

# **4 & 5 YEAR REGIONAL MEDICAL CAMPUSES:**

**A RATIONAL RESPONSE TO  
PHYSICIAN MANPOWER NEEDS**

# DEFINITION OF A REGIONAL MEDICAL CAMPUS

**Most widely accepted definition developed by the AAMC:**

- **The site is geographically separate from the medical school's main campus or main academic health center (AAMC definition indicates 50 mile separation)**
- **The regional campus does not serve as the medical school's primary clinical site for medical student education**
- **Medical students receive a major portion of their education (basic science and/or clinical) at the regional campus (not just site of limited clerkship rotations)**
- **The regional campus has a formal administrative and educational relationship with the medical school (not just departmental ties)**
- **The regional campus offers a minimum of 4 of the required clinical clerkships**

# NUMBER & KINDS OF REGIONAL MEDICAL CAMPUSES

- 31 (25%) of the 125 U.S. allopathic medical schools have at least 1 regional campus
- Total of 50 regional medical campuses:
  - 20 (40%) offer only first two years of curriculum (basic science regional campus)
  - 30 (60%) offer only the last 2 years of the curriculum (clinical regional campuses)

# **NUMBER & KINDS OF REGIONAL MEDICAL CAMPUSES**

**Only 3 medical schools in North America have 4-5 year regional campuses on which students can complete the entire UME curriculum:**

- Case Western Reserve/Cleveland Clinic**
- University of Miami/Florida Atlantic University**
- University of British Columbia**

# **HISTORICAL INFLUENCES ON THE DEVELOPMENT OF REGIONAL MEDICAL CAMPUSES**

- **Projected U.S. physician shortages in late 1960s through 1970s (26 U.S. regional campuses created between 1970-1980)**
- **Concomitant rise in medical school applicants and admissions**
- **Movement of medical education and training from hospital inpatient to ambulatory community outpatient settings**

# HISTORICAL INFLUENCES ON THE DEVELOPMENT OF REGIONAL MEDICAL CAMPUSES

- Re-emerging concerns about physician shortages beginning in mid-late 1990's has fueled growth in number of new regional medical campuses established since the 1990s.
- 9,000-12,000 new physicians needed annually in U.S. between 2000 and 2020
- 13 two year regional campuses created between 1990-2000
- 9 regional campuses of 7 medical schools established since 2000
- At least two 3 year regional medical campuses plan to expand to 4 year programs (Oregon/Eugene , Arizona/Arizona State & UMMSOM@FAU)

# **HISTORICAL INFLUENCES ON THE DEVELOPMENT OF REGIONAL MEDICAL CAMPUSES**

**The three medical schools establishing 4-5 year regional campuses since 2000 include:**

- Case Western/Cleveland Clinic – Established a 4 year regional campus in 2004;**
- University of British Columbia –Established two 4 year campuses in 2004**
- UMMSOM/FAU – Established a 2 year basic science campus in 2004; expanding to a 4 year regional campus in 2007**

# BENEFITS OF 4-5 YEAR REGIONAL MEDICAL CAMPUSES

## BENEFITS TO TAXPAYERS:

- **COST** - 4-5 year regional medical campuses are generally less expensive than building new “free-standing” medical schools in terms of both operating and facilities costs; incremental costs of expanded enrollment built on base operating budget that already includes funding for educational program and administrative infrastructure

# **BENEFITS OF 4-5 YEAR REGIONAL MEDICAL CAMPUSES**

## **FINANCIAL BENEFITS TO MEDICAL SCHOOLS:**

- **Ability to attract wider patient base for clinical education and generation of clinical practice income (e.g. medical schools in rural, socio-economically disadvantaged areas can create more clinically and socio-economically diverse patient base through regional campuses located in more urban and affluent communities)**
- **Broadened political network of state and federal policymakers resulting from medical school presence in additional communities**

# **BENEFITS OF 4-5 YEAR REGIONAL MEDICAL CAMPUSES**

## **EDUCATIONAL BENEFITS:**

- **Can serve as “incubators” for educational innovation in a way that larger, more traditional and hierarchical “main” campus may find difficult; successful innovations piloted on the regional campus can then be transferred back to the main campus with greater likelihood of buy-in and success**
- **Can provide smaller, more personal, more individualized and more interactive learning environment**
- **Can enable a medical school to offer unique educational foci (e.g. primary care in community settings) when the primary teaching hospital is a large, tertiary care academic institution**

# **BENEFITS OF 4-5 YEAR REGIONAL MEDICAL CAMPUSES**

## **BENEFITS TO HOSPITALS AND THE COMMUNITY:**

- **Academic affiliation, particularly for GME, enhances community hospital's status and competitiveness in the community**
- **Hospital's ability to attract academically-oriented faculty typically results in improved medical care and enhanced access to care**
- **The presence of an academic health center has a positive ripple effect on the community's general economy.**

# CHALLENGES OF 4-5 YEAR REGIONAL MEDICAL CAMPUSES

- **Specific challenges vary depending on partners and will be discussed by each panel member in context of their own situation**
- **General challenges include main and regional campuses with:**
  - **Different histories, traditions, institutional , cultures**
  - **Different ways of doing business**
  - **Different expectations**
  - **Differing levels of commitment to success of relationship**