

Recommendations of the Committee on Health and  
Medical Education on the Review of  
Graduate Programs in Health and Medical Education\*

The Committee has carefully reviewed this report and institutional comments on it in the context of the authority vested in the Commission on Higher Education by the State of South Carolina. We are particularly concerned that these knowledgeable higher education consultants concluded that this Commission "has inadequate authority to meet its responsibilities." They have recognized further that our State colleges and universities have the political influence to effectively by-pass recommendations and directives of this Commission. With this in mind, and also based upon input from the Budget and Control Board's Office of Cooperative Health Statistics and the Commission's Task Force on Medical Doctor Education and Health Education Authority, the Committee makes the following recommendations:

1. That this report be received with the following observations:
  - a. That the Commission does not necessarily concur with some of the judgemental statements made in the report.
  - b. That no policy or course of action addressed in this report is adopted or endorsed except by past or future specific action of the Commission on each particular matter.
2. That the Consortium of Community Hospitals be singled out for special commendation because the consultants were greatly impressed with its quality and effectiveness and described it as an excellent program.
3. That the Consortium be maintained as a unified statewide entity and that the administrative and financial base of the Consortium remain with the Medical University of South Carolina. The University of South Carolina is not to establish its own duplicative network and

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\*Recommendations 1-4, 6, 8-12, 13 as amended, and 14-15 were approved by the Commission on Higher Education on February 4, 1982. Recommendations 5 and 7 were disapproved.

should accept full and equal partnership in the Consortium. We recognize that there may be undergraduate medical education requirements at USC that may necessitate change in the Consortium as presently structured for these activities. The Consortium is a multifocal resource for the entire State, however, that should serve to provide clinical education resources and programs for both MUSC and USC and their respective medical schools.

4. That the missions and directions of the MUSC and USC medical schools be clarified and differentiated. The universities are directed to develop clarified and differentiated medical school missions including a coordinated approach for the effective utilization of the Consortium and Extramural Program resources. Efforts to develop these statements should be guided by the South Carolina Master Plan for Higher Education and the Report on the Statewide Review of the Graduate Programs in Health and Medical Education in the Public Colleges and Universities of South Carolina. These mission statements should be submitted to the Commission for its consideration by December 31, 1982.

- \*5. That total first year medical school enrollment in South Carolina be limited to no more than 200 students. The USC School of Medicine class size should not be increased beyond the point that current levels of resources and facilities can accommodate. Both medical schools are advised that enrollment increases (undergraduate and graduate) will no longer serve as sufficient justification for requesting additional resources. This is not intended to imply a lack of support for requests for additional resources necessitated by other factors if sufficient justification is provided, e.g., resource requirements necessitated by technological advances in medicine. These recommendations are made on the basis of the following:

- a. quality considerations;
- b. size of the medical school applicant pool of qualified South Carolinians; (This is of particular concern to South Carolina as described in the report. In addition, the number of new applicants to medical schools nationally has been shrinking since 1974, even though the pool of 21-year-olds has not declined. The number of young people between the ages of 20 and 24 was predicted to reach an all-time high of 21 million in 1980. This number will fall to 17.9 million in 1990. This suggests a further decline in the number of qualified applicants to medical school.)
- c. the projected oversupply of physicians in South Carolina based on a study conducted by the Budget and Control Board's Office of Cooperative Health Statistics;
- d. the projected national oversupply of physicians based on studies conducted by the Graduate Medical Education National Advisory Committee (GMENAC) for the U.S. Department of Health and Human Services;

- e. the cost implications to the State and nation of producing more physicians than effective demand requires; and
  - f. the advice of the Commission's Task Force on Medical Doctor Education.
6. That a collaborative medical school admissions program be developed by the medical schools to ensure the State enrolls the best qualified students matched to the school with the mission most compatible with each student's career goals. This plan should be submitted to this Commission not later than January 31, 1983.
  - \* 7. That medical resident positions be frozen at current approved levels and funded at current headcounts as of September 1, 1981.
  8. That the administrations of MUSC and USC undertake an immediate review of funding support allocated to their respective graduate nursing programs. There is a shortage of nurses prepared at the master degree level in South Carolina and we are seriously concerned over the inadequate funding levels noted by the consultants. These graduate nursing programs are of sufficient importance to the State to merit high priority in each institution's allocation of resources. Each institution should submit a written report on its findings and plans for corrective action by July 1, 1982.
  9. That Clemson University and the Medical University of South Carolina withdraw previously submitted Letters of Intent to this Commission to establish doctoral nursing programs. This recommendation is based on the consultants' determination that a doctoral program at either university should be contingent upon major improvements in the existing master's programs and is premature at this time.
  10. That MUSC be commended for the utilization of clinical resources in the ambulatory care setting and family practice center for pharmaceutical science education. The consultants described this as "probably the most effective effort of this type in the country" and stated that it "serves as a model for the nation." Both MUSC and USC are commended for the development of the joint Ph.D. program in Pharmaceutical Sciences.
  11. That MUSC submit to the Commission by May 1, 1982, appropriate program review materials concerning the satellite Master in Health Science program being offered in the Greenville/Spartanburg area. Upon receipt of these materials the Commission will make a determination as to the continuation of this program offering. Such offerings require prior approval of this Commission and no record of such approval exists for this program.
  12. That, in view of the consultants concerns that faculty resources in the Winthrop Speech Pathology program are significantly below minimal strength for such a program, this program be authorized to continue until May, 1983. Winthrop College should conduct a thorough self-study of this program and submit this study to the Commission no later than January 1, 1983.

- \*13. That the MUSC College of Dental Medicine reduce first year class size to 48 students because the applicant pool is decreasing almost to the point where class quality is threatened and data on the availability of dentists in South Carolina do not support the need to produce 54 new dentists per year. We further recommend that the Budget and Control Board's Office of Cooperative Health Statistics immediately undertake a study to project the supply and demand for dental medicine in South Carolina. Upon completion of this study we expect to refine our recommendation concerning the desirable first year dental school class size.
14. That all programs strengthen and enlarge their efforts to increase minority enrollment. As of the fall of 1981, of 801 undergraduate medical students only 18 or 2% are black and of 223 dental students only 7 or 3% are black.
15. That the following programs be continued:

Clemson University

Nursing (M.S.)

Medical University of South Carolina

Health Sciences (M.H.S.)

Nursing (M.S.)

Dentistry (D.M.D.)

Medicine (M.D.)

Pharmacy (Pharm.D.)

South Carolina State College

Speech Pathology and Audiology (M.A.)

University of South Carolina

Nursing (M.N.)

Medicine (M.D.)

Pharmacy (M.S.)

Physical Education (M.S., M.A.T.)

Public Health (M.P.H., M.S.P.H.)

Speech Pathology (M.S.P.)

Audiology (M.Aud.)

Winthrop College

Speech Pathology (M.S.)

(see proviso in 12 above)

\*Recommendation 13, as amended: That the Budget and Control Board's Office of Cooperative Health Statistics immediately undertake a study to project the supply and demand for dental medicine in South Carolina, and further, in light of possible national and State oversupply of physicians, as projected, and subsequently the potential impact that would have on the economy, that this Commission appoint a blue-ribbon committee to study the future demand for physicians, and report back to the Commission at an appropriate time, the prospective membership of the blue-ribbon committee to be submitted to the Commission for approval.