groups of Yale students will participate. He felt that it would take one full-time equivalent instructor for each four or five students to maintain a high quality level.

H. J. Wheelwright, M.D., Medical Director, Augusta General Hospital, Augusta, stated that contracting for Basic Science is not his first choice. He said he feels we have competency here in the state and that the University of Maine must pick up the responsibility. The Consortium in Central Maine proves that hospitals can work together. He also said that the residency program must have an affiliation with a Medical School to maintain quality. He feels recruiting would be easy to supplement talent already in the State.

Stanley J. Evans, M.D., Bangor, University of Maine Trustee, took over the meeting when Dr. Wessell left and opened a question period.

Dean Luginbuhl summarized his views as follows:

1. Decide on your basic purpose. If your basic purpose is to get a lot of Maine students into medical school and you feel that you can't do this via the contract for Basic Science, you should develop a 4-year medical school. If your purpose is to improve health care in the state, you could go to a large number of medical schools throughout the country and contract for basic science.
2. Costs and Benefit. If you take an optimistic view of costs and benefits you can justify anything. Two million dollars is the rock bottom hard money for Basic Science. One million dollars for clinical in 1974 dollars. Three million is rock bottom.

Discussion topics included:

1. Requirements of Basic Scientists for
 - a. space, laboratories
 - b. time for research
 - c. costs
2. Accreditation problems with a two-year school
3. Graduate education tied to undergraduate in future
4. Economy of size
5. New money generated from outside state compared to two to three million from the Legislature

PARTICIPANTS--MEETING OF AD HOC COMMITTEE ON MEDICAL EDUCATION
OF UNIVERSITY OF MAINE BOARD OF TRUSTEES, PORTLAND, MAINE

Nils Y. Wessell, Chairman

July 8, 1974

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