

Program Proposal
M. S. in Clinical Research
Medical University of South Carolina

Summary

The Medical University of South Carolina requests permission to offer a program of study leading to the Masters in Science in Clinical Research degree. If approved, this program will begin in August 2000.

The proposed program was approved by the Graduate Council of the Medical University on July 14, 1999. The completed proposal was received by the Commission on July 30, 1999. It was reviewed by the Advisory Committee on Academic Programs on August 28, 1999, and was approved unanimously. It was submitted for review and comments to the Deans' Committee on Medical Education on October 11, 1999, and was approved by that body unanimously.

The need for the program is said to be growing very quickly both nationally and, particularly, in South Carolina. The reasons given for this need are two: 1) the nation needs persons who are trained in understanding patient-centered, applied research; and 2) South Carolina will benefit from the skills taught in this program which will promote successful grantsmanship.

If approved, the program would be unique in South Carolina and one of the few in the United States. Other such programs which have recently been implemented are found at Boston University, Harvard University, Johns Hopkins University, and the University of Michigan.

The program is composed of 38 semester hours of credit. Of these, 28 semester hours of credit are required (i.e., "core" courses) and ten semester hours are composed of elective coursework. Ten new courses are being created specifically for this program.

The intended audience for the program is expected to be medical residents, medical fellows and other healthcare team members. All these persons are expected to come from within the Medical University of South Carolina. No external/transfer students will be recruited. The program is anticipated to enroll 20 (17.5 FTE) the first year and this figure is anticipated to increase to 40 (31.7 FTE) in the second, third, fourth and fifth years.

No new faculty members will be necessary to begin the program or during the first five years of the program's operations. Total faculty necessary for the program will be .61 FTE and .20 FTE for the administrative component of the program.

New costs for the program are limited to the salary percentages for faculty, administrators, and support staff currently teaching in other programs and approximately \$5000 per year for advertising and promotion. Total new costs for the program, according to the institutional proposal, are estimated at \$69,692 in year 1, rising to \$134,879 in year 2, \$102,251 in year 3, \$140,652 in year 4, and \$143,757 in year 5. Total costs over the first five years of the program's implementation will be \$591,229.

Shown below are the estimated Mission Resource Requirement (MRR) costs and new costs not funded by the MRR associated with implementation of the proposed program for its first five years. Also shown are the estimated revenues projected under the MRR and the Resource Allocation Plan as well as student tuition.

Year	Estimated MRR Cost Proposed Program for	Extraordinary (Non-MRR) Costs Proposed Program for	Total Costs	State Appropriation	Tuition	Total Revenue
1999-00	\$290,185	\$0	\$290,185	\$0	\$179,695	\$179,695
2000-01	\$525,097	\$0	\$525,097	\$155,248	\$324,460	\$479,708
2000-02	\$525,097	\$0	\$525,097	\$280,802	\$324,460	\$605,260
2000-03	\$525,097	\$0	\$525,097	\$280,802	\$324,460	\$605,260
2002-04	\$525,097	\$0	\$525,097	\$280,802	\$324,460	\$605,260

These data demonstrate that if the Medical University of South Carolina can meet the projected student enrollments and contain costs as they are shown in the proposal, the program will be able to cover new costs with revenues it generates by the third year of its implementation.

Recommendation

The Committee on Academic Affairs and Licensing recommends that the Commission approve the proposed program at the Medical University of South Carolina leading to the Masters of Science in Clinical Research to be implemented in August 2000, provided that no "unique cost" or other special State funds be required or requested.

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