Minutes
Medical College Study Committee
November 22, 1960

The Medical College Study Committee met at 4 p.m. November 22, 1960 in the office of Dr. William S. Carlson, President of The University of Toledo, and at 6 p.m. in the dining room of the University Student Union. All members of the committee were present except Mr. Ward M. Canaday.

Dr. Carlson introduced the guest of the day, Dr. William Willard, dean of the University of Kentucky Medical School at Lexington.

The purposes of the Committee were reviewed by Mr. Damas, Dr. Rawling and Mr. Willey. Dr. Willard, presuming the need for additional medical schools, then discussed informally and answered questions of the means to meet this need. He was in favor of a university-based, "on campus" medical school, preferably with both the basic sciences and clinical years being closely integrated with the university program on campus. The advantage of a university-based medical school include the integration of program development with that of the university as a whole, mutual benefit to the basic science program throughout the university, and the relationships to the social sciences on campus.

Dr. Carlson stated that it probably would be easier to develop his doctoral program if medical graduate students and instructors were close to the campus. He said one of the first needs would be a basic science building and more classrooms for the general program, but that the new Engineering Science building probably would help meet this need for the first eight years or so. He stated that it is possible to build on the campus if desired, that land is no problem.

Dr. Willard said that separation of the medical school and the main campus has many disadvantages, one of which is that the various councils of the AMA and Association of Medical Schools are opposed to separation. Furthermore, it is not good for the basic science years and the clinical years to be separated because the two are closely interrelated. He said he prefers that the university hospital be located on campus and that relationships then be developed with other hospitals in the city. This was an important point and was repeated several times during the evening.

Dr. Carlson reviewed the various alternatives available: (1) that a basic science building be constructed on the grounds of the Maumee Valley Hospital; (2) that a basic science building be constructed on the campus and that the clinical instruction housing be based on the Maumee Valley Hospital grounds; (3) that a basic science building and a university hospital be built on campus.

Dr. Willard preferred the third alternative, and considered the second the second-best.

It was pointed out by Dr. Rawling that there actually is no ready made existing university hospital here; that Maumee Valley is 30 years old and cannot conceivably be modified to a university type hospital; that it would have to be rebuilt or extensively remodeled before it could be used. He pointed out that the faculty of the medical school would undoubtedly want a controlled hospital of their own.

Dr. Willard estimated that a hospital of moderate size (350-400 beds) would be adequate to begin with so long as there was adequate room for potential expansion. The size of the hospital would depend on the relative population growth of the area and the relative drawing area of the community as well as the admission policies of the present hospitals in the Toledo area. He felt that the city could absorb 400 beds without injury to the other hospitals. In a survey of 1958 it was estimated that Toledo would need 375 additional beds by 1965. Dr. Rawling cautioned that Toledo is geographically hemmed in by the Indiana and Michigan borders and by Lake Erie -- a fact to be considered in estimating the drawing area of this community.

Dr. Willard stated that it is not enough to build a university hospital or to use existing hospitals as a university hospital because mere care of the hospital patient is not enough -- that concern with the post-hospitalization welfare of the patient is essential. Standards in the hospital must be high and the follow-through must be thorough.

The proximity of Toledo to other university medical centers was discussed -- Wayne University in Detroit, the University of Michigan at Ann Arbor, Western Reserve and Crile Clinic in Cleveland, Ford Hospital in Detroit and the Indianapolis Medical Center in Indianapolis. Dr. Willard did not think that these hospitals would have much long-term effect on a new medical center in Toledo as the referral and drawing pattems of the area could be changed gradually.

There followed a discussion of the need for a school of nursing in connection with the university hospital and the general state of flux in the whole nursing education field. It was agreed that a university should attempt to fill the need for leaders and education in the nursing field. That is, to create a university graduate type of nurse who is capable of becoming an instructor or supervisor in a hospital, and that other schools of nursing could perhaps modify their programs to a two-year course or as may seem to be required in the changing days ahead.

Then, in answer to questions, Dr. Willard spelled out his experiences at Lexington. The new school there has cost $27-million and expects to have a class of 75, but the first class entered in September numbered 40. Rough figures for the cost include: a medical science building at 6.5 to 7-million; a dental science building at 3.5 million; the university hospital at 11-million (400 beds and 100 beds in the ambulant wing, plus an out-patient department

-- this figures about $20,000 per bed); power, heat and cooling building at 2-1/2 million; architects fees at about 1.2 to 1.5 million; and 1-million for a basic collection for the library and some "activation inventory" which includes basic equipment. There were no land costs, and no expenditures for housing or residencies. He stated that Kentucky was rather fortunate because many of their bids were under estimates, and he suggested that costs would be higher in Toledo.

The eventual enrollment in this medical center he expects to be close to 1100, including 300 in the 4-year medical course, 200 in the dental course, 250 in nursing on a 4-year program, 150 to 200 interns, residents and research fellows, 30 graduate students, about 200 in the ancillary fields and laboratory technicians, physical therapy, X-Ray, and so on. Furthermore, there will be transients throughout the year in postgraduate courses.

The operating budget for this institution will be about 3.3 million dollars per year, although this figure can be doubled or tripled in a few years without expanding the student size. This is broken down at present to $2-million for the medical school, $800,000 for dentistry, $300,000 for college nursing, and a questionable $200,000 for ancillary medical areas. This figure is reduced by any tuition and fees collected.

One of the most difficult problems about starting the medical school, Dr. Willard stated, was recruitment of faculty. They now have a full time nucleus of about 60 which has been recruited outside Lexington. After chairmen of departments have been selected, he hopes to integrate the local physicians into appropriate departments.

Relationships with the local medical society were discussed and compared to the difficulties encountered with the Kings County Medical Society in Brooklyn. Dr. Willard pointed out the advantages of building a new university hospital which would avoid displacing existing chiefs of staff and practicing physicians. He stated that the professors would have some, but not much, private practice. Local physicians have a much better understanding of the distribution of fees than previously. He repeatedly pointed out the necessity of full, tactful, and responsible rapport with the local medical society and a clear-cut definition of intent so as to avoid disputes and misunderstandings.

Dr. Rawling asked when and in what stage we should acquire our consultant. In Kentucky, Dr. Willard said, a consultant was obtained after the decision to proceed was made and before much money had been spent. In Florida, New Mexico and Arizona these surveys were apparently financed through funds such as the Commonwealth Fund. He emphasized our relationship in Toledo to the Governor's Commission on Education Beyond the High School, our need to focus on university needs and what the university can offer, in general -- what resources can be martialed, including what contracts can be made by a medical school with the area county officials for the care of their welfare patients (difficulty of this in North Carolina was pointed out).

There followed a discussion of the optimum and minimum size of medical school classes. Dr. Willard stated that this is an area of wide opinion but that classes of 50 to 75 are optimum according to the professors, although the national average is about 100 and many schools have twice that many. However, faculties do not believe that such large classes are advantageous. He pointed out that larger institutions are able to undertake larger and more remunerative research projects than smaller institutions. The extent that research projects are a part of the program should be based somewhat on the contribution the school intends to make to the area served. He stated that there are advantages in spotting smaller schools around the country rather than concentrating in existing larger institutions and restricted areas.

In further discussion of the difficult phase of faculty recruitment for a medical school, Dr. Willard pointed out:

1. The advantages of a university-based medical school.

2. Competition to meet the salaries expected. Particularly in a new institution with an existing reputation it would be necessary to offer higher salaries, and the trend is up throughout the country. The availability of research grants and stipends would help a little in this area.

3. That a new school would have to offer exceedingly good laboratories and space to the prospective faculty member.

4. That the department head must be assured that he will be able to build his department to an adequate size.

5. (Somewhat more important) the necessity to "articulate" a philosophy of goals in education in such a new medical school.

6. The rather difficult necessity of having adequate money to entertain prospective faculty members and adequate salary for secretarial help.

In the after dinner session Dr. Willard further pointed out:

1. The necessity for thinking out thoroughly the relation of the new medical school with and its integration into the existing university.

2. The necessity to appraise the existing hospitals and their potential contribution to the university. He stated that we would need some architectural consultation here to appraise the availability of hospitals in the area.

3. Finances.
    a. an estimation of sources of local income, hospital income, insurance income, welfare income.

4. The necessity of finding a rationale for the State of Ohio to subsidize this non-state institution and not necessarily the need to subsidize every other private institution throughout the state, because this would be a precedent-setting request. Dr. Willard reported that in Pennsylvania the state pays each of its medical schools $3600 per year per student.

There was no real answer as to what funds are available to make a survey. It was repeated that Foundations are a possible source for such funds. Ideally, a consultant should be asked to spend three to four weeks in this area to make a preliminary survey but, according to Dr. Willard, it is quite difficult to find one. It was mentioned that there are available two federal sources of funds for hospital construction and another for health research facilities.

Dr. Kelson asked what impact the medical school in Lexington had on the medical community, and if the impact was similar to what had been anticipated. Dr. Willard stated that there was a spectrum of reaction and that he had alluded to it before; that such reaction will depend a great deal on how the matter is handled. In Lexington, he said, everything worked out well. There was very little economic impact because, relatively speaking, the full time faculty sees few patients. He was unable to prove his point with figures but said he believes the "halo effect" would draw new patients to the town to compensate for any patients that might be lost because of the medical school, even to the non-university physicians. In addition, there might be a few cases of individual changes in practice occurring; for example, a man who had been accustomed to doing all of a certain specialty might have to modify himself when the university brought in a comparable specialist. He reiterated that good community and medical leadership in the medical school and in the profession, plus tact and common sense, would solve all such problems.

He stated that a medical school raises the level of the practice of medicine in a community because (1) it eventually graduates physicians into the community; (2) it makes for informal comparisons between the recent graduates and the previous practitioners -- "competition"; (3) inevitably there occurs teaching of doctors in hospitals by the professors as they practice medicine there. This, of course depends upon a good working relationship; (4) postgraduate courses are available for the local medical practitioner.

He estimated that three to five thousand dollars might help us to get the problem to a decision stage but this would not allow for a very deep survey.

Names of possible consultants were suggested. Mentioned were: Dr. Walter Wiggins; Dr. John A. D. Cooper of Northwestern Medical School; Dr. Harold Diehl; Dr. Sanger, president emeritus of the University of Virginia.

Discussion of the apparent high operating budget for the school followed. Dr. Willard stated that the average medical school has a budget of $2-million a year for operation, some more and some less. Factors that do not appear in this budget include(1) what the hospitals actually contribute to the community. If, for example, a teaching hospital has full-time men paid for by someone else, such as the County, this necessary expense would not show up in the budget of the school. (2) Commitments of the program which would alter the budget. For example, what is the medical faculty actually doing in its relation to costs? That is, the percentage of time each faculty member spends in teaching students might be but 33%, where 30 to 40% of his time might be spent in research, and the rest of his time in intern training or the care of patients. He added that budgets aren't actually comparable because the programs are not comparable in different medical schools.

He reiterated that a new school would probably need more than $2-million a year for its operation because of the added expense of new faculty members and the time needed by these new faculty members for research. Research grants may help to pay for some of this faculty salary, but ordinarily most grants would be used for expansion and extension of programs rather than for cutting the cost of the existing program.

The meeting was adjourned with the expectation that another meeting will be held within the next several weeks.

Gregor Sido
Secretary