PHYSICIANS FOR VIRGINIA

PART II

A Study of the Feasibility of Establishing a Private Medical School in the Tidewater Area of Virginia

REPORT OF
THE STATE COUNCIL OF HIGHER EDUCATION
to
THE GOVERNOR
and
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT No. 12

COMMONWEALTH OF VIRGINIA
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COMMONWEALTH OF VIRGINIA

STATE COUNCIL OF HIGHER EDUCATION

Room 301, Finance Building

Richmond 19, Virginia, December 9, 1963

To:

HONORABLE A. S. HARRISON, JR., *Governor of Virginia*

and

THE GENERAL ASEMBLY OF VIRGINIA

House Bill 229, approved by the 1962 General Assembly, directed the Council of Higher Education to "make a careful and comprehensive study of the feasibility and advisability of establishing a private school of medicine in the Tidewater area."

The report submitted herewith is in response to the directive of the General Assembly, and is entitled "Physicians for Virginia—Part II." Part I of the study is in response to the directive of Senate Joint Resolution No. 44 of the 1962 General Assembly, asking the Council to make a statewide study of medical education. With two directives aimed at related concerns, it was deemed appropriate to treat these two studies as parts of a general and comprehensive study.

Both parts of the study were conducted under the guidance of an advisory committee. In general, the same persons and organizations were involved in both efforts. To these the Council again expressed its gratitude for their generous and able contributions.

Both parts of the study were accepted and endorsed by the Council at its meeting on December 9, 1963 and are being published and released simultaneously. In endorsing the report on Part II of the study, herewith submitted, the Council is conscious that the specialized financial requirements involved in any proposal to establish a private medical school in Virginia would not materially affect the financial resources upon which existing private colleges must necessarily rely.

Respectfully submitted,

WILLIAM HUGH MCFARLANE, *Director.*

1. There is a growing demand for increased medical services in Virginia and throughout the United States, caused by population growth and change, increased use and changing patterns of medical service and new medical knowledge.

2. The ratio of physicians to population in Virginia is below that of the nation (by 18 per cent), although both ratios have been fairly stable over a period of years. Physician shortages in some areas, in some specialties and in a number of hospitals, together with population increases and increasing demands for medical services make it imperative that more physicians be graduated in Virginia in the years ahead.

3. Virginia cannot hope to meet the increasing demands for more physicians beyond 1975, even through the expansion of existing schools to optimum size. Therefore, it appears that there will be a need for a new four-year medical school.

4. Since the State, through General Tax Funds, must provide increasingly adequate support for current and expanded programs in the existing medical schools, it is unlikely that there will be sufficient tax funds available for the construction and operation for a third school of medicine.

5. Since Virginia already provides tax support for two public medical schools (out of 42 such institutions in the total of 87 medical schools in the U.S.), it is appropriate that the proposed medical school in Hampton Roads be constructed and operated with private funds (with Federal assistance in construction).

6. The Hampton Roads area now has approximately one-fourth of the total population of the state. With over 1 million people in the area, it could provide valuable support for a medical school in terms of patients, students and faculty.

7. Since it generally takes ten years from initial planning until a medical school can graduate students, the proposed schedule for the development of such an institution in Hampton Roads is feasible.

8. The development of a private school of medicine could be the focal point of a third major health center in Virginia, attracting physicians to the state, providing more educational opportunities for Virginia students and elevating standards of health care throughout the state.

PHYSICIANS FOR VIRGINIA—PART II

(A report on a study of the feasibility of establishing a private medical school in the Tidewater Area of Virginia)

INTRODUCTION

The 1962 General Assembly of Virginia directed the State Council of Higher Education to make studies on matters relating to the training of qualified physicians:

1. Senate Joint Resolution No. 44 directed the Council to "make a study and report on the role, goals, and extent to which the existing medical schools are meeting the needs for qualified medical practitioners, and whether the State is meeting its obligations and responsibilities in providing adequate opportunities for students who desire to do so, to obtain a medical education in this State."
2. House Bill 229 directed the State Council to "make a careful and comprehensive study of the feasibility and advisability of establishing a private school of medicine in the Tidewater area." (Appendix A.)

With two directives aimed at related concerns, it was deemed appropriate to treat these two studies as parts of a general comprehensive study of medical education in Virginia. The need for a third medical school in the State must be based upon a thorough review of the probable needs for physicians and the potential of the existing schools to meet these needs.

The basic objective of these studies is to provide the General Assembly and the citizens of Virginia with factual information and professional judgment on the current status and needed future developments of medical education in the Commonwealth if both the needs of students for opportunities to study medicine and the needs of citizens for medical care are to be met.

This report presents findings and recommendations relating to the study directed by House Bill 229. A separate report deals with findings and recommendations relating to Senate Joint Resolution No. 44.

Although the Council of Higher Education, through its staff, initiated and developed the concurrent studies on medical education, these studies could not have been completed under the limitations of time, staff manpower and financial resources available except for the invaluable assistance rendered by many persons in Virginia and throughout the country.

The staff enjoyed the advice and counsel of an Advisory Committee on Medical Education composed of members of the General Assembly, members of the medical profession in Virginia and laymen. Mr. Thomas C. Boushall from Richmond and Mrs. James Gilliam, Jr., from Lynchburg, served as chairman and vice-chairman of the Committee, respectively. Other members included: Senator Joseph C. Hutcheson, of Lawrenceville; Senator Landon Wyatt, of Danville; Delegate Paul Manns, of Bowling Green; Delegate French Slaughter, of Culpeper; Dr. Mason Andrews, of Norfolk; Dr. Harry Bates, of Arlington; Dr. Russell Buxton, of Newport News; Dr. John W. Davis, Jr., of Lynchburg; Dr. William J. Hagood, Jr., of Clover; Dr. Mack Harris, of West Point; Dr. Charles D. Smith, of Roanoke, and Dr. John C. Watson, of Alexandria.

Special thanks are due Dean Thomas Hunter and Dean Kenneth Crispell of the University of Virginia and Dean William Maloney and Dean

Kinloch Nelson of the Medical College of Virginia, who, with their respective staffs, contributed information and unfailing cooperation throughout the study.

Appreciation is also due Dr. Russell M. Cox, Secretary-Treasurer, Virginia Board of Medical Examiners; Dr. Mack Shanholtz, State Health Commissioner; and Mr. Edgar Fisher, Director of the Virginia Council on Health and Medical Care, for their many contributions to the study.

Much information and wise counsel were gained from the following consultants: Dr. Ward Darley and Dr. Lee Powers of the Association of American Medical Colleges, Dr. Walt Wiggins and Dr. Glen Leymaster of the American Medical Association, Dean William Willard of the University of Kentucky School of Medicine, Dean Vernon Wilson of the University of Missouri School of Medicine, Dean Vernon Lippard of the Yale University School of Medicine and Dr. Paul Peterson, Mrs. Maryland Pennell, Miss Marion Altenderfer and Miss Ruth Raup of the Public Health Service of the U. S. Department of Health, Education and Welfare.

Finally, appreciation is expressed for the cooperation and assistance provided by the Mayor's Advisory Committee on the Establishment of a Medical School in Norfolk. Members of this Committee include: Mr. Barron F. Black, Chairman; Dr. Mason C. Andrews, Mr. Lawrence M. Cox, The Honorable Walter A. Page, Dr. John S. Thiemeyer, Jr., Mr. J. Hoge Tyler, III, Mr. Lewis W. Webb, Jr., and Delegate J. Warren White.

It is only through the contributions made by these and other persons that this study has been brought to its present stage of completion. The final responsibility for the findings and recommendations as well as the shortcomings, must remain, however, with the staff of the Council of Higher Education.

Chapter 1

THE GROWING NEED FOR MEDICAL SERVICES

The increasing need for physicians in Virginia and throughout the nation is related to at least three major phenomena: (1) population growth and change; (2) increasing use of medical services and the changing pattern of medical services; and (3) advances in medical knowledge.

Population Growth and Change

By 1975, it is estimated that the population in the United States may reach 235 million persons. The population growth in Virginia is expected to increase from approximately 4 million in 1960 to about 5.3 million in 1975 or an increase of about 33 per cent. Virginia's rate of population increase at the present time is slightly higher than that of the nation as a whole. The increase in population is also significant with respect to the number of persons aged 65 and older, which is expected to increase by five million, and the number of children under 15, which is expected to increase by at least 18 million. Both of these groups tend to require more medical services than do other age groups in the population.

Increasing Use of Medical Services

American citizens are demanding more medical care today than ever before. Improved economic and educational status, the trend toward urbanization and the growth of hospital and medical insurance have helped to increase these demands. Advances in medical knowledge have also created demands for more and better health care.

In keeping with the growing demand for medical services, physicians have tended to change the pattern of providing services to the general public. Physicians have become more specialized in recent years. In 1931 only 16 per cent of all physicians were specialists. Today about 50 per cent of all physicians practice some type of specialty. The practice of medicine has tended to focus on the physician's office and in hospitals or clinics. Thus, 30 years ago, almost 50 per cent of the doctor's visits were in the home; today less than 10 per cent occur in the home. In 1930, the average physician saw about 50 patients a week, now he sees more than 100. The advantage of this efficiency has tended to disappear because the average citizen today consults a doctor about twice as often as he did in 1930. The average doctor still must work close to sixty hours per week to keep up with his practice.

The Supply of Physicians

The number of physicians in relation to the population of the U.S. has remained fairly stable over the last 30 years. At the present time, however, it is feared that this ratio may be in danger of declining due to continuing increases in the population without corresponding increases in the number of medical school graduates. Over the past ten years the number of medical school graduates has increased from 6,861 (1954) to 7,264 (1963) or an increase of about 5 per cent. Population increases for a corresponding period have been close to 19 per cent. The ratio has been maintained largely because of the inclusion of from 1400 to 1600 foreign medical graduates coming to the U. S. each year for advanced medical training. Many of these foreign graduates remain in the U. S. The ratio of physicians per 100,000 population for the United States and Virginia for selected years is shown in Table 1.

TABLE 1

THE RATIO OF PHYSICIANS PER 100,000 POPULATION FOR THE UNITED STATES AND VIRGINIA FOR SELECTED YEARS: 1955-62[1]

	United States		Virginia	
	Total Physicians	Active Non-Federal Physicians	Physicians Total	Active Non-Federal Physicians
1955	132.1	116.9	n.a.	93.4
1957	132.4	116.5	n.a.	90.7
1959	133.3	117.6	111.6	94.1
1960	135.0	118.9	117.1	94.3
1962	138.3	121.2	119.3	97.5

[1]AMA data provided to U.S. Public Health Service and compiled by Maryland Pennell.

It may be noted that Virginia ranks about 18 per cent below the national ratio of physicians per 100,000 population. This relative position has been maintained over a period of years. Although there has been a decrease in the number of graduates from Virginia's medical schools in the last six or seven years (from 147 in 1957 to 132 in 1963), Virginia has been able to maintain its physician/population ratio only by recruiting physicians from other states and by licensing an increasing number of foreign medical graduates.

Virginia now has approximately 5,000 physicians, with over 650 in the Federal services and 250 retired. Virginia physicians tend to concentrate in urban areas, leaving many rural areas without adequate medical care. In addition to the lack of doctors in some areas of the state, there is a shortage in some of the specialties and a more serious shortage among hospital staff. If it were not for the fact that from 40 to 60 per cent of the licentiates added to the profession in Virginia each year were from foreign medical schools who sought positions as interns and residents in Virginia's hospitals, there would be an even more serious shortage in hospitals. Virginia must not remain dependent upon this source of supply for its physicians although this group is a welcome addition to the suppl of doctors in the state.

In summary, Virginia is maintaining its supply of physicians by relying on outside sources at a time when population growth, existing shortages and increased demands for medical care make it imperative that more physicians be graduated within the state.

Chapter 2

MEETING VIRGINIA'S NEED FOR PHYSICIANS

Virginia's Medical Schools

Virginia now provides General Fund tax support for two of the 42 public medical schools in the United States. None of the 45 private medical schools in this country are located in Virginia.

Decreasing Numbers of Graduates.—Virginia's medical schools have been graduating fewer physicians each year over the last six to eight years. After adjusting the totals to eliminate the contract students from West Virginia studying at MCV, there has still been a decrease in the number of graduates. Most of this decrease is attributable to academic failures or dropouts. Table 2 shows the number of graduates from the two schools for selected years since 1955. The West Virginia students have been omitted.

TABLE 2

THE NUMBER OF GRADUATES OF VIRGINIA MEDICAL SCHOOLS FOR SELECTED YEARS: 1955-63

Year	MCV Graduates	U. Va. Graduates	Total
1955	75	63	138
1957	72	75	147
1959	77	68	145
1960	71	65	136
1962	77	55	132
1963	67	65	132

Even with a 10 per cent drop out for academic failure or personal reasons, Virginia's medical schools could be expected to produce about 145 physicians per year from an entering class of 160 students combined. In 1959, the two schools graduated 145 students or 2.1 per cent of all U.S. medical school graduates for that year. Since Virginia's population has been about 2.2 per cent of the total U.S. population, it could be said that Virginia had been producing its share of physicians up to that time. Since then, however, Virginia has failed to produce its share of doctors.

Student Enrollment Trends.—The year 1961 marked the low point in the total number of applicants to U.S. medical schools. Since that time, however, there have been some significant increases in numbers of applicants. The quality of entering classes in medical schools appears to be improving slightly year by year. Only one out of every two applicants is accepted in a medical school.

Virginia's medical schools have received more applications in recent years, particularly from out-of-state students. As Virginia residents fail to increase in numbers of applicants, the schools are forced to accept more and more out-of-state residents in order to maintain a high level of quality in the student body. Even so, a good majority of each student body is made up of Virginia residents. Fewer Virginia students are entering medical school anywhere in recent years. About 30 per cent of all Virginia students

who are admitted to medical schools go to private institutions outside of Virginia.

The problem of having so few qualified students from Virginia seeking training in medicine is a reflection of more basic problems in Virginia's educational system. First of all, Virginia ranks very low in the South and in the U.S. in the percentage of 18-year-olds that finish high school. Only 23 per cent of Virginia's college-age youth are enrolled in college (as compared with 39 per cent for the nation). In 1961, Virginia ranked 41st among all states in the proportion of young people entering medical schools. This represented a drop from a rank of 36 in 1958. Thus, if Virginia hopes to improve its production of physicians from among the ranks of Virginia students, there will need to be many improvements in developing an adequate supply of qualified applicants from among Virginia residents. Some improvements have been noted in recent years.

Some of the reasons for a lack of interest in medicine include: (1) the high cost of medical training as compared with other careers in science; (2) the lack of scholarship aid as compared with training in other fields; (3) the length of the training period required for medicine; and (4) the greater attractiveness of other new and glamorous fields of science.

Graduate Training Programs.—Studies have shown that one of the most important factors in determining the location of a physician's practice is the place where he completed his residency training. The two State medical schools have fairly large and attractive programs for interns and residents. In 1962-63, the University medical school had 32 of its 34 internships filled and 121 of its 131 residency positions filled. The same year, MCV filled 42 of 65 internships and 153 of 197 residencies. As health centers with good training facilities and large numbers of patients, these graduate programs in the two medical schools attract and retain able physicians for later practice in the state. Although there are a number of hospitals throughout the state that have intern and resident programs, the percentage of filled positions is not as high as it is for the nation at large. Also, Virginia has only about 70 per cent as many residency programs to offer as in the nation in terms of population. Thus, with the exception of programs in the two State medical schools and in a few hospitals, Virginia is not exploiting fully a valuable device for recruiting and retaining physicians.

In summary, Virginia's medical schools are enrolling somewhat fewer students and graduating fewer students in recent years than they did ten to twelve years ago. As fewer qualified Virginia students apply in relation to the total number of applications, more and more out-of-state residents are admitted. Even though the medical schools have some excellent graduate training programs with which to retain graduates of their schools and other schools for practice in Virginia, there is not a sufficient number of such programs in the state to meet increasing needs for physicians.

Estimating Future Needs

Population Growth.—Virginia is increasing its population slightly faster than the national average. From a population of about 4 million in 1960, Virginia's population is expected to reach 5.3 million by 1975. If it is assumed that Virginia's current capacity for producing physicians (145 per year) is a reasonable base from which to estimate needs (145 did represent a proportionate number of total U.S. graduates as Virginia's population did to the total U.S. population in 1959), then Virginia would need to produce 193 medical graduates by 1975 just to keep abreast with population growth.

Existing Shortages.—There are some types of shortages among physicians in Virginia that could become more critical if they continue to develop in the future as they have been developing. These shortages include: a lack of family physicians or general practitioners in some areas and communities in the state; a shortage of housestaff physicians in many hospitals; a shortage of some types of specialists; and a shortage of qualified teachers and researchers. Although there is no adequate way to determine how real some of these shortages are, they are indicative of the need for more physicians.

Increased Demand for Medical Care.—It is well established that an increased economic and educational level in communities tends to create greater demands for medical services. As Virginia's economic growth continues to increase at a faster rate than that of most other states, there will be a corresponding demand for more medical care throughout the state on the part of Virginia's citizens. Again, while it is difficult to measure the needs for additional physicians based on potential demands, it is possible to say that this is indicative of a greater need for physicians. One measure that may be used with caution is that of the physician/population ratio. As Virginia continues to improve economically, there is reason to think that Virginia's ratio should be moving up from its present 119 to nearer the 138 for the U.S. as a whole. To provide even a small increase in the ratio would require the training of many more physicians per year.

In summary, if as many as 193 medical graduates will be needed by 1975 just to maintain the present physician/population ratio (all other things being equal), then a general estimate of from 225 to 250 graduates per year would greatly assist in overcoming existing shortages, in meeting increasing demands for medical care and overcoming some of the dependence Virginia now has on foreign medical graduates.

Meeting Estimated Needs

There are three primary means of producing more physicians in U.S. medical schools: (1) expansion of existing medical schools; (2) establishment of two-year basic medical science schools; and (3) the construction of new four-year schools. Two of these proposals have merit for meeting Virginia's future needs for physicians.

Expansion of Existing Schools.—Although there is no hard and fast rule regarding the optimum size of medical schools, many educators feel that the optimum size for an entering class is about 100 to 125 students, depending upon the adequacy of the student supply, the faculty requirements, and the availability of facilities, including a sufficient supply of clinical patients.

Both the Medical College of Virginia and the University of Virginia are currently making plans to expand their entering classes in the near future. MCV has completed basic instructional facilities for such expansion and expects to add 16 students to each entering class (for a total of 100) after next year. Recent increases in applications indicate that academic quality is not likely to suffer in such a move. Some additional operating funds will be required for these additional students.

The University of Virginia will study the requirements involved in expanding the entering class from 76 to 100 by 1967. There will be the need for library facilities and a basic medical education building, the latter to cost about $3.5 million in State matching funds. With MCV adding 16 students soon and possibly 28 more by 1970, these expansions in both

schools could provide as many as 200 graduates per year or only enough to meet the needs of an increasing population.

Two-Year Medical Schools.—Two-year medical schools have been valuable assets to medical education. Students could attend such schools for two years basic training and then transfer to a four-year school for the final two years of clinical training. These schools can provide transfers to fill vacancies caused by dropouts and thus play a helpful role. Only three such schools exist at present. Since these schools are most successful when operated within a strong basic graduate science program in a university, there does not appear to be a feasible location for such a school in Virginia at this time.

New Four-Year Medical Schools.—In response to the national appeal for at least 20 new medical schools and many more medical school graduates, as many as ten new four-year medical schools have been committed to start as of this date. Additional studies are being carried on in at least five states besides Virginia.

As Virginia faces the need for many more physicians by 1975 than even expanded State schools can probably provide, it is clear that a new four-year medical school could provide the additional needs now being felt by Virginians. With the existing medical schools requiring an increasing measure of State support for current programs and potential expansion, Virginia is not in a position to undertake the construction and support of a third medical school.

In the light of such needs as Virginia faces by 1975, the proposal made by a group of citizens from the Hampton Roads area to construct and operate a private, four-year medical school has great merit and deserves careful analysis.

Chapter 3

A PROPOSED NEW PRIVATE MEDICAL SCHOOL IN THE TIDEWATER AREA

Background Developments

There has been widespread interest in the establishment of a medical school in the Hampton Roads area for a number of years. Among the more recent and significant developments are the following:

1. Mr. Lawrence Cox, Executive Director of the Norfolk Redevelopment and Housing Authority, expressed the hope that a medical college could be developed as an integral part of the developing Norfolk Medical Center.[1]
2. The Norfolk County Medical Society, after reviewing the available evidence, endorsed the establishment of a local medical school.[2]
3. The Committee on Medical Education of the Medical Society of Virginia reported that there was "general agreement that there exists nationally a need for more medical graduates and that an unusual and unique opportunity to help meet this need seems to exist in the Norfolk area."[3]
4. The Board of Visitors of the Colleges of William and Mary (prior to the separation of the Norfolk College from the Colleges of William and Mary and the subsequent formation of a new Board of Visitors for Old Dominion College) stated that "a strong case is being built up for the establishment of a medical school. If this is done, it certainly should be tied closely to the operation and administration of the Norfolk College of William and Mary. It is, therefore, proper for us to look carefully at the situation and, at the proper time, lend our support to investigating or planning to meet the needs as they may be demonstrated."[4]
5. An unofficial preliminary survey of the proposed medical school in Norfolk was made by representatives of the American Medical Association and the Association of American Medical Colleges. Their report was encouraging and, after stressing some of the basic criteria and policies that would have to be considered, they suggested that a broader study of statewide needs should be completed.[5]
6. The 1962 General Assembly of Virginia passed a bill (House Bill 229) directing the State Council of Higher Education to make a comprehensive study of the feasibility and advisability of constructing a private medical school in the Hampton Roads area.[6]
7. A nine-member Advisory Committee on the Establishment of a Medical School in Norfolk was set up by the Norfolk City Council in April, 1963.[7]

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[1] *Norfolk Ledger-Dispatch*, February 19, 1959.

[2] Minutes of Norfolk County Medical Society Regular Business Meeting, April 4, 1961.

[3] Medical Society of Virginia, *Annual Report*, 1961, p. 7.

[4] Statement of Goals and Purposes for the Norfolk College of William and Mary, adopted by the Board of Visitors of the Colleges of William and Mary (former Board of Visitors prior to the separation of the Norfolk Division), August 12, 1961.

[5] Drs. Leymaster (AMA), and Powers (AAMC), February, 1963.

[6] Adopted by the General Assembly of Virginia, March, 1962.

Some Factors Favoring a Hampton Roads Site

In the consideration of the Hampton Roads area as the proposed site for a new, private, four-year medical school, the following factors seem to be worth citing:

1. *Population Growth.*—The population centers in the Hampton Roads area totaled over 900,000 in 1960 and now total more than one million persons or nearly one-fourth of the population of the state. Appendix B provides some comparisons of this area with other sub-groupings or regions of the state in terms of the percentage that each region is of the total, the percentage rate of population growth from 1950 to 1960 and the physician/population ratio as of 1960. The Hampton Roads area experienced a rate of population growth between 1950 and 1960 of between 30 and 40 per cent. A population center of this size could be expected to provide better than average contributions in support of a medical school in terms of: clinical patients, student resources, faculty members and clinical facilities.

2. *Economic Potential.*—The Hampton Roads area has shown great potential for economic and industrial growth and development with many potential resources including an international port. There is a dynamic spirit of growth and building in the area shared by a large number of citizens and community leaders.

3. *Potential Educational Facilities.*—Along with population and economic growth have come great improvements in higher educational opportunities in the Hampton Roads area. Several new public and private colleges have been started in the area and existing institutions have grown at a rapid rate.

4. *Federal Health Facilities.*—A major U.S. Public Health Service Hospital is located in Norfolk; a large Veteran's Administration Hospital is located in Hampton; and a U.S. Naval Hospital is located in Portsmouth. These facilities could provide clinical teaching facilities, patients and cooperative research and teaching programs for a new medical school.

5. *Transportation Facilities.*—With the development of more adequate bridge and tunnel links between the several population centers in recent years, there is a growing realization of a common trade, cultural, educational and medical community.

Some Basic Considerations

In recognizing some of the general factors that favor the Hampton Roads area as a site for the development of a new medical school, it is also necessary to analyze some of the basic considerations to be faced by a proposal for any new medical school. Excerpts from a statement prepared by the Association of American Medical Colleges and the Council on Medical Education and Hospitals of the American Medical Association will serve as a guide for a discussion of some of these basic considerations:

1. *Sponsorship of a Medical School.*—The American Medical Association and the Association of American Medical Colleges believe that "the establishment of new medical school programs should occur within the environment of universities or liberal arts colleges with strong graduate degree programs in the sciences and humanities."

[7] *Norfolk Ledger-Star,* April 10, 1963.

While most modern medical schools are so affiliated with university-type institutions, there are exceptions. The Medical College of Virginia has existed for some time as a health center without many of the university-related functions and programs. A new medical school in New York is being proposed by Mt. Sinai Hospital and not by a university, although university affiliation is being sought.

Although the proposed new medical school in Norfolk has been proposed by a group of citizens, physicians and public officials, it is hoped that some affiliation may be developed with Old Dominion College. Indeed, if the above stated principle is carried out, that college is the most logical selection for affiliation. Old Dominion College was formerly the Norfolk College of William and Mary. It has been an independent accredited institution for a little more than two years. The college awarded its first degrees in 1956 and as of last year, it awarded three hundred or more degrees during the year. The current enrollment for Old Dominion College is about 5300 students evenly divided between full-time and part-time. At its present rate of growth, it is likely to have over 10,000 full-time and part-time students by 1975.

Up to this time Old Dominion College has not had any graduate programs. During the current year, graduate programs in business and education will be started. Since the College is basing its development on gradual growth in appropriate areas of strength, it is likely to be four to six years before any extensive graduate work in basic biological sciences can be developed in support of a medical school program. There are, however, other ways in which the College could support a medical education program and the future development of the College appears to be very good in terms of quantity and quality of students and program.

While it would be unusual for a State-supported college to be affiliated with a private medical school, it is not an altogether unique arrangement in American higher education. With proper safeguards incorporated into any basic affiliation agreement, it is possible for both institutions to benefit from the association. Careful negotiation and complete understanding would be necessary in the arrangement, to avoid committing State funds to the operation of the medical school.

2. *Community and Governmental Endorsement.*—"It is important to the success of a new medical school that it have the enthusiastic support of all individuals, agencies and professional groups which can logically be expected to participate or have active interest in its development and the maintenance of the program."

Considerable enthusiastic support appears to be evident on the part of all individuals and groups concerned with the proposed medical school. The local medical society seems to have a realistic understanding of both the potential and the problems involved. Local hospital administrators and trustees have exhibited considerable support for the proposal.

The Norfolk City Council has given complete support to the proposal even to the point of appointing an Advisory Committee on the Establishment of a Medical School. The Norfolk Redevelopment and Housing Authority is most interested in the development of a medical school as an integral part of the total Health Center now under construction.

A number of civic groups, non-professional and professional organizations have endorsed the idea of a medical school. (Appendix C contains a list of such organizations.)

Although the actual development of a private medical school in the Hampton Roads area will require tangible evidences of support from local government and other groups and agencies, there is no reason to feel that such support would not be forthcoming.

3. *Financial Requirements.*—"Any serious initial consideration of the establishment of a new medical school, whether a two-year basic medical science program or a full four-year program, should incorporate a realistic appraisal of likely sources for the capital expenditures and operating funds at a level to provide and maintain facilities and faculties necessary for sound educational and research endeavors."

It is estimated that construction costs for a basic medical education building would be approximately $8 million. The new Federal medical aid program could provide up to $5,333,000 of this requirement with local sources responsible for $2,667,000. Although later capital improvements would be necessary, it would be feasible to begin the operation of a medical school with this planned facility plus the use of the Norfolk General Hospital as a teaching hospital.

It is estimated that a new medical school, even with relatively small first-year classes, should have not less than $1,500,000 for annual operating funds, exclusive of those funds which would come from patient care, student fees, research grants and other such gift sources. This requirement would involve approximately $35 million in capital endowment funds by the time the institution was in operation (1971). Appendix D shows the amounts required for capital construction.

4. *Student Resources.*—"There should be available an adequate pool of able students who have been well prepared for the study of medicine. There should be assurance that contemplated admission policies would be designed primarily to attract the most capable students without excessive concern for state of residence."

Although the number of Virginia students seeking medical education has not kept pace with college enrollments over the last ten years, there have been signs recently that more students are applying to medical schools in Virginia and the nation. As long as two years ago, the situation with regard to medical students in Virginia looked foreboding. Today the situation looks better:

(1) The total student population in Virginia will increase from 65,000 in 1962 to approximately 115,000 by 1975. If there is a proportional increase in the number of qualified students seeking medical education, there should be an adequate number of Virginia students to enter three schools of medicine.

(2) As an increasing number of well-qualified out-of-state students seek medical training in Virginia, some of these students would provide a pool of applicants for a new medical school.

(3) If educational opportunities are increased substantially in Virginia over the next decade, there could well be a much larger increase in the number of college students and qualified medical students.

(4) Student enrollments in the Hampton Roads area are growing at a more rapid rate than for the rest of Virginia. While there were more than 10,000 students in the area last year, this could grow to 25,000 by 1975.

(5) Since medical education is costly, some local students might be able to attend medical school if they can live at home.

(6) Increased interest in medical education throughout the nation will probably provide more financial assistance for those students who would like to study medicine but cannot afford it.

The net effect of some of the above factors should result in more qualified students seeking medical training in one of Virginia's existing medical schools or in the proposed new school in Hampton Roads.

5. *Patient Resources.*—"The contemplated school should have access under circumstances suitable for a teaching institution to an adequate number of patients. So as to provide a well-rounded clinical experience with both hospitalized and ambulant patients, the patient load should balance as to clinical entity, age distribution, sex, and socio-economic status."

Although it is the primary intention to develop Norfolk General Hospital as a teaching hospital for the new medical school, there are numerous other resources available. There are three community general hospitals in Norfolk and one community pediatric hospital. The municipally-owned hospital is a chronic disease and geriatrics hospital. Altogether, there are six private general hospitals in the Hampton Roads area each exceeding 200 beds and each with teaching programs in varying degrees of development. Appendix E provides a summary of hospital facilities in the area.

In addition to the civilian hospitals in the area, there are three major Federal hospitals: a U.S. Naval Hospital; a Veteran's Administration Hospital, and a U.S. Public Health Service Hospital. All of these facilities could be enhanced by a medical school in this area and these hospitals could, in turn, contribute to the operation of the school.

It is worth noting that 273 of the 468 approved residencies now operating in Virginia are in the two existing medical schools. If a medical school is established in Hampton Roads, there could be a sizeable increase in the number of residencies as part of the medical school operation. This, in turn, could attract more able physicians and retain them to practice in Virginia.

There is a potential wealth of clinical facilities and patients available in the Hampton Roads area for teaching materials in a new medical school. It will be necessary, however, to make satisfactory arrangements with the several hospitals for use of beds and facilities for teaching purposes.

Although there is a shortage of qualified faculty members in basic medical sciences throughout the country at present, it is possible to recruit able faculty members to work in a new and challenging situation, provided the necessary funds are available. As more teachers are prepared the shortage will be less critical in the future.

Proposed Schedule for Development of a New Medical School

At present, it is proposed that a new four-year medical school begin its first year of operation in 1971 and graduate its first class in 1975. Before a class of 64 students can be admitted in 1971, it will be necessary to follow a general time schedule of development such as the following:

1. Develop sufficient capital endowment with or without other commitments to yield an annual income of $1,500,000 by 1970.
2. Develop mutually satisfactory arrangements with the Norfolk General Hospital, King's Daughters Hospital, DePaul Hospital,

and/or other suitable teaching hospitals to provide at least 500 general beds by 1971, committed to the teaching program of the medical school.

3. Agreement to provide at least $2,667,000 (from local sources) for capital outlay and commitment for Federal participation to the balance of the $8,000,000 required for a basic medical education building. Funds should be raised at an early date.
4. Acquiring suitable land adjacent to the proposed teaching hospital for development of medical school at an early date.
5. Develop mutually satisfactory contractual arrangements with the Board of Visitors of Old Dominion College and/or the State of Virginia relating to the development of suitable academic policies
6. Development and implementation of plans for a strengthened graduate program at Old Dominion College by 1968-69.
7. Development of satisfactory working liaison with representatives of the American Medical Association and the Association of American Medical Colleges to determine the satisfactory completion of various requirements to comply with criteria and policies for new medical schools.

The financial support required for successful construction and operation of a new institution is regarded as the most crucial issue in the proposal of a new medical school in Hampton Roads. If this problem can be solved, and it is believed that it can be solved, then most other problems should be amenable to appropriate solutions.

Chapter 4

RECOMMENDATIONS

The following recommendation is proposed for the consideration of the General Assembly of Virginia:

> The General Assembly should be encouraged to look with favor upon the proposed development of a new, private, four-year medical school in Hampton Roads and provide every type of support to the project short of financial obligation in recognition that the construction and operation of such a school would make a substantial contribution to the State's increasing need for physicians.

The following recommendations are proposed for the consideration of the citizens of Hampton Roads:

> If citizens of Hampton Roads, after careful review of the challenge involved in the construction and operation of a private medical school, should decide to implement their plan for such a school, the citizens of Virginia should give every type of support to the project because of the inherent benefits that can be derived for all Virginians.

> If citizens of Hampton Roads should proceed with plans to construct and operate a private medical school, it is recommended that its development be continued under the guidance and leadership of representatives of the American Medical Association and the Association of American Medical Colleges.

APPENDICES

APPENDIX A

CHAPTER 434

An Act to provide for a study by the State Council of Higher Education for Virginia of the need for a medical school in the Tidewater area, and to appropriate funds.

Approved March 31, 1962

Whereas, the population of Virginia is steadily increasing; and

Whereas, a vast increase in population is taking place in the Tidewater area of the State, which has a low ratio of physicians in relationship to the population; and

Whereas, there is great interest among the medical profession and the people of Tidewater Virginia in providing accurate data on the need for a private medical college in Tidewater Virginia; and

Whereas, there is prospect of attracting substantial and adequate private financing for a private medical college should a study made by an authoritative group indicate the need for same; and

Whereas, the State Council of Higher Education is well qualified to make such a study; now, therefore,

Be it enacted by the General Assembly of Virginia:

1. That the Senate Council of Higher Education for Virginia is hereby directed to make a careful and comprehensive study of the feasibility and advisability of establishing a school of medicine in the Tidewater area. The study shall include consideration of the number of physicians required to serve the population in that area, the extent to which the existing medical schools are meeting the needs of this area, the ability of the area involved to contribute to and support a school of medicine from the standpoint of clinical facilities, students, land and related facilities and the other requirements incident to and connected with the establishment and operation of an approved school of medicine. The Council shall consider in its study the question of affiliation by such a medical school, if recommended, with an existing State-supported college or university. In addition to the foregoing, the Council shall investigate such other matters in relation thereto as it deems appropriate. The Council shall conclude its study and make its report to the Governor and the General Assembly not later than July one, nineteen hundred sixty-three.

2. There is hereby appropriated from the general fund of the State treasury the sum of three thousand dollars to be expended by the State Council of Higher Education for Virginia in complying with the provisions of this act.

APPENDIX B

PHYSICIAN/POPULATION RATIOS BY SUB-REGIONS OF VIRGINIA FOR 1960

County Area	% Pop. Change: 1950-60	% of State Pop.	Phys./ Pop. Ratio*
Washington Area—Fairfax, Arlington	77.9	13.6	100.6
Richmond-Petersburg-Hopewell Area Chesterfield, Henrico, Prince George, Dinwiddie	23.3	13.0	183.0
Hampton-Newport News Area—	41.7	5.1	115.8
Norfolk-Portsmouth Area—Virginia Beach, Chesapeake	29.7	14.6	124.1
Eastern Shore Area—Accomack, Northampton	6.9	1.2	73.5
Southern Tidewater Area—Isle of Wight, Nansemond, Southampton, Surry, Sussex, Greensville	7.7	3.1	60.1
York Peninsula Area—York, New Kent, James City, Chas.City	49.2	1.3	80.0
Middle Peninsula Area—Essex, Middlesex, King & Queen, King William, Gloucester, Mathews	2.0	1.1	63.7
Northern Neck—King George, Northumberland, Westmoreland, Richmond, Lancaster	5.6	1.1	68.1
Fall Line Area—Stafford, Spotsylvania, Caroline, Hanover	20.1	2.1	66.1
Central Piedmont Area—Louisa, Goochland, Powhatan, Amelia, Cumberland, Buckingham, Appomattox	0.4	1.8	39.8
Northwestern Area—Nelson, Albemarle, Orange, Greene, Madison, Culpeper, Rappahannock	6.8	3.0	281.4
Northern Piedmont Area—Loudoun, Fauguier, Prince William, Clarke	48.1	2.7	75.9
Central Southside Area—Prince Edward, Nottoway, Charlotte, Lunenberg, Mecklenburg, Brunswick, Halifax	6.6	3.6	68.8
Western Southside Area—Henry, Pittsylvania	9.6	4.1	70.7
Lower Shenandoah—Shenandoah, Warren, Page, Frederick	8.0	2.2	104.3
Upper Shenandoah—Augusta, Rockingham	13.7	3.2	104.1
Midwestern Piedmont Area—Amherst, Bedford, Campbell	12.0	3.6	98.7
James-New River Highland Area—Highland, Bath, Alleghany, Craig, Botetourt, Rockbridge	0.4	2.2	82.4
Roanoke-Radford Area—Roanoke, Montgomery, Pulaski, Giles	12.2	6.2	143.3
Blue-Ridge-Piedmont Area—Franklin, Floyd, Patrick	0.2	1.3	32.9
Central Southwestern Area—Carroll, Wyther, Bland, Smyth, Washington, Grayson, Scott	1.7	4.7	62.9
Cumberland Area—Dickenson, Buchanan, Tazewell, Russell, Wise, Lee	10.4	5.1	57.3
Total	19.5	100.0	111.0

* Includes all active Federal and non-Federal physicians.

APPENDIX C

RESOLUTIONS SUPPORTING THE ESTABLISHMENT OF A SCHOOL OF MEDICINE IN THE TIDEWATER AREA*

Kiwanis Club of Suffolk, Inc.
Tidewater Virginia Development Council
The Kiwanis Club of Norfolk
The Kiwanis Club of Warwick
Downtown Norfolk Association, Inc.
Chamber of Commerce of Suffolk & Nansemond County
Young Men's Christian Association of Norfolk
Women's Division, Norfolk Chamber of Commerce
Suffolk-Nansemond Junior Chamber of Commerce
Norfolk Society of Arts
Wards Corner Lions Club
Virginia Tidewater Dental Association
Hampton Roads Maritime Association
Norfolk Retail Merchants Association
Virginia Pilot Association
Virginia State Ports Authority
The King's Daughters Children's Hospital
Norfolk Chamber of Commerce
The Cosmopolitan Club of Norfolk
Phoebus Civic Association
League of Women Voters of Norfolk
Norfolk Ministers' Association
Norfolk Executives Club
Rotary Club of Norfolk
Junior League of Norfolk
Womens Club of South Norfolk
The Pyramid Club
Virginia Society of Professional Engineers
Exchange Club of Midtown Norfolk

APPENDIX D

ESTIMATED COST OF NEW MEDICAL SCHOOL FACILITIES IN ADDITION TO EXISTING TEACHING HOSPITAL

*Square Feet Requirements**

A. Basic Science Facilities:

Department facilities	62,970
Common teaching, & res & support area	61,890
Administration and student activities	16,560
Total Net	141,510
Sub total gross (add 35 per cent)	218,000

B. Clinical Science Facilities:

Departmental facilities, lecture rooms, etc.	73,000
Add Gross for Basic Science	218,000
Grand Total Square Feet	281,000

Cost of Facilities

Cost at $25 sq. ft	$7,275,000
Architects Fee, 6%	436,500
Movable Fixtures & Cont	278,500
TOTAL ESTIMATED COST	$8,000,000

*Based on entering class of 64 students.

THE TEACHING MEDICAL COMMUNITY
IN HAMPTON ROADS

Hospital	Bed Capacity	Per cent Clinic Inpatients	Outpatient Clinic Visits	Emergency Room Visits	No. Interns and Residents
Norfolk Teaching Hospitals					
Norfolk General	480	20	46,504	26,939	29
DePaul	306	15	18,442	21,901	21
Norfolk Community	115	51	3,809	11,155	4
King's Daughters Children	95	34	13,327	Norf. Gen.	3
Norfolk Municipal	405	Municipally operated chronic disease and geriatrics hospital.—New wing under const.			
Newport News and Hampton Teaching Hospitals					
Dixie	226	n.a.	12,796	10,808	5
Riverside	323	12	10,000	17,000	13
Portsmouth Area Teaching Hospitals			crippled		
Maryview	210	n.a.	children	12,000	8
Portsmouth General	250	n.a.	none	11,400	6
Area Federal Hospitals					
Portsmouth Naval	1,250		223,259		55
Veterans Administration	2,020				
U.S. Public Health Service	226		60,000		14