

### **The Commonwealth Medical College: A New Model for a New Millennium**

Northeastern Pennsylvania, like many non-urban areas in the United States, struggles with physician shortages which ultimately affect health care quality and access, as well as the local economy. A 2006 study found approximately 1/3 of local physicians are likely to retire in the next 10-15 years and the area will need more than 1,000 additional active physicians by 2025<sup>1</sup>. In addition, nearly \$1 billion in healthcare leaves the area annually.

In 2002, the Northeastern Pennsylvania community formed a consortium of representatives from business, government, medicine and the community to examine the feasibility of opening a new medical school. The result is The Commonwealth Medical College (TCMC), which will accept its first class of 60 students in the Fall of 2009.

TCMC is one of a number of new allopathic medical schools scheduled to open within the next ten years. These schools represent the first major expansion of medical schools since the 1960s and 1970s, which also saw the birth of the community-based medical school. TCMC is an example of the modern community-based medical school, whose founding was driven by a community movement and whose development is based upon the evidence gained in the past 40 years to build a truly community focused medical school.

While the founding of TCMC is not unique – the school was developed based upon the community’s perceived need for more local physicians and a community movement which brought funding support from the State and Blue Cross of Northeastern Pennsylvania (\$35 million and \$25 million, respectively) – the choices of its founding architects have been unique.

From the outset, it was decided the school would not be part of a greater University in order to maintain flexibility around decision-making and achieving its mission to serve the community. Despite its status as a private institution, the medical school plans to accept 70% of its students from Pennsylvania, with the ultimate goal of accepting a majority from Northeastern Pennsylvania. Admission procedures involve community participants and strongly take into account each applicants interest in staying within the area and commitment to service. Prior to opening, the school is already setting the foundations for a minority, rural and lower socioeconomic status pipeline program, developing a partnership with Wilkes University and Luzerne County Community College.

Curriculum development has also followed the school’s mission to produce physicians for the community:

- The curriculum follows a distributive model, with teaching to occur at 3 regional sites. Students will spend 3-4 weeks in one of these regional sites in each of the first and second years, and in the third and fourth years the students will be primarily assigned to a regional site.

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- Students will follow a single family, often in their own homes, for the full four years of medical school.
- While TCMC has no stated primary care focus, students in their third years will spend up to 80% of their clinical time in ambulatory settings.
- Partnerships have been developed with other health professions schools to provide interprofessional education.

The goal of all of these strategies is to integrate the students into the community and prepare them for practice in these communities.

Prior to opening, however, TCMC is already facing barriers well known within medical education. Annual tuition is currently set at \$35,000 for in-state students and \$40,000 for out-of-state students. Dr. Robert D’Alessandri, the school’s founding dean, reports his ultimate goal is to become a tuition-free medical school. Through philanthropic donations, every student in the charter class will be receiving an \$80,000 scholarship (\$20,000 per year), but stable funding for even these partial scholarships has yet to be established.

An additional barrier the community faces in retaining trainees in the area is the limited local graduate medical education (GME) positions. Currently, the area has nine GME programs (4 family medicine, 2 internal medicine, 1 general surgery, 1 osteopathic surgery, and 1 sports medicine) servicing 16 counties and approximately 1.5 million people. Recognizing physicians are most likely to stay in the areas of their GME training, the medical school and the community are working to expand GME programs. However, expansion has been significantly limited by regulations around Medicare GME and caps in resident positions set in the late 1990s.

TCMC’s programs and barriers are not unique individually. However, TCMC is unique in its thoughtful application and integration of a number of programs proven to produce graduates interested in primary care and rural medicine. This will be a school to watch over the next decade as a model for existing and developing schools and likely for future innovations to address the barriers to community-based training and community retention.

### References

1. TrippUmbach. A Roadmap for Medical Renewal and Economic Development in Northeast Pennsylvania. July 2006. Accessed April 7, 2009. Available at: [http://www.scrantonchamber.com/pdfforms/MedSchool\\_ExecutiveSummary.pdf](http://www.scrantonchamber.com/pdfforms/MedSchool_ExecutiveSummary.pdf)

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