

**NEW MEDICAL SCHOOL PROPOSAL
STAFF ANALYSIS**

Institution: University of Central Florida
Program: Allopathic Medicine (CIP #51.1201) **Level:** Doctor of Medicine (MD)
Proposed Implementation Dates: Fall 2006 Planning, Fall 2008 Classes Begin

ENROLLMENT AND COSTS SUMMARY						
Implementation Timeframe	Projected Student Enrollment			Projected Program Costs		
	Headcount	FTE	Cost per FTE (E&G/FTE)	Education & General Funding	Non State Funding	Facilities Investments <i>S = State</i> <i>N = Non-State</i>
Planning Year 1				\$6,036,173	\$398,593	N = \$30m S = \$52m (\$30m state match & \$22m PECO*)
Planning Year 2				\$9,696,261	\$1,223,905	
First Year	40	42.9	\$305,576	\$13,109,202	\$2,708,450	
Second Year	100	105.2				
Third Year	180	189				
Fourth Year	280	294.2				
Fifth Year	360	378	\$48,303	\$18,258,400	\$6,403,203	
Eighth Year	480	504	\$40,504	\$20,413,996	\$7,754,884	
Tenth Year	480	504	\$41,362	\$20,846,246	\$7,754,884	

* PECO dollars for the Biological Sciences Building. \$10 m was received in 05-06 and \$11.9 is expected in 06-07.

Summary Comments on Enrollment and Costs

The cost per FTE calculation for the first year of classes includes a special appropriation for start-up. If these dollars are backed out, the cost per FTE in Year One would be \$75,000 (as indicated in FBOG Table 2M). UCF used fundable credit hours as the basis for their FTE calculation, as opposed to using the headcount formula typical to Florida medical education funding. However, headcount was used to develop the projected budget.

The dollar figures in the *Education and General Funding* column do not reflect the dollar figures identified as *Net Medical School Funds Required* in the FBOG Budget Table 2M on page 43 of the proposal. The reason for this is that UCF has existing faculty who will contribute to the College of Medicine and a portion of their salaries that is shown under Receipts in the Table are from E&G. In order to determine the total net E&G costs for representation on the Cover Page, this E&G portion of their salaries is added to the *Net Medical School Funds Required* category in Table 2M.

Summary Comments on Need, Demand, and Return on Investment

Key issues with regard to the investment:

- 40% clinical faculty support from partnerships with area medical centers
- 20 existing UCF biomedical science faculty who will participate in the program (\$3.3 million)
- \$82 million for facility construction (\$30m private, \$30m state match, \$22m PECO)
- \$18.6 million over two years for planning

Projected cost and benefits derived from information provided throughout the proposal:

- \$246,298,969 Accumulated Cost to State by Year 10
- \$20,846,246 Annual Operational Cost to State at Year 10
- 640 New Medical Doctor Graduates (120 Annually by Year 10)
- 95 New Residency Slots in Florida by Year 10
- \$776,670,218 Annual Economic Impact by Year 10 (primarily in Orlando Metro Area)
- \$15 million Increase in research funding for UCF
- 15,474 Additional jobs in the community with an average salary of \$83,121
- \$8.7 million In tuition from medical students
- \$82 million In facilities construction
- Increased access to healthcare in Central Florida, and possibly reduced costs
- Improved quality of healthcare for the Central Florida region
- Support for regional economic development interest in biotechnology
- Stronger partnerships with UCF healthcare partners

Data sources are conflicting on the exact number of physicians that will be needed, but all appear to agree that demand outstrips production. The primary arguments used in the proposal for more people to be prepared as medical doctors are:

- Annual demand in Florida will grow from 2,800 in 2003 to 4,200 in 2021.
- National demand is expected to grow from 41,000 in 2005 to 58,000 in 2021.
- Major medical associations are calling for an increase in graduates.
- Florida's need is increasing faster than other states because of faster growth in population.
- Ratio of medical school graduates to total state population declined from 4.3 in 1985 to less than 2.8 in 2003.
- Florida imports more than 80% of its physicians from out of state, a source whose reliability may change.

These arguments are supported by labor market statistics compiled by the Florida Agency for Workforce Innovation (AWI), which project moderate growth (2.35 percent annual change overall) in the number of physicians needed, with an increase of 6,658 openings by 2012. AWI data also projects 1,290 average annual openings over the same period due to growth and separations. The existing public university medical schools awarded 227 degrees in 2004-05. It should be noted that the projected demand for registered nurses far outpaces the demand for physicians (3.14 percent annual change) with an increase of 35,254 openings by 2012, and 7,158 average annual openings due to growth and separation. Florida public university nursing programs denied admission to over 2000 qualified applicants in 2005 due to inadequate enrollment capacity.

SECTION BY SECTION PROPOSAL REVIEW AND COMMENTS

INTRODUCTION

Program Description and Relationship to System-Level Goals

- 1. The proposal adequately describes the medical program under consideration, including any special emphases, unique partnership arrangements, and the total number of Florida-based medical residency programs that will be created in support of the program.*

The proposal describes an allopathic medical program that will include early integration of clinical sciences with the basic sciences, and an interdisciplinary, integrated study of pathology and treatment. The program will also incorporate elements that its planners believe to be important to the training of physicians, including early exposure to patients, use of simulation, interdisciplinary block approaches to studying the basic sciences, cultural sensitivity and competence, and early integration of clinical sciences with skill development.

Partnerships are presented as a major strength of the proposed program. The university plans to partner with Orlando regional Healthcare and Florida Hospital to offer community-based clinical training. Each of these partners will own the faculty practice plan for the proposed medical program, paying UCF 40% of the salary for each clinical faculty member. The partner hospitals also plan to add 95 additional residency programs in support of the proposed program.

UCF also plans to partner with the University of Puerto Rico (UPR) School of Medicine. This will facilitate collaborative research and faculty and student exchange programs. UPR medical faculty will participate in building the curriculum for the UCF program and the two faculties already share a number of common research interests.

- 2. The proposed program is consistent with the University Strategic Plan Goals and will directly or indirectly support the goals identified below.*

The proposal states that “Development of a medical program at UCF is consistent with the University’s mission to serve its surrounding communities and is also consistent with UCF’s goal to be America’s leading partnership university.” The program is expected to:

- Address the shortage of physicians in Florida
- Provide high-quality clinical services in Central Florida
- Promote scientific research
- Integrate information technology and virtual simulation into medical education and research
- Create more culturally sensitive physicians

- 3. The proposed program is consistent with the State University System Strategic Plan Goals and will directly or indirectly support the goals identified below.*

The proposed program is consistent with the SUS goals to increase degree production in medical

science programs. It will also support the goal of building world-class academic programs and research capability. The partnership with the University of Puerto Rico School of Medicine is expected to increase the number of Hispanic physicians in the state.

4. The proposal provides a timeline for full implementation that identifies key activities related to seeking funding, facilities planning and construction, faculty recruitment, curriculum development, admission and enrollment of students, achieving Liaison Committee on Medical Education (LCME) accreditation, and development of medical residency programs in Florida.

The proposal provides a historical timeline beginning on page 22 of the research and groundwork conducted to explore implementing a medical school, which began with an effort to start a PIMS program with USF in 1998 and ending with the approval of the proposal by the University Board of Trustees in September, 2005. An implementation timeline is also provided starting on page 24 that identifies the key activities that will take place, with the first class of students starting in Fall 2008, the first class applying for medical residencies in 2011 and graduating in Spring 2012.

Liaison Committee on Medical Education (LCME) accreditation is also expected by Spring 2012.

5. There is evidence that planning for the proposed program has been a collaborative process involving academic units and offices of planning and budgeting at the institutional level, as well as external consultants, representatives of the community, etc.

The proposal provides evidence that planning for the proposed medical program has been a collaborative process that included the key units of the university and members of the local medical community over the past two years. The proposal was approved by the UCF Graduate Council and endorsed by the UCF Faculty Senate Steering Committee. On September 22, 2005 the proposal was approved by the UCF Board of Trustees.

INSTITUTIONAL AND STATE-LEVEL ACCOUNTABILITY

Assessment of Need and Demand

6. The proposal provides a convincing argument using national, state, or local data that support the need for more people to be prepared as medical doctors and identifies potential employment options that are consistent with the argument for need and demand, and which are substantiated by other sources.

The proposal cites the March 2004 CEPRI study conducted for the BOG and a December 2004 MGT study commissioned by UCF as the primary sources for Florida data related to the need for more physicians. Other sources used are letters of support from local government and economic development councils. At the national level the proposal references need and demand arguments used by the Council on Graduate Medical Education, the American Medical Association Council on Medical Education, and the American Association of Medical Colleges.

The primary arguments used in the proposal for more people to be prepared as medical doctors are:

- Annual demand in Florida will grow from 2,800 in 2003 to 4,200 in 2021
- National demand is expected to grow from 41,000 in 2005 to 58,000 in 2021
- Major medical associations are calling for an increase in graduates
- Florida’s need is increasing faster than other states because of faster growth in population
- Ratio of medical school graduates to total Florida population declined from 4.3 in 1985 to less than 2.8 in 2003
- Florida imports more than 80% of its physicians from out of state, which is a source that may become less available if projections for a national shortage are accurate

Although the projected number of physicians needed varies somewhat among the studies cited, all agree that a shortage will exist. Labor Market Statistics compiled by the Florida Agency for Workforce Innovation (AWI) also indicate moderate growth (2.35 percent annual change overall) in the number of physicians needed, with an increase of 6,658 openings by 2012. AWI data projects 830 average annual openings over the same period due to growth and 460 annual openings due to separations. The existing public university medical schools awarded 227 degrees in 2004-05.

AWI Labor Market Statistics, March 2005

Title	Employment		Annual Percent Change	Average Annual Openings		
	2004	2012		Due To Growth	Due To Separations	Total
Anesthesiologists	1,668	1,998	2.47	41	21	63
Family and General Practitioners	13,523	15,861	2.16	292	173	465
Internists, General	3,556	4,230	2.37	84	45	130
Obstetricians and Gynecologists	987	1,169	2.30	23	13	35
Pediatricians, General	1,196	1,422	2.36	28	15	44
Surgeons	4,969	5,915	2.38	118	63	182
Physicians and Surgeons, All Other	10,244	12,198	2.38	244	130	375
TOTAL	38147	44805		830	460	1,294
Difference		6,658				

When considering the cost for implementing a new medical school, it is important to balance the need for physicians against the need for other key professions in providing quality healthcare to Florida residents. Moderate to fast growth is projected for most of the allied health professions, with registered nurses being in greatest demand. The projected demand for registered nurses far outpaces the demand for physicians (3.14 percent annual change) with an increase of 35,254 openings by 2012, and 7,158 average annual openings due to growth and separation. Florida public university nursing programs denied admission to over 2000 qualified applicants in 2005 due to inadequate enrollment capacity.

7. The proposal identifies existing medical school programs (private or public) that exist in the state, identifies the institution(s) and geographic location(s), and provides data that supports the need for implementing an additional program.

The proposal identifies on page 31 the four allopathic (UF, USF, UM, FSU) and two osteopathic (NSU, Lake Erie College) medical schools that currently exist in Florida, and provides a chart of their current and proposed enrollment. In addition the proposal identifies each institution's potential for increasing enrollments, as reported to the BOG in June 2005 and from a survey conducted by MGT on behalf of UCF. The total proposed increase in medical school enrollments shown on page 31 would be 197, with 30 of those being at Nova Southeastern University. However, on page 32 the proposal identifies a need for Florida to increase its medical school capacity by 2,700 students and states that "The proposed increases at existing universities will add 788 additional medical school slots (not 197), leaving an unmet need of about 1,900 medical school slots." There is no explanation for this apparent discrepancy between the numbers used on pages 31 and 32.

8. *The proposal contains reasonable estimates of student headcount and FTE who will major in the proposed program.*

The proposal provides a reasonable estimate of student headcount based upon current application and admission records for existing medical schools. An explanation of the Headcount to FTE ratio is found on page 33. Projected FTE exceeds headcount because UCF based the calculation on funding for Graduate level programs (30 credit hours per year equal one FTE). This may not be an accurate projection because the state has historically funded medical education based upon headcount, rather than fundable credit hours.

A strong argument is made for student demand for enrollment in medical school, as illustrated in the first table on page 35 which shows 8,144 applicants to the four existing Florida allopathic schools in 2004-2005, of which 817 were admitted, while 457 enrolled. What is not made clear with the data is how many of the applicants and admits are duplicated headcount. Typically students apply to two or more universities and the number of students admitted often exceeds the number who actually enrolls. Duplicated headcount could be creating an inflated estimate of student demand. In addition, the applicant numbers provided to compare the ten most populous states in the second table on page 35 do not match numbers provided in the Florida table comparisons, with no explanation as to why the numbers are different. The proposal provides a detailed plan for achieving diversity within the proposed program, setting a goal to meet or exceed the level of diversity that currently exists in Florida's medical schools.

Budget

9. *The proposal provides a complete and reasonable budget for the program that reflects the text of the proposal. Costs for the program reflect costs associated with the implementation and operation of similar programs at other SUS institutions.*

The proposal provides a complete budget outline that accurately reflects the planning and implementation stages as described elsewhere in the proposal. Key issues with regard to the budget are:

- 40% clinical faculty support from partnerships with area medical centers
- 20 existing UCF biomedical science faculty who will participate in the program (\$3.3 million)
- \$82 million for facility construction (\$30m private, \$30m state match, \$22m PECO)
- \$18.6 million over two years for planning

The estimated costs for implementing the proposed medical school are consistent with costs for implementing the FSU medical school and estimated costs for the proposed FIU medical school. A comparison of those costs is displayed in the table below.

	Total College of Medicine	Tuition	Clinical Practice	Contract & Grant (Salary Recovery)	Existing Faculty	Existing Appropriation	Additional Appropriation	# of Students	Total per Student	Total State Appropriation per Student
FSU*	\$38,989,138	\$4,800,000	\$0	\$0	\$0	\$1,900,000	\$32,289,138	480	\$81,227	\$71,227
FIU**	\$32,229,447	\$8,737,464	\$276,688	\$2,898,563	\$0	\$0	\$20,316,732	480	\$67,145	\$42,327
UCF***	\$37,338,593	\$8,737,464	\$5,928,000	\$1,162,562	\$3,321,607	\$0	\$18,188,960	480	\$77,789	\$37,894

*per November 15, 1999 MGT study

**per September 12, 2005 FIU proposal

***per September 2005 UCF proposal

10. FBOG Table Two-M is completed in full and displays cumulative dollar estimates (as opposed to incremental increases) for both current and new resources for the proposed program for the planning years and the first ten years of enrollments in the program.

The completed budget table can be found on page 43. However, there is also an addendum to the budget table on page 44 that bears explanation. The total I&R costs in Table 2M consist of E&G and non-E&G costs and the total receipts consist of E&G and non- E&G receipts. This is because UCF has existing faculty who will contribute to the College of Medicine (who have already been paid for by UCF, but are still a cost to the program) and a portion of their salaries that is shown under Receipts is from E&G. In order to determine the total net E&G costs for representation on the Cover Page, this E&G portion of their salaries is added to the *Net Medical School Funds Required* category in Table 3M.

Projected cost derived from information provided in the proposal includes:

- \$246,298,969 Accumulated Total Cost to State by Year 10 (includes all funds)
- \$92,075,397 Non-recurring Planning and Implementation Costs (over the first 5 years)
- \$20,846,246 Annual Operational Cost to State at Year 10 (adjusted for existing faculty)

11. For existing resources within the institution that will be shifted to support the new program, the proposal provides an explanation as to which resources will be shifted and describes actions that will be taken to mitigate any adverse impacts caused by such a shift.

The proposal contains the statement that “No significant reallocation from existing programs to the medical college is proposed.” However, faculty members within the Center for Biomolecular Sciences will participate in the basic science instruction for medical school students, for a shift of \$3.3 million. It is not made clear as to whether these faculty members are currently engaged in instruction associated with existing UCF degree programs, or if they were hired to support implementation of the Burnett College of Biomedical Sciences, and will simply be absorbed into the medical program if it is approved.

12. The proposal identifies financial resources available outside the institution (businesses, industrial organizations, governmental entities, etc.) and provides evidence of any commitments that will be available to support the proposed program (gift, monetary donation, in-kind contribution, land, a building, etc.).

UCF has arranged partnerships with regional healthcare providers who will provide support salary for clinical faculty, clerkships for medical students, and new residency slots for graduates. Orlando Regional Healthcare and Florida Hospital have pledged to provide 0.4 FTE salary for up to 50 clinical faculty. In addition, the partnership with the University of Puerto Rico will create opportunities for elective courses and joint research projects. Other local medical associations will provide direct and in-kind support. The creation of a medical school would increase the number and amount of National Institutes of Health awards to UCF. The NIH awarded approximately 75% of its \$22.24 billion in 2004 grants to medical schools.

Projected Return on Investment

13. The proposal provides a convincing “Return on Investment” statement that describes the projected benefit (net value added) to the university, local region, and the state if the program is implemented.

The proposal provides both a quantitative and qualitative return on investment statement beginning on page 49 and Appendix F. The table in Appendix F provides more detail on how the economic impact was calculated, stating that outputs will equal \$1,286,243,257 and value added to will equal \$776,670,218, for a 60 percent return. However, the table does not distinguish between state and private dollars in its assessment.

The proposal projects a quantitative return on investment within the first 10 years that includes:

- 120 additional medical school graduates per year for Florida (by Year 10)
- 95 additional residency slots in partner hospitals (by Year 10)
- \$15 million increase in research funding for UCF
- 15,474 additional jobs in the community with an average salary of \$83,121
- \$777 million annual local economic impact (by Year 10)
- \$8.7 million in tuition from medical students
- \$82 million in facilities construction

The proposal projects a qualitative return on investment that includes:

- Increase access to healthcare in Central Florida, and possibly reduce costs
- Improved quality of healthcare for the Central Florida region

- Supports regional economic development interest in biotechnology
- Forges stronger partnerships with UCF healthcare partners

Projected cost derived from information provided in the proposal includes:

- \$246,298,969 Accumulated Cost to State by Year 10
- \$20,846,246 Annual Operational Cost to State at Year 10

INSTITUTIONAL READINESS

Related Institutional Strengths and Biomedical Infrastructure

14. The proposed program specifically relates to existing institutional strengths such as programs of emphasis, other academic programs, and/or institutes and centers.

The proposal identifies several program areas at UCF that are already engaged in biomedical research and with faculty who can contribute to the medical school or support pre-med students at the undergraduate levels. These program areas include biomedical science, psychology, chemistry, optics, materials science, nursing and other allied health programs. The university programs in modeling and simulation and in digital media are expected to be instrumental in developing new instructional methods for medical education. UCF is also home to several prominent centers that can provide both research and instructional support for the medical school. These include the Center for Biomolecular Sciences, the Institute for Simulation and Training, the Center for Research and Education in Optics and Lasers, the Center of Excellence in Photonics, the Advanced Materials Processing and Analysis Center, the Nanoscience and Technology Center, the Florida Interactive Entertainment Academy and the Interactive Performance Laboratory.

15. The proposal identifies existing biomedical infrastructure and research doctoral programs that will facilitate the medical program in its efforts to obtain full accreditation, and describes how these programs will be affiliated with or integrated into the proposed medical school.

As noted in the previous paragraph, several program areas at UCF are already engaged in biomedical research and have faculty that can contribute to the medical school, or support pre-med students at the undergraduate levels. The Burnett College of Biomedical Science offers a Ph.D. in Biomolecular Science that is interdisciplinary in nature, bringing nanoscience, optics, and biomedical researchers and students together to develop treatments for disease. The University believes that this program will be sufficient to support the medical program in its initial bid for LMCE accreditation. The research infrastructure associated with this program and others mentioned above will help support the implementation of a medical program.

16. The proposal provides evidence of existing instructional or research facilities and other resources (e.g., library volumes, serials, specialized equipment, etc.) that will be used to initiate the program.

Instructional and research equipment and facilities to support medical program implementation exists within the colleges and departments noted previously, most notably in the College of Biomedical Sciences. Current instructional facilities include a physiology lab, cadaver lab, methods lab in molecular biology, medical science lab, general microbiology lab, pathogenic microbiology lab, and a 36-station anatomy lab.

The UCF libraries contain 75,504 books and 1.3 million print volumes available for the medical program and related health fields. The library holdings were compared against the Brandon/Hill Book List 2003, which is the medical field's standard guide for necessary and recommended books and journals. These holdings include:

- 175 of 672 titles on the Small Medical Library List 2003
- 242 of the 370 titles on the Nursing Book List 2003
- 223 of the 434 titles on the Allied Health Book List 2003
- these lists comprise 43% of the Brandon/Hill Book List for books

The libraries also have 1,755 online and 270 print journals in medical and related fields. These include:

- 111 of 143 titles on the Small Medical Library Journal List 2001
- 78 of 86 titles on the Nursing Journal List 2002
- 56 of 79 titles on the Allied Health Journal List
- these lists comprise 81% of the Brandon/Hill Book List for journals

In addition, UCF medical students will have access to the University of Puerto Rico medical library holdings through the partnership between the two universities.

17. The proposal identifies additional facilities and resources that will be required for the initiation of the medical program and identifies any new capital expenditure for instructional or research space that is required, indicating where the item appears on the university's fixed capital outlay priority list. The provision of new resources is reflected in the budget table (FBOG Table Two-M), and the sources of funding indicated.

The proposal identifies the additional facilities and resources that will be needed to implement the medical program, beginning on page 65. These resources include two new buildings:

- 133,000 sf Burnett College of Biomedical Science (currently in the design phase)
- 120,000 sf College of Medicine Instructional Space

Instructional laboratory space totaling 9,900 square feet is planned as part of the construction. This includes:

- 2,500 sf Anatomy lab
- 3,600 sf Four general purpose labs
- 1,000 sf Computer lab
- 800 sf Patient simulator lab
- 2,000 sf Standardized patient lab

UCF has also budgeted \$6 million for additional equipment and furnishings for the two new buildings. To meet the recommendations of the Brandon/Hill lists for book and journals will require approximately \$167,787 for the medical library holdings, with an anticipated annual \$494,094 increase in the UCF library budget to reach parity with peer institutions identified in the proposal.

Curriculum

18. A description of the planned curriculum is provided that clearly indicates whether the university expects to offer a traditional course of study, or a course of study that in substantial ways differs from traditional medical education. Any special areas of emphasis within the proposed program are adequately described. Resources that will be used to develop a sequenced course of study are identified, and the total numbers of credit hours for the degree are within the range associated with similar programs at other institutions.

The proposed medical program will consist of four years of education. The proposal states that “basic sciences will be taught in the first two years; clinical practice will begin in the first year of the curriculum and be enhanced by clerkships and internships in the third and fourth years of study.” The curriculum is designed to be in compliance with standards for full accreditation set forth by the Liaison Committee on Medical Education (LCME) in the Functions and Structure of a Medical School (see Appendix P for accreditation standards). A Curriculum Committee will oversee the medical curriculum to ensure that it continues to satisfy accreditation standards as it evolves, and to keep it current with medical practices, technologies, and the needs of the community. UCF will partner with the University of Puerto Rico School of Medicine in delivering the curriculum.

The proposal states that the overall objectives for the UCF College of Medicine are to:

- provide more MDs in Florida to address a physician shortage
- provide high-quality clinical services to enhance health care in Central Florida
- promote scientific research of faculty attracted to UCF because of the College of Medicine
- strengthen the integration of information technologies and virtual simulation into the education and research of the faculty and students in the College of Medicine
- create culturally sensitive physicians

The proposal also states that the overall objectives of the Doctor of Medicine degree program are to:

- provide an evidence-based curriculum to ensure effective learning outcomes
- provide a curriculum that is flexible in its response to scientific progress in medicine, innovative teaching and learning methods, and changes in societal and cultural perspectives related to health delivery and clinical practice
- provide medical education that will produce competent and compassionate physicians, sensitive to cultural, social, and health issues
- integrate clinical practice early into the curriculum to produce graduates with a comprehensive clinical experience

19. Admission standards and graduation requirements for the program are consistent with existing law, state university system policies, and university policies.

An Admissions Committee will develop recruitment strategies and establish admission policies consistent with existing law and rules. It is expected that students will apply through the American Medical College Application Service, a non-profit, centralized application processing service for applicants to first-year entering classes at participating U.S. medical schools.

The application will consist of:

- AMCAS application
- UCF online application tailored specifically for the medical degree program
- Letters of recommendation
- At least one set of the Medical College Admissions Test (MCAT) scores taken within 3 years of application (the primary standardized tool used to evaluate all applicants)
- The MCAT will be supplemented by an analysis of Grade Point Average and other relevant characteristics predicting successful participation in the medical school program. With a focus on the recruitment and retention of qualified Florida residents, Florida's potential applicants should, in general, have the following qualifications: an undergraduate science GPA of 3.3 or higher; and cumulative GPA of 3.4 or higher

Graduation requirements are:

- Complete all coursework, clerkships and internships with a 2.0 GPA
- Satisfactorily complete the fourth year Clinical Performance exam
- Pass both Step 1 and Step 2 of the United States Medical Licensing Examination
- Pass evaluation on noncognitive factors that determine the fit to serve as physicians

20. A timeline is provided for seeking LCME accreditation that identifies specific benchmarks that will need to be met.

A timeline for achieving LCME accreditation is provided on page 82 that benchmarks the process from Fall 2007 through Spring 2012.

21. The proposal identifies any new research doctoral programs that will need to be implemented in order to obtain full accreditation.

UCF will not need to add any additional doctoral programs to achieve accreditation. It is expected that the existing interdisciplinary Ph.D. in Biomolecular Science will serve the needs of the medical school.

22. The anticipated delivery system for the proposed program is consistent with other plans for implementation of the medical program as it may relate to institutional resources (e.g., traditional delivery on main campus or at branches and centers; clinical sites; and joint-use facilities for research or internships).

Basic curriculum during the first two years will be delivered in laboratory and classroom space at the Orlando campus. The proposed program will also use Standardized Patient Laboratories and

Patient Simulators to introduce first year students to clinical skills and diagnoses. Clinical training will be provided at local affiliated hospitals and community-based ambulatory sites.

Medical Residency Programs

23. The proposal provides a detailed plan regarding development of medical residency programs, particularly those in Florida, to accommodate program graduates. Potential locations are identified and any existing commitments and agreements are properly documented.

Partner hospitals plan to expand their residency programs by 95 slots initially to expand the number of physicians in the areas, and then to add another 95 slots in the future. The proposal also makes the argument that expanding residency programs is dependent upon the availability of qualified faculty, who are most often associated with a nearby medical school. Commitment letters from hospital partners do not detail how the residency slots will be funded, and the proposal also does not address potential difficulties in obtaining Medicare/CMS funding to implement new medical residency programs. The letter from Orlando Regional Healthcare does state that expansion of its residency programs will be contingent on state and federal funding.

Assessment of Current and Anticipated Faculty

24. A reasonable estimate is provided for the number of faculty needed to implement the medical program, each faculty member's workload (in percent person-years) that will be devoted to the proposed program by the fifth year of implementation, their areas of specialization, their proposed ranks, and when they would be hired.

The proposal identifies the number of faculty that will be needed by specialty and outlines a schedule for hiring. FBOG Table 3 is completed to show the funding source, specialty, faculty rank, and initial date of participation in the program. A total of 160 faculty members will be in the College of Medicine. Detail information is provided about the current Biomolecular faculty who will participate in the medical program. UCF has 10 faculty currently hired on lines within the Center for Biomolecular Sciences who will participate in the medical program. UPR School of Medicine faculty will also participate in the development of program curriculum, and participate in joint research projects.

25. The proposal provides a convincing plan and timetable for the recruitment of medical school faculty that identifies any challenges that might make recruitment difficult (e.g., new school, need to seek accreditation, medical malpractice policies, etc.), areas of expertise that may constitute a special challenge for recruitment, and strategies to overcome such challenges.

The proposal outlines a plan to recruit faculty that begins with hiring a dean, who in turn will hire associate deans and department chairs. This group will provide the search committee for hiring MD clinical faculty. The existing basic science faculty who will be moved to the medical school will serve as the nucleus for recruiting additional basic science faculty. Although some specialties will be easier to find than others, UCF does not anticipate any difficulty in

recruitment because the Orlando area offers opportunities for spouses and other amenities associated with a metropolitan area. In addition, the M. D. Anderson Cancer Center and the Arnold Palmer Hospital for Children and Women will help to attract pediatric specialists, oncologists, and gastroenterologists; all of which are in short supply nationally.