Exhibit C

Summary of the Preliminary Report
of the Special Medical Education Committee by Dr. R. Cathcart Smith

November 4, 1971

A preliminary report of the Special Medical Education Committee was made to the Higher Education Commission last night. This report is not final and cannot be considered final until the Committee has at least one other meeting, hopefully during the month of November. This is necessary because several members were unable to attend a day-long session this past Sunday when the present preliminary report was put together.

The preliminary report recognizes that there is at present a serious shortage of physicians in South Carolina. Regardless of what factors are used in determining the medical doctor - population ratio as expressed by the number of medical doctors per 100,000 population, South Carolina rates no better than 46th out of the 50 states in the Union. (I-E Rates including active Non-Federal and Federal M. D. 's and D. O. 's) - Nat'l Average 164/100,000
Nat'l Median 132/100,000
S. C. 94/100,000

The problem of distribution of doctors within the state is serious. In South Carolina there is an average of 1 doctor for 1,074 people, but only 5 of 46 counties meet this average and 1/2 of the counties have only 1 doctor for 2,148 people (more than twice the state average.)

The Committee believes that South Carolina should strive to attain at least the national median (not the national average) and this computation projects 130 doctors per 100,000. We recognize that this is a shifting base and that future developments, both in the scientific achievements of medicine and the very probable development of more Federal Health Insurance Programs will further increase the demand and need for additional physicians.

At present South Carolina has 2,194 physicians alive and in all categories. To achieve a ratio of 130/100,000 South Carolina should have 3,998 by 1985 and 4,732 by 2000.

A review of records of the past indicate that approximately 40% of the graduates of the Medical University of South Carolina leave this state to practice elsewhere, but also there has been an in-migration over the years of physicians trained at schools outside South Carolina to constitute 40% of the doctors now practicing in the state.

The Committee recognizes that one of the most critical factors in addition to financing medical education (which is quite expensive), is the availability of teaching hospital beds and out-patient clinic material. It appears that it is necessary to have 8 beds per entering student in a medical school. In other words for an entering class of 100 students, it is desirable to have 800 teaching beds available to and under the effective control of the medical school. Even if money is available (which it is not at present) then the number of doctors trained is directly related to the availability of teaching hospital beds.

The Committee is convinced that in addition to educating more medical students it is also necessary to provide good postgraduate training for doctors in their interne and resident physician years at properly selected community and regional hospitals in the state. This is not only necessary for postgraduate programs, but also it is immediately necessary to provide teaching facilities for a proportion of those students who have already been admitted to M. U. S. C. this year.

Using the most optimistic figures now available to us, by the year 1973-74 when the present class of 165 students enters its 3rd or so call clinical years, there will be 285 third and fourth year students using 930 beds in the Charleston area and this is 210 short of the required 1,140 beds. This does not take into account the additional problem of teaching beds for internes and residents of which there are now 223 at M. U. S. C.

The Committee does not feel that the pool of qualified applicants to fill spaces available in a medical school or schools is a problem. If this state is not producing enough applicants there are plenty available from outside the state and this presents no real problem.

The costs of building a new medical school as compared to the costs of expanding an existing medical school are difficult to determine and depends on a variety of factors which would have to be applied to each specific situation. It is my personal opinion that though there may be cost savings attained by the use of existing facilities, such as non-medical school owned hospitals, there are problems to be resolved concerning the control of admissions for teaching purposes, etc.

It appears to the Committee then that South Carolina has to make decisions as to: (1) whether or not a ratio of 130 physicians per 100,000 people is a reasonable goal to attempt to attain, and (2) when does it want to attempt to reach this goal.

Without going into details at the moment, it appears that if South Carolina wants to reach this goal by:

1. 1985 - it is advisable to immediately begin planning and developing a second medical school in Columbia as a part of the U. S. C. with a goal of 100 entering students per year plus the prompt completion of the necessary facilities at M. U. S. C. in Charleston to allow that school to properly train an etnering class of 130 students per year.
2. If South Carolina decides to reach the goal of 130 M. D. 's per 100,000 population by the year 2000, then it is necessary to expand M. U. S. C. to an entering class of 200 per year and promptly establish a program utilizing community hospitals in Greenville, Spartanburg and Columbia as regional campuses for teaching medical students in their fourth and final year. If this course is selected then a second medical school would not be necessary.