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2023

**INDEPENDENT MEDICAL
SCHOOL STUDY FOR THE
UNIVERSITY OF GEORGIA**

PREPARED FOR:
THE UNIVERSITY OF GEORGIA



UNIVERSITY OF
GEORGIA



Table of Contents

Feasibility Study for an Independent School of Medicine at the University of Georgia (UGA)3

Key Takeaways3

Project Goal5

Overview of the Augusta University/University of Georgia Medical Partnership.....5

Feasibility Assessment of an Independent Medical School.....6

Recommendations32

Conclusion34

Recommended Next Steps.....35

Appendix A: The 12 LCME Standards.....37

Appendix B: About Tripp Umbach.....40

Feasibility Study for an Independent School of Medicine (SOM) at the University of Georgia (UGA)

December 11, 2023

Key Takeaways

1. Georgia needs more physicians, and the best solution is to add more medical students and residency training programs focused on keeping Georgians in the state for all training.
2. The University of Georgia has the academic, research, and development infrastructure to support a successful, independent M.D.-granting public medical school. Meeting Georgia's growing physician shortage and healthcare needs requires a major academic and research enterprise with a high capacity for attracting federal funding, private donations, and industry partnerships.
3. Sufficient clinical training sites are available at interested partner health systems¹ in Georgia to support an independent University of Georgia School of Medicine. Clinical teaching capacity is sufficient to grow the class size from 60 students per class to 72, as described in the Phase 1 enrollment growth plan, as well as up to 120 students per class as described in the Phase 2 enrollment growth plan.² Tripp Umbach's analysis shows that teaching hospitals within three potential UGA School of Medicine partner health systems have the combined teaching capacity to train 339 medical students per class. With anticipated growth in graduate medical education, additional teaching hospitals within the three partner health systems would be able to train 133 more medical students per class by 2030. Therefore, partner health systems have more than enough additional teaching capacity to accommodate future medical students.
4. The UGA School of Medicine is financially feasible and can secure the financial resources to support an independent medical school.
5. The proposed UGA School of Medicine will have a positive economic impact of \$237.4 million annually and support 1,583 jobs in Georgia by 2030. By 2036, the annual economic impact will equal \$138.2 million from physicians who graduate from the independent UGA School of Medicine.

¹ Northeast Georgia Health System, Piedmont Healthcare, and St. Mary's Health Care System.

² Provided that the State of Georgia and the University System of Georgia Board of Regents support future class size increases to better meet the healthcare needs of Georgia.

Introduction

The University of Georgia retained Tripp Umbach on September 15, 2023, to assess the feasibility and potential economic impact of establishing an independent medical school at the University of Georgia. If feasible, UGA would transition from the current Augusta University (AU)/University of Georgia Medical Partnership to having its own independently accredited medical school. Tripp Umbach's methodology involved a multifaceted approach, including intensive dialogue and consultation with UGA leadership and hospital administrators through regular conference calls and a two-day site visit in early November. These interactions with UGA leadership and likely hospital system partners gauged the necessity and feasibility of a separate, publicly supported medical school grounded in the broader context of statewide healthcare needs and physician demand. Tripp Umbach's independent process involved an in-depth exploration of educational, clinical, and research opportunities aimed at fostering a thriving, publicly supported medical school. In completing the feasibility study, Tripp Umbach analyzed the following:

- The strengths and limitations of the existing AU/UGA Medical Partnership, examining facets such as budgetary allocations, staffing configurations, student enrollment, faculty composition, research initiatives, and the extent of the clinical training network.
- Evaluation of UGA's capacity to deliver high-quality medical education, considering the prospect of accommodating up to 120 medical students per class by 2033 while maintaining alignment with accreditation standards set by the Liaison Committee on Medical Education (LCME). This includes an assessment of clinical capacity for both undergraduate and graduate medical education programs and evaluation of the educational capabilities of diverse clinical partners to determine the optimal medical education program.
- The feasibility study recommends potential class sizes and prerequisites for sustainable LCME accreditation.
- The study includes a comprehensive financial model projecting annual operating and capital budgets for two proposed enrollment growth plans.
- Tripp Umbach also conducted an impact assessment, highlighting the potential economic and societal ramifications tied to the establishment of an independent medical school at UGA, underscoring its potential significance for the state of Georgia.

This independent feasibility study will be the foundation for more detailed planning if the state decides to move forward with an independent UGA School of Medicine. Detailed planning may include an extensive project timetable, financial pro forma, capital budget projections, staffing blueprints, accreditation requirements, a detailed inventory of clinical rotations, and financial sources for the startup and ongoing operations of a successful independent UGA School of Medicine.

Project Goal

To determine whether a high-quality, independent M.D.-granting school of medicine can be supported at the University of Georgia to advance medical education, research, patient care, and community engagement for the benefit of all Georgians.

Overview of the Augusta University/University of Georgia Medical Partnership

Planning for a partnership medical school campus between the Medical College of Georgia (MCG) and the University of Georgia (UGA) began in 2006. The Georgia Board of Regents retained Tripp Umbach to prepare a study addressing physician shortages in Georgia. This report recommended the establishment of a partnership medical school campus in Athens. Approved by the Board of Regents in 2009, the MCG/UGA Medical Partnership campus opened in 2010 with a class size of 40 students in a renovated facility on UGA's main campus. In July 2012, the University of Georgia officially opened the UGA Health Sciences Campus on the medical corridor of Prince Avenue near downtown Athens. The 56-acre campus now houses the Medical Partnership and the UGA College of Public Health. The Medical Partnership administration is housed in historic Winnie Davis Hall, built in 1902. Winnie Davis most recently served as the administrative building for the U.S. Navy Supply Corps School. Russell Hall, which underwent significant renovations in 2011 and 2012 to prepare for the medical education program, serves as the primary instructional space for the medical students on the UGA Health Sciences Campus. With LCME accreditation secured through 2024, a task force established in 2017 endorsed the expansion, ultimately recommending an increase to 50 students in fall 2020 and a consistent intake of 60 students per year. To prepare for these additional students, Russell Hall underwent further renovations on the second floor and included expanded classrooms, a new library space, a state-of-the-art simulation suite, and a clinical skills lab.

Feasibility Assessment of an Independent Medical School

Key Finding 1: A second independent public medical school is needed in Georgia.

Georgia currently ranks 40th (of 50) in the nation in the ratio of active patient care physicians to population.³ Georgia faces significant health challenges, including a high infant mortality rate and elevated rates of obesity and heart disease. In response to these pressing issues in 2009, Augusta University and the University of Georgia in Athens formed a medical partnership (known as the AU/UGA Medical Partnership) that has played a pivotal role in improving the state's health and prosperity. By expanding medical education and research initiatives, the institutions trained a new generation of healthcare professionals equipped to tackle the changing healthcare environment. Their commitment to addressing these health disparities through innovative research and community outreach programs held the promise of reducing the incidence of poor health outcomes and enhancing the overall well-being and quality of life for the people of Georgia. The AU/UGA Medical Partnership stood as a beacon of hope in the battle against these health challenges, demonstrating its dedication to advancing healthcare, promoting healthier lifestyles, and ultimately fostering a brighter future for the state.

However, 15 years later, Georgia continues to face a pressing need for more physicians to meet the healthcare demands of its growing population. To address this challenge effectively, the best solution is to expand the medical education infrastructure by adding more medical students and residency training programs and to focus on retaining future healthcare professionals within the state for their training. By increasing the capacity of medical schools and offering more residency positions, Georgia can produce more physicians and ensure that they are trained and acclimated to the specific healthcare needs of the state's diverse communities. This approach bolsters Georgia's ability to provide quality healthcare and promotes talent retention within the state, helping to alleviate physician shortages, particularly in underserved rural areas. The AU/UGA arrangement is currently the longest-serving partnership in the nation; all others have transitioned to independent medical schools.

In 2022, Georgia's estimated population was 10.9 million, steadily increasing and heightening the need for healthcare services. The state's existing medical schools do not produce enough medical graduates annually to meet the state's surging demand. The shortage of healthcare professionals is particularly pronounced in underserved and rural areas, where access to medical care is severely limited. By increasing the number of physicians, Georgia's medical schools can play a crucial role in closing this gap, ensuring that all Georgians have access to timely and quality healthcare services. Moreover, a larger pool of physicians can enhance the state's capacity to respond to public health crises and improve the overall health outcomes of its residents.

The need for an additional independent public medical school in Georgia is undeniably compelling: The state's population is growing, placing an ever-increasing strain on healthcare services. Georgia's population growth has stretched beyond the medical infrastructure, resulting in longer wait times for medical appointments and reduced access to quality care. Creating a second public medical school would significantly expand the pool of medical professionals in Georgia, attract more top-tier faculty researchers and professionals, and produce more physicians and healthcare providers who can better

³ [Association of American Medical Colleges](#)

serve underserved and rural communities. Investing in the education and training of healthcare professionals in Georgia is a forward-thinking strategy that can significantly improve the health and well-being of citizens across the state. As a land-grant institution (and the flagship of the University System of Georgia), UGA is uniquely positioned to deliver.

Table 1 from the AAMC in 2021 depicts Georgia's current physician supply, Undergraduate Medical Education (UME) students, and Graduate Medical Education (GME) residents. The physician supply in Georgia faces several challenges. Georgia's No. 40 ranking means it has 208.5 active patient care physicians per 100,000 population, falling far below the national median of 239. The state's shortage is particularly pronounced in primary care, where it ranks 41st, with 81.3 primary care physicians per 100,000 population compared to the U.S. median of 94.7. The presence of active general surgeons is also below the national median and is ranked 44th in the nation. (Table 1)

Regarding UME, Georgia has 3,112 M.D. or D.O. students (combining private and public institutions), below the national median of 38.6 students per 100,000 population. The number of public M.D. students is particularly low at 9.1 per 100,000 population, ranking 41st and revealing that the state is struggling to produce an adequate number of physicians to meet the expanding healthcare needs of its residents. The deficit in medical student slots exacerbates the physician shortage and limits opportunities for aspiring medical students from Georgia who may face barriers to pursuing a medical education outside the state. This shortage could lead to reduced healthcare access and hinder the state's ability to provide high-quality medical care, particularly in underserved areas, ultimately harming the health and well-being of its population. (Table 1)

In GME, Georgia has 2,978 residents (28 residents per 100,000 population), again below the national median of 32.7 residents per 100,000 population. Although the state has seen a significant percentage change in residents from 2010 to 2020, indicating growth, there is still room for further expansion, especially in primary care. (Table 1)

Increasing GME is paramount as the current number of residents signifies an ongoing shortage of healthcare professionals. GME expansion, especially in underserved areas, can help address the persistent physician shortage, improve healthcare access for Georgians, and ensure a more balanced distribution of healthcare providers across the state. It also will facilitate the training of more culturally and geographically aligned physicians within their communities, leading to better patient care and overall health outcomes. Georgia ranks highly (17 of 50) for retaining physicians in the state when they complete medical school and residency training in Georgia. (Table 1)

Georgia must continue investing in medical education and residency programs to address its physician shortage and ensure better healthcare access for its residents, especially as physicians age and move toward retirement.

Table 1: AAMC Georgia Physician Workforce Profile 2021

Physician Supply	Georgia	Per 100,000 Population	U.S. State Median	Georgia Rank
Total active patient care physicians	25,072	208.5	239	40
Primary care physicians	8,636	81.3	94.7	41
Active general surgeons	730	6.9	7.7	44
	Georgia	Percent	U.S. State Median	Georgia Rank
Total female physicians	9,177	36.6%	36.1%	22
Active physicians >60	8,229	32.9%	32.9%	26
Undergraduate Medical Education (UME)	Georgia	Per 100,000 Population	U.S. State Median	Georgia Rank
Total M.D. or D.O. students (private and public)	3,112	29.3	38.6	35
Total public M.D. and D.O. students	966	9.1	21.5	41
Total Private M.D. or D.O. students	2,552	23.8	28.2	N/A
Total private D.O. students – PCOM	590	5.6	9.6	N/A
Total private M.D. students – Mercer, Emory, Morehouse	1,962	N/A	N/A	N/A
Graduate Medical Education (GME)	Georgia	Per 100,000 Population	U.S. State Median	Georgia Rank
Total residents (as of 12/31/2019)	2,978	28.0	32.7	40
Total residents in primary care (as of 12/21/2019)	N/A	11.7	12.7	33
	Georgia	Percent	U.S. State Median	Georgia Rank
Percentage change in residents 2010-20	N/A	42.6%	24.4%	12
Physicians retained from M.D. and D.O. UME	6,172	43.4%	39.7%	17
Physicians retained from public UME	3,297	47.6%	43.7%	16
Physicians retained from GME	8,269	49.1%	45.1%	16
Physicians retained from UME and GME	3,281	73.1%	69.7%	17

Source: [AAMC](#)

Table 2 represents active physicians who completed GME within the state in which they currently practice. In the case of Georgia, 35% of active physicians completed their GME within the state, indicating that a significant portion of the physician workforce in Georgia received their medical training within the state. This information provides insights into the retention of medical graduates within their training states and may have implications for healthcare workforce distribution and state-specific healthcare needs.

Table 2: State Where GME Was Completed for All Active Physicians in Georgia

State	Percent
Georgia	35.0%
New York	8.0%
Texas	4.0%
Florida	4.0%
Pennsylvania	4.0%
North Carolina	4.0%
Ohio	3.0%
Tennessee	3.0%
Illinois	3.0%
California	3.0%
All other states	30.0%

Source: [AAMC](#)

Table 3 reports active physicians who completed their GME and then went on to practice medicine elsewhere, and this table shows that 49% of physicians who completed their GME in Georgia practice medicine in Georgia. The other percentages represent the proportion of these physicians who have chosen to practice in states such as Florida, North Carolina, South Carolina, Texas, California, Tennessee, Alabama, and Virginia. This information reflects the mobility of healthcare professionals trained in Georgia and their choices regarding where they establish their medical practices after completing their education.

Table 3: Practice Location of Physicians Who Completed GME in Georgia

State	Percent
Georgia	49.0%
Florida	7.0%
North Carolina	4.0%
South Carolina	4.0%
Texas	4.0%
California	3.0%
Tennessee	3.0%
Alabama	2.0%
Virginia	2.0%
All other states	22.0%

Source: [AAMC](#)

Additional findings from the AAMC Workforce Report revealed that during the 2020-2021 academic year, 38.6 students per 100,000 population were enrolled in M.D.-granting or D.O.-granting schools in the United States, and in Georgia, the rate is 29.3 students per 100,000 population. Specifically for public medical schools in the United States, 21.5 students per 100,000 population were enrolled in M.D.- and D.O.-granting schools nationwide, while 9.1 students per 100,000 were enrolled in Augusta University’s Medical College of Georgia, the only current public medical school in the state of Georgia. The rate of students enrolled in public schools per 100,000 population varied widely across states where a public school exists, from a low of 9.1 in Georgia (state median is 21.5) to a high of 89.1 in West Virginia.⁴

Table 4: Student Enrollment in M.D.- and D.O.-Granting Schools

	Population	Number of M.D. Schools	Number of Public Medical Schools	Rate for M.D.- D.O.- Granting Schools	Rate of <u>Public</u> Medical Students Enrollment per 100,000 pop.	Rank of Public Medical Students per 100,000 pop.
Georgia	10,617,423	4	1	29.3	9.1	41*
U.S.	328,239,523	155		38.6	21.5	

Note: *Georgia is ranked 41/41 as nine states do not have a public medical school.

Source: [AAMC](#)

From the 2010-2011 to the 2020-2021 academic years, the total number of medical students enrolled in M.D. or D.O.-granting schools increased by 30.2% in the United States. The total number of students enrolled in M.D.-granting schools grew by 16,591, a 21.8% increase in M.D. enrollment over the decade. Except for Oklahoma, which had a 2% decline in enrollment, every state, the District of Columbia, and Puerto Rico experienced an increase in enrollment, and 24 states had enrollment increases of 25% or more.⁵

For the 2020-2021 academic year, 60.2% of new students in M.D.-granting schools enrolled in their home state. West Virginia had the highest in-state matriculation rate, with 90% of new medical students matriculated. In contrast, New Hampshire had the lowest in-state matriculation rate, 12.5%, of states with a medical school.⁶

The University of Georgia consistently ranks among the top institutions in the United States for the number of graduates who pursue a career in medicine by applying to U.S. medical schools annually. This accomplishment reflects the university’s dedication to academic excellence and commitment to nurturing future healthcare professionals. UGA’s standing as the ninth-highest producer of medical school applicants in the United States underscores its commitment to excellence in education and its role in shaping the future of healthcare through the success of its graduates. (Table 5)

⁴ [AAMC State Physician Workforce Data Report 2021](#)

⁵ [AAMC State Physician Workforce Data Report 2021](#)

⁶ [AAMC State Physician Workforce Data Report 2021](#)

Table 5: Undergraduate Institutions Supplying Applicants to U.S. M.D.-Granting Medical Schools

Undergraduate Institution	Total Number of Applicants 2023-2024
University of California, Los Angeles, Los Angeles, CA	1,199
University of Texas at Austin, Austin, TX	965
University of Florida, Gainesville, FL	872
University of Michigan, Ann Arbor, MI	863
University of California, Berkeley, Berkeley, CA	702
University of California San Diego, La Jolla, CA	646
Texas A&M University, College Station, TX	594
The Ohio State University-Main Campus, Columbus, OH	540
University of Georgia, Athens, GA	506
University of North Carolina at Chapel Hill, Chapel Hill, NC	502
Johns Hopkins University, Baltimore, MD	494
University of California, Davis, Davis, CA	488
University of Washington, Seattle, WA	479
University of Wisconsin-Madison, Madison, WI	477
University of Virginia, Charlottesville, VA	476

Source: [AAMC](#)

Despite establishing several private medical schools in Georgia over the past two decades, a pressing demand for healthcare professionals, particularly physicians, remains. The need for more physicians is evident in the state’s designation of numerous Health Professional Shortage Areas (HPSAs) for primary care physicians and Medically Underserved Areas (MUAs). Georgia has 241 primary-care HPSA designations, ranking 10th in the United States for the most HPSA designations.⁷ The state has 25,072 active physicians, ranking 38th of 50. The total number of primary care physicians needed to remove a single HPSA designation in Georgia is 683.^{8,9}

Furthermore, Georgia’s growing and aging population will continue to create a large chasm of primary and specialty healthcare needs. In 2022, the estimated population in Georgia was 10.9 million residents, up 1.9% from 2020.¹⁰ A total of 15.1% of Georgians are aged 65 and older.¹¹ Part of the growing elderly population includes active physicians close to retiring. Close to one-third of Georgia physicians (32.9%) are 60 and older,¹² and the physical requirements of practicing, accompanied by COVID-19, stress, and other demands, have compelled many physicians to consider early retirement. A growing population, compounded by aging physicians and a generally aging population, will profoundly and severely affect the consumption and delivery of healthcare services.

⁷ [Kaiser Family Foundation](#)

⁸ [Association of American Medical Colleges \(AAMC\)](#)

⁹ [Kaiser Family Foundation](#)

¹⁰ [U.S. Census Bureau](#)

¹¹ [U.S. Census Bureau](#)

¹² [Association of American Medical Colleges \(AAMC\)](#)

Key Finding 2: The University of Georgia has the academic, research, and development capacity to support an independent medical school with up to 120 students per class by 2033.

Academic Readiness

The University of Georgia, a land-grant and sea-grant university with statewide commitments and responsibilities, is the state's oldest, most comprehensive, and most diversified institution of higher education. Its motto, "to teach, to serve, and to inquire into the nature of things," reflects the university's integral and unique role in conserving and enhancing the state and nation's intellectual, cultural, and environmental heritage.

The University of Georgia shares with the other research universities of the University System of Georgia the following core characteristics:

- A statewide responsibility and commitment to excellence and academic achievements having national and international recognition.
- A commitment to excellence in a teaching/learning environment dedicated to serving a diverse and well-prepared student body, promoting high levels of student achievement, and providing appropriate academic support services.
- A commitment to excellence in research, scholarship, and creative endeavors focused on organized programs to create, maintain, and apply new knowledge and theories that promote instructional quality, and effectiveness and enhance institutionally relevant faculty qualifications.
- A commitment to excellence in public service, economic development, and technical assistance activities designed to address the strategic needs of the state of Georgia, along with a comprehensive offering of continuing education designed to meet the needs of Georgia's citizens in lifelong learning and professional education.
- A wide range of academic and professional programming at the baccalaureate, master's, and doctoral levels.

With its statewide mission and core characteristics, the University of Georgia endeavors to prepare the university community and the state for full participation in the global society of the 21st century. Through its programs and practices, it seeks to foster understanding and respect for cultural differences necessary for an enlightened and educated citizenry. It further provides for cultural, ethnic, gender, and racial diversity in the faculty, staff, and student body. The university is committed to preparing the community to appreciate the critical importance of a quality environment in an interdependent global society.

As a comprehensive land-grant and sea-grant institution, the University of Georgia offers baccalaureate, master's, doctoral, and professional degrees in the arts, humanities, social sciences, biological sciences, physical sciences, agricultural and environmental sciences, business, ecology, engineering, environmental design, family and consumer sciences, forest resources, journalism and mass communication, education, law, pharmacy, public health, social work, and veterinary medicine. The university is also home to the Augusta University/University of Georgia Medical Partnership.

The university attracts students nationally and internationally, as well as from within Georgia. It offers the state's broadest array of possibilities in graduate and professional education, and thus, a significant minority of the student body is post-baccalaureate. The predominantly Georgian undergraduate student body is a mix of highly qualified students initially admitted as first-year students and selected transfer students principally from other University System institutions.

The impact of the land-grant and sea-grant mission is reflected throughout the state, with original scholarship, basic and applied research, and creative activities constituting an essential core from which to draw. Cooperative Extension, continuing education, public service, experiment stations, and technology transfer are all designed to enhance the well-being of the citizens of Georgia through their roles in economic, social, and community development.

As it has been historically, the University of Georgia is responsive to the evolution of the state's educational, social, and economic needs. Through its strategic planning, it aspires to have even closer contact and interaction with public and private institutions throughout the state and with the citizens it serves.

UGA, by all measures, is an outstanding academic institution with a strong track record of excellence across its programs, facilities, and personnel. UGA has ranked in the top 20 among the nation's best public universities for the past eight years, according to U.S. News & World Report. In addition, the institution is accredited by the Southern Association of Colleges and Schools Commission on College (SACSCOC). SACSCOC completed a comprehensive accreditation review of UGA in 2022 and found the institution fully complies with its 72 standards. Moreover, UGA has demonstrated great success in launching major academic initiatives. Over the past two decades, for example, UGA has successfully established five new schools and colleges, including the School of Public and International Affairs (2001), the College of Public Health (2005), the Eugene P. Odum School of Ecology (2007), the College of Engineering (2012), and the Jere W. Morehead Honors College (2021).

The university is well prepared to establish its own independent medical school largely because of the resounding success of its partnership with the Medical College of Georgia, which has been educating physicians on the UGA campus for the past 13 years. During the pre-clerkship years, the AU/UGA Medical Partnership developed and implemented an innovative curriculum that emphasizes case-based, small group, and self-directed learning. Students work in facilitated small groups to discuss cases integrating knowledge from different disciplines. Facilitators include M.D.s and Ph.D.s and large group sessions, required readings, self-directed learning modules, laboratory sessions, and doctoring courses aligning with the week's theme and case.

Students also work in teams to learn human anatomy through cadaver dissection, simulation, virtual anatomy tools, and ultrasound. Large-group interactive sessions facilitate student learning using patient-centered approaches while faculty guide students through a wide range of topics in medical science and practice. Under the supervision of experienced clinicians, students learn and practice communication and physical examination skills.

Students also learn about population and community health in their pre-clerkship years and put the principles of community and public health into action through collaborative service-learning projects

with community partners. Through the Medical Partnership's award-winning community and population health curriculum, the Athens Free Clinic, and an in-depth roster of primary care faculty, the students at the Medical Partnership are educated in a culture that celebrates and encourages primary care. As a result, 70% of Medical Partnership graduates initially choose a primary care specialty, with many choosing a long-term career in a primary care specialty.

The Medical Partnership's innovative, unique curriculum is at the heart of its success. Graduates attest that the case-based, small-group, and self-directed learning during pre-clerkship years is why they chose the Medical Partnership and are successful upon leaving.

Highlights of the Medical Partnership:

- Medical Partnership students have consistently scored above the national average on USMLE Step 1, Step 2 CK, and Step 3 and the NBME shelf exams for all required clerkships.
- Nearly 75% of students annually have participated in research through the Medical Scholars Program and have published and/or presented their work at the annual research symposium in Athens.
- Many students have been successful leaders and have served as chief residents.
- Past students are returning to Georgia and also to Athens to practice at Athens-area hospitals and practices.

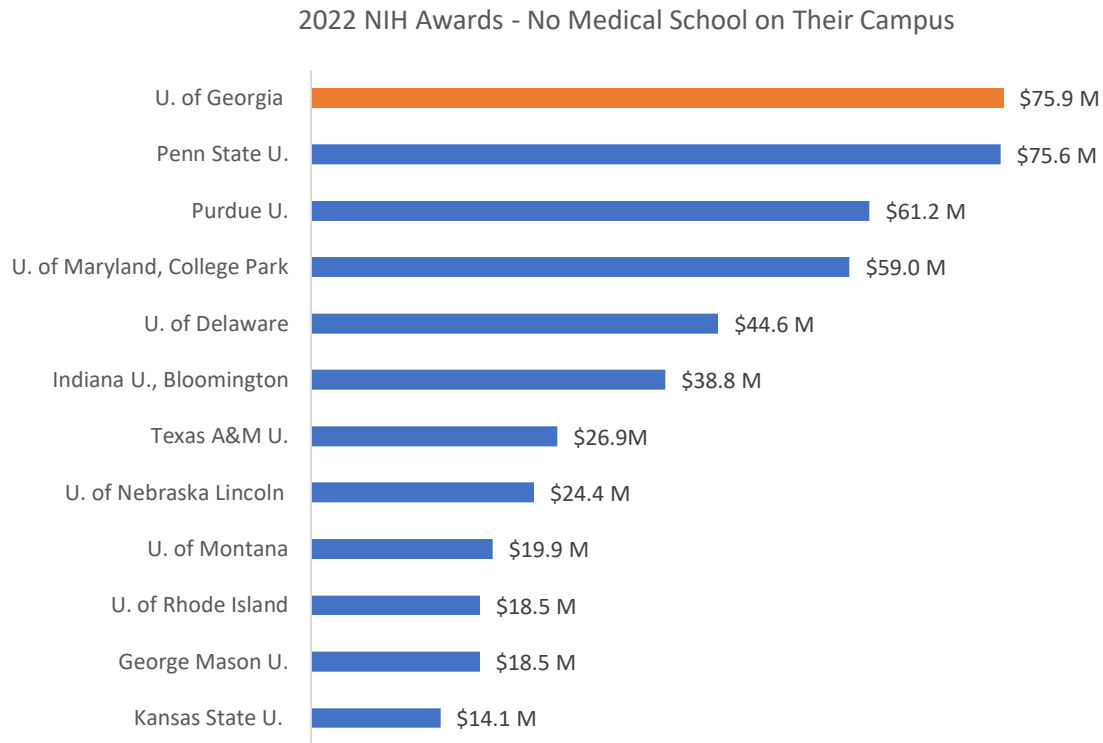
Research Readiness

The new medical school at UGA will have access to UGA's extensive resources and infrastructure. Stakeholders stressed that UGA is uniquely positioned to bring its strength in scientific innovation and industry engagement to medical education at a time when the United States needs medical schools to be oriented toward emerging challenges.

The University of Georgia has the highest amount of NIH funding among all public universities that do not have a medical school on their campus. The robust nature of existing biomedical research, life sciences research, and veterinary research programs at UGA positions the university to accelerate federal funding significantly by adding an independent school of medicine. (Figure 1)

Tripp Umbach concludes that the University of Georgia, a nationally recognized public flagship university, can compete with other peer public universities in bringing federal research dollars to Georgia. The total annual value of research expenditures at UGA has grown substantially from \$336 million in 2011 to \$571 million in 2023. (Figure 2)

Figure 1: Select Public Universities with No Medical School on Their Campus



Source: [National Institutes of Health](#)

From 2021 and 2022, the University of Georgia received more funding from the NIH than other public universities in Georgia. (Table 6)

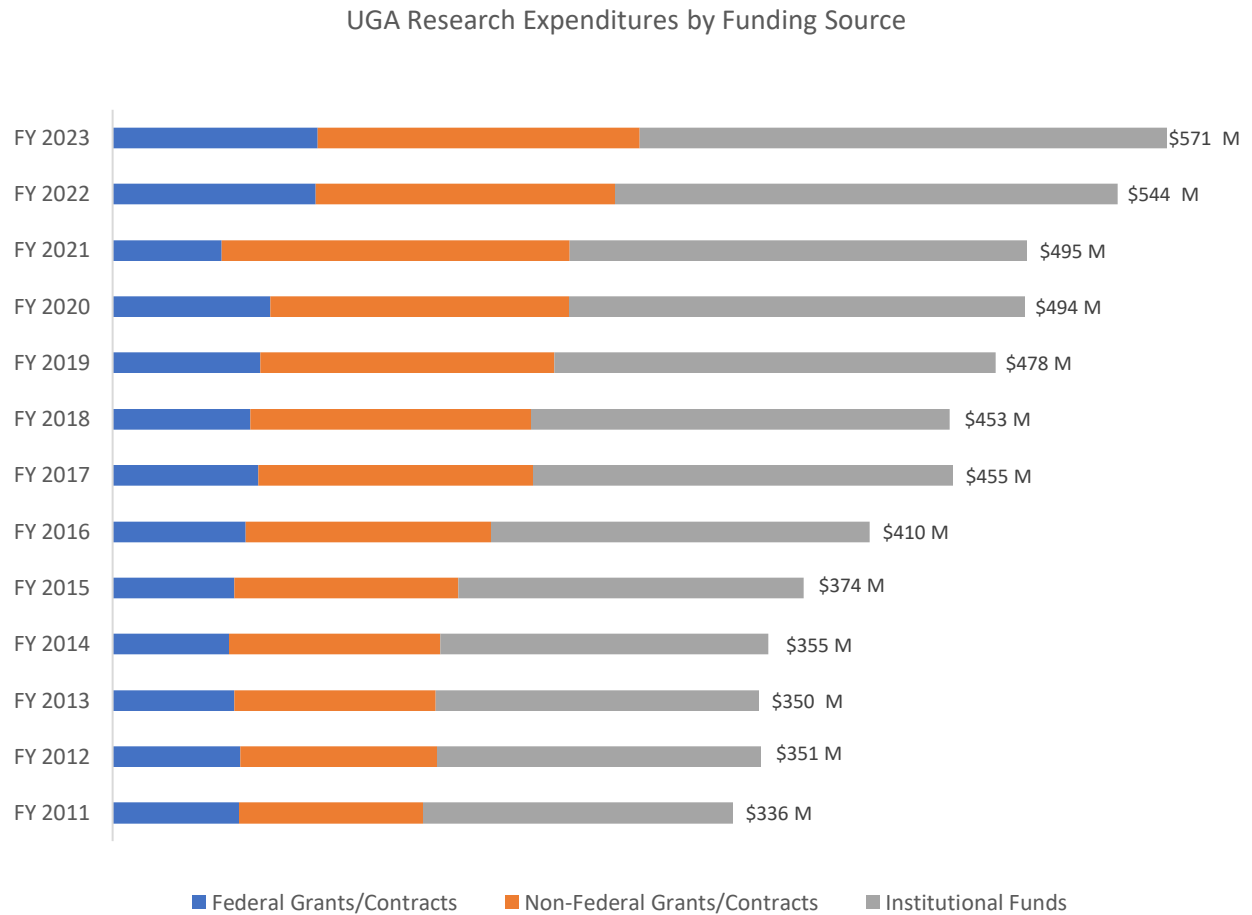
Table 6: NIH Grant Recipients from 2021-2022 for Public Universities in Georgia

Institution	2021	2022	Grand Total
University of Georgia	\$82,698,167	\$75,871,861	\$158,570,028
Augusta University	\$54,721,981	\$56,105,169	\$110,827,150
Georgia Institute of Technology	\$42,528,209	\$52,855,207	\$95,383,416
Georgia State University	\$48,056,654	\$44,874,653	\$92,931,307

Source: [National Institutes of Health](#)

UGA has experienced dramatic research funding and expenditures growth over the past 10 years. Tripp Umbach estimates that the research enterprise is a significant driver of the Georgia economy and supports continued growth in biomedical and life science companies.

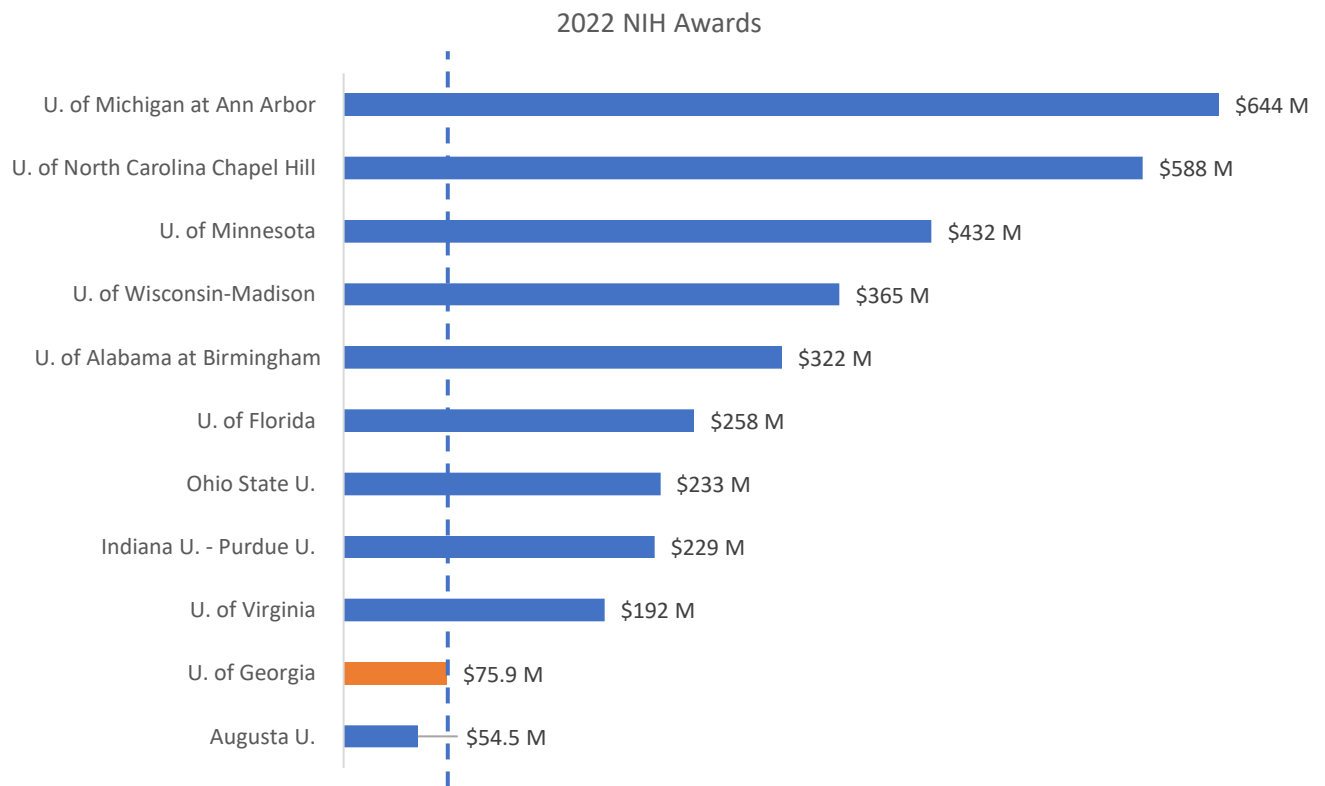
Figure 2: UGA Research Expenditures by Major Funding Source as Reported to National Science Foundation (NSF)



Source: UGA

Without an independent medical school, UGA receives far less funding from the National Institutes of Health (NIH) than peer public universities with medical schools. By comparison, UGA received \$75.9 million in 2022, the University of Florida received \$258.1 million, and the University of North Carolina at Chapel Hill received \$588.4 million. Even without its own medical school, UGA receives more NIH funding than Augusta University. (Figure 3). Tripp Umbach estimates from peer benchmarking that an independent UGA School of Medicine could double the amount of annual NIH awards to the University of Georgia by 2030.

Figure 3: 2022 NIH Awards to Selected Public Universities with Medical Schools



Source: [National Institutes of Health](#)

*Trend line denotes UGA’s NIH dollars compared to peer institutions.

Development Capacity

UGA has a robust fundraising organization with a long history of securing significant financial support for institutional initiatives. Annual fundraising totals have nearly doubled over the past 10 years, increasing from \$126 million in FY14 to \$242 million in FY23, including a record high of \$257 million in FY22. In addition, the university's three-year rolling average, which averages the three most recent years of giving, rose in FY23 to a record \$235.1 million—the third consecutive year this number has risen and the sixth consecutive year exceeding \$200 million. Moreover, alumni, friends, and foundation and industry partners of the university have demonstrated significant capacity and inclination to invest in new institutional endeavors. The Georgia Commitment Scholarship Program is an illustrative example. Launched in 2017, donors to the institution have committed over \$100 million to create more than 700 need-based scholarships to support students with financial needs to the University of Georgia. Donations to the university are managed by the UGA Foundation, which provides fiduciary care for a portfolio of more than \$1.6 billion in assets.

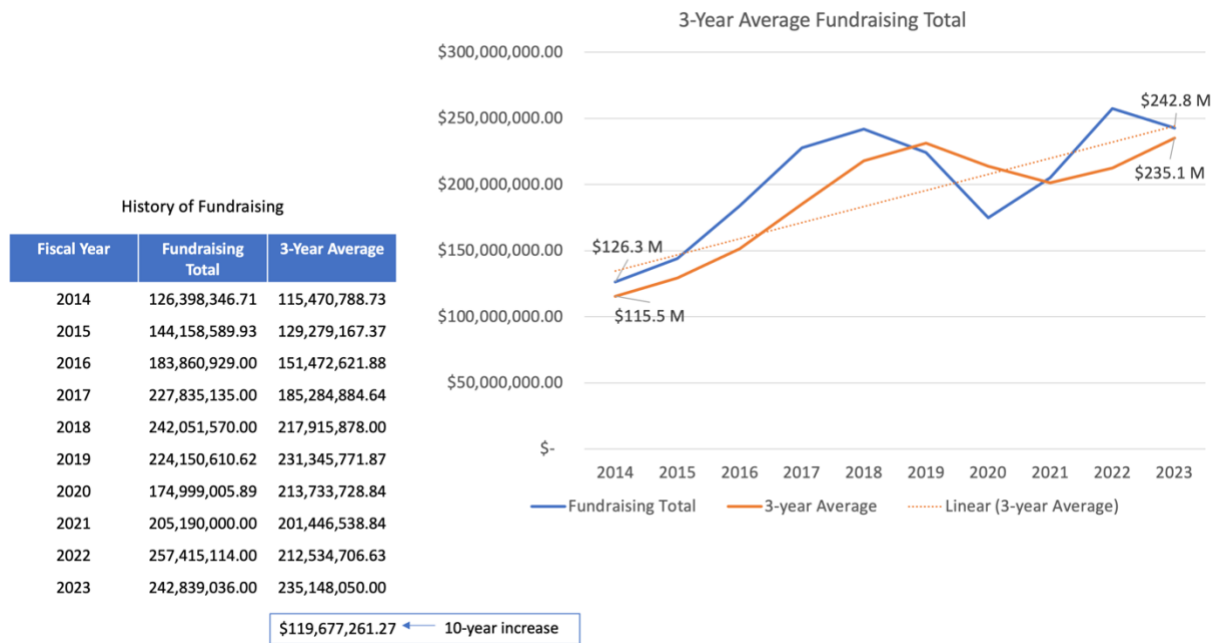
Approximately one-third of the new U.S. medical schools developed since 2000 have received gifts exceeding \$20 million to provide initial funding. For example, in early 2018, Nova Southeastern College of Allopathic Medicine received a \$25 million gift from a private donor. The Dell School of Medicine at the University of Texas at Austin was launched in 2012 with \$50 million from Michael Dell. A gift of \$20 million in 2009 from Herbert Wertheim helped start the medical school at Florida International University.

In addition, healthcare systems have funded new medical schools partially or entirely. For example, the new medical school at the University of Illinois at Urbana-Champaign was funded by Carle Health System in Urbana through a commitment of \$10 million per year for the first 10 years of operations. A contribution of \$100 million by Hackensack Meridian Health Systems funded the startup at the new Hackensack Meridian College of Medicine at Seton Hall University. Northwell Health System in Long Island, New York, provided \$50 million in initial funding, and Donald and Barbara Zucker donated \$60 million to the Zucker School of Medicine at Hofstra Northwell. Kaiser Permanente of California is self-funding a new medical school in Pasadena, California, and Geisinger Health System in Pennsylvania recently purchased the Commonwealth Medical College for \$65 million.

Several new medical schools have received initial funding from healthcare foundations and insurance companies. Ohio University College of Osteopathic Medicine was funded by a \$100 million contribution from the Heritage Foundation. The Commonwealth Medical School was initially financed by a gift of \$65 million from Blue Cross Blue Shield of Northeast Pennsylvania.

Considering UGA's robust fundraising enterprise and expansive network of alumni, friends, and foundation and industry partners, the institution—similar to those referenced above—is poised to generate significant philanthropic investment to support the creation of a new, independent School of Medicine at UGA. The figure below indicates dramatic growth in UGA's philanthropic support from \$126 million in 2014 to \$243 million in 2023. (Figure 4)

Figure 4: History of Fundraising



Source: UGA

Statewide Reach

UGA can significantly alleviate the shortage of physicians in Georgia by leveraging its resources and educational mission as a land-grant institution—which, by its charter, is dedicated to community engagement and public service. Last year, UGA received the nation’s highest award for outstanding community outreach from the Association of Public and Land-grant Universities (APLU). An effective strategy for delivering physicians to underserved and rural areas involves UGA establishing its independent medical education program.

UGA can create specialized programs and initiatives to expose medical students to the unique challenges and opportunities of practicing in underserved and rural settings. By providing hands-on experience and mentorship opportunities in clinics and hospitals across the state, UGA can cultivate a strong interest in underserved and rural healthcare among its students.

Additionally, UGA can leverage its vast public service network—which already serves all 159 counties in the state—to partner with local healthcare providers, rural hospitals, and clinics to create a supportive ecosystem for healthcare professionals in underserved rural Georgia. These partnerships can offer ongoing professional development, mentorship, and opportunities for collaboration, helping physicians feel connected to and supported by their communities.

By creating its independent program, UGA can align with the principles of accessibility, community engagement, research, and public service. The institution can play a vital role in shaping the future of

healthcare and medical education, focusing on serving the needs of rural communities and the broader society. UGA has a unique opportunity to deliver physicians statewide through medical education expansion, specialized programs, financial incentives, and community engagement. By nurturing a pipeline of healthcare professionals with a solid commitment to underserved and rural healthcare, UGA can significantly improve healthcare access and outcomes in underserved and rural areas of the state.

UGA extends the promise of quality education to diverse students, fostering a more educated and skilled workforce for the state. Its strong and growing biomedical research engine is working to devise cures and treatments for infectious diseases and Parkinson's and to prevent chronic healthcare issues such as diabetes and obesity. Its expansive agricultural research and outreach efforts have enhanced farming practices and bolstered economic stability in their communities. The university's research and innovation initiatives span multiple disciplines, fueling economic growth, advancing knowledge, and driving technological advancements that benefit the state. UGA's commitment to community outreach and cultural enrichment remains an indispensable resource for Georgia's overall development and well-being.

UGA's multifaceted approach as a land-grant institution—encompassing medical education expansion, specialized programs, and community engagement—positions the school as a pivotal force in addressing the critical physician shortage in Georgia. In doing so, UGA exemplifies land-grant universities' enduring legacy and importance in serving their communities and advancing healthcare access and education.

Key Finding 3: Tripp Umbach determined that the three area health systems with facilities near UGA’s Athens campus have expressed interest in being primary clinical training partners with UGA. These three systems have sufficient clinical capacity to train up to 120 UGA medical students per class by 2033 and develop residency training positions.

While the need to train more physicians in Georgia is apparent, available clinical teaching capacity limits the ability to educate medical students. Providing students with opportunities to complete medical school and graduate medical education is critical in keeping physicians practicing in the state, especially in underserved areas. National trends show that the most difficult challenge with developing a new medical school is the development of sufficient clinical experiences for medical students and the new formation of residency training positions.

Historically, the Medical Partnership has had strong support from its local hospitals, health systems, and private offices for medical student clinical rotations. Medical students have been rotating in clinical sites in Northeast Georgia for their third and fourth years since 2012, with faculty development support for the physician preceptors provided by the Medical Partnership. Medical students also work closely with clinical preceptors during their second-year clinical skills curriculum, and similarly, strong support for these patient encounters is provided at area hospitals.

Tripp Umbach independently evaluated additional clinical teaching opportunities for developing a thriving, independent, publicly supported medical school. The firm analyzed the clinical teaching capacity for medical education programs at three health systems and interviewed their leaders. All expressed a keen interest in serving as primary clinical training partners: Northeast Georgia Health System, Piedmont Healthcare, and St. Mary’s Health Care System. Thus, sufficient clinical partners throughout diverse Georgia communities are interested in partnering with UGA to train additional medical students and residents. Based on Tripp Umbach’s interviews with senior hospital leaders from these three Georgia-based healthcare establishments, training will be provided to UGA’s medical students, and developing additional residency programs through a UGA-sponsored consortium shows significant potential.

With the current and anticipated physician shortages in the state, the need for additional physicians to be educated and retained within Georgia must be focused on primary medicine with opportunities to engage in population health research, preparing graduates to enter a broad range of medical specialties. The students educated throughout Georgia will be more likely to remain and practice in the area with a high level of need.

Clinical Teaching Analysis

UGA’s potential teaching health system partners currently host 12 residency programs in Northeast Georgia, with approximately 374 accredited residency slots across 10 specialties. Tripp Umbach’s analysis of residency program expansion opportunities (Table 7) indicates that 21 new residency programs could be started in the next five years that could host approximately 250 additional residents.

Beyond residency growth potential, the three area health systems offer significantly more clinical teaching capacity to train potentially all UGA School of Medicine students beginning in AY29 with 72 students per class, as described in Phase 1, and have the clinical capacity should the school grow to 120

students per class, as described in Phase 2. Tripp Umbach's analysis shows that teaching hospitals within the three UGA School of Medicine Partner health systems have the combined teaching capacity to train 339 students per class. With anticipated growth in graduate medical education, these teaching hospitals would have the capacity to train an additional 133 medical students per class by 2030. Therefore, UGA's potential health system partners have more than enough additional teaching capacity to accommodate growth in medical students.

Table 7: Potential Clinical Training Network with Hospital Beds

Hospital System	Number of Facilities	Number of beds	ACGME-accredited programs	Number of ACGME-accredited programs
Northeast Georgia Health System	Northeast Georgia Medical Center Gainesville (1)	557	Y	10
Northeast Georgia Health System	Other Hospitals within the System (4)	343	GME Growth Opportunity	NGMC rotates residents to one of these facilities
Piedmont Healthcare	Piedmont Athens Regional (1)	427	Y	2
Piedmont Healthcare	Other Hospitals within the System (18)	4,467	GME Growth Opportunity for Most Facilities	Three facilities have residents that have or currently rotate to them
St. Mary's Healthcare System	St. Mary's Hospital – Athens (1)	196	Y	1
St. Mary's Healthcare System	Other Hospitals within the System (2)	81	Both Facilities Have GME Growth Opportunities	St Mary's Athens rotates residents to one of these facilities

Key Finding 4: The proposed independent UGA School of Medicine is financially feasible.

All medical schools, old and new, face the challenge of generating revenue from sources other than tuition. The LCME requires that tuition be less than 40% of all medical school revenue. Therefore, all independently accredited medical school programs must have substantial non-tuition revenue from research, grants and contracts, clinical practice, and philanthropy. Tripp Umbach worked closely with UGA to develop a 13-year budget projection for Phase 1 and Phase 2. These projections indicate that tuition will account for approximately 15% of all revenue by AY30 when the independent UGA School of Medicine could have all four classes in place.

The LCME must be consulted to define the best strategy to optimize success and support for the current Medical Partnership students. For this report, the proposed budgetary projections reflect a plan in which the Medical Partnership students remain on the Athens campus until the final class graduates in AY29. Refer to Table 8 and Table 9 for the enrollment plans associated with Phase 1 and Phase 2.

Phase 1: UGA SOM opens with 60 medical students and grows to 72 students per class.

The University of Georgia can establish an independent medical school within existing facilities and with minimal startup and capital expense in Phase 1 of the plan, given the existing infrastructure supporting the AU/UGA Medical Partnership students. The first phase involves the new UGA School of Medicine's initial planning, which focuses on preparing the appropriate documents and self-study report for LCME accreditation. The budgetary projection for Phase 1 assumes that UGA will absorb additional expenses in the pre-enrollment/startup phase (AY24 to AY26) and cover such costs through existing resources, philanthropy, and other fundraising initiatives.

The first 60 UGA School of Medicine students would enroll as early as AY27 (fall 2026 and no later than AY28), with the class size increasing to 72 students per class by AY29. (Table 8). This student enrollment plan utilizes existing facilities that can support enrollment of up to 72 students with only minor modifications/renovations to allow additional administration, faculty, and staff to support this modest enrollment growth plan.

Table 8: Phase 1 UGA Class Size Up to 72 Students per Class

	BOR Approves UGA to grant M.D. Degree – DCI Prep	Complete Application to LCME Candidate Status (Fall 2024)/ LCME Site Visit (Spring 2025)	Preliminary Accreditation (Fall 2025/ Spring 2026)		Provisional Accreditation (June 2028)		Full Accreditation (June 2030)						
Class/ Academic Year	AY24	AY25	AY26	AY27	AY28	AY29	AY30	AY31	AY32	AY33	AY34	AY35	AY36
M1	60	60	60	60	64	72	72	72	72	72	72	72	72
M2	60	60	60	60	60	64	72	72	72	72	72	72	72
M3	60	60	60	60	60	60	64	72	72	72	72	72	72
M4	50	60	60	60	60	60	60	64	72	72	72	72	72
Total Students	230	240	240	240	244	256	268	280	288	288	288	288	288

Note: Shaded cells M1 – M4 denote AU/UGA Medical Partnership students.

Phase 1: Financial Implications

In AY27, when the first anticipated UGA students matriculate, operating revenue for the new UGA SOM will consist of UGA student tuition and advanced state formula funding (temporary formula-funding advance/loan to bridge fund the usual two-year lag). As noted below, the formula funding advance is required to support the new UGA School of Medicine through AY31; UGA could start to pay back the bridge funding over the next several years starting in AY32.

Budgetary Projections:

- Tuition: Growing from approximately \$1.8 million in AY27 to approximately \$9 million in AY32 to approximately \$9.4 million in AY36, remaining well below the 40% revenue threshold for LCME.
- State of Georgia (through USG Funding Formula): Growing from approximately \$7.9 million in AY29 to approximately \$35.9 million in AY32. Because the state allocates formula growth funds two years after the credit hours are generated, these projections include an advance of state formula funding (temporary formula-funding advance/loan to bridge fund the typical two-year lag).
 - An advance in state funding is required to support the new UGA SOM from AY27 through AY31, at which time UGA could financially start to pay back the bridge funding starting in AY32.
 - This approach is similar to how the state supported the AU/UGA Medical Partnership by providing more than \$15.8 million in recurring state funds to the Medical College of

Georgia in FY09 (AY09) through FY11 (AY11), as well as additional state funding in FY21 (AY21) and FY22 (AY22) to support the Medical Partnership class size increase from 40 to 60 students.

- Operational Revenue: Approximately \$20.3 million currently to approximately \$33.8 million in AY27 to \$54.6 million in AY32 to approximately \$82.9 million in AY36 (net of returning advance/loan funding to the state).
- Operational Expenses: Approximately \$20.1 million currently to approximately \$31.1 million in AY27 to approximately \$44.2 million in AY32 to approximately \$48 million in AY36.
- Startup Funding:
 - UGA (research, clinical, grants, and contract): Total of approximately \$40.1 million across six years (AY24-AY30).
 - UGA Foundation/affiliated organizations and individual, corporate, and foundation donors: Total of approximately \$22.5 million across six years (AY24-AY30).
 - State of Georgia: Approximately \$59.2 million across five years (AY27-AY31) as a temporary state formula advance/loan to bridge fund the typical two-year lag. UGA could start to pay back the bridge funding in AY32.

Phase 2: UGA SOM grows its enrollment from 72 to 120 medical students per class.

Assuming sufficient demand and state interest in expanding the number of doctors serving Georgia, the new independent UGA School of Medicine could pursue an enrollment growth plan to 120 students per class (Table 9), as demonstrated in Phase 2 of the operating budget. Should this path be pursued, UGA has a robust fundraising operation and would be well-positioned to raise needed capital investment support from individual, corporate, and foundation donors. Tripp Umbach believes from interviews that resources will be available to fund the cost of a UGA School of Medicine facility to accommodate a school with 120 medical students per class. **It should be emphasized that no additional bridge funding from the state for operational needs would be required to implement Phase 2.** During this phase, the UGA School of Medicine would fully expand to maturity between AY30 and AY36.

Table 9: Phase 2 UGA Class Size Up to 120 Students per Class

	BOR Approves UGA to grant M.D. Degree – DCI Prep	Complete Application to LCME Candidate Status (Fall 2024)/ LCME Site Visit (Spring 2025)	Preliminary Accreditation (Fall 2025/ Spring 2026)		Provisional Accreditation (June 2028)		Full Accreditation (June 2030)						
Class/ Academic Year	AY24	AY25	AY26	AY27	AY28	AY29	AY30	AY31	AY32	AY33	AY34	AY35	AY36
M1	60	60	60	60	64	72	80	88	104	120	120	120	120
M2	60	60	60	60	60	64	72	80	88	104	120	120	120
M3	60	60	60	60	60	60	64	72	80	88	104	120	120
M4	50	60	60	60	60	60	60	64	72	80	88	104	120
Total Students	230	240	240	240	244	256	276	304	344	392	432	464	480

Note: Shaded cells M1-M4 denote AU/UGA Medical Partnership students.

Phase 2: Future Facilities

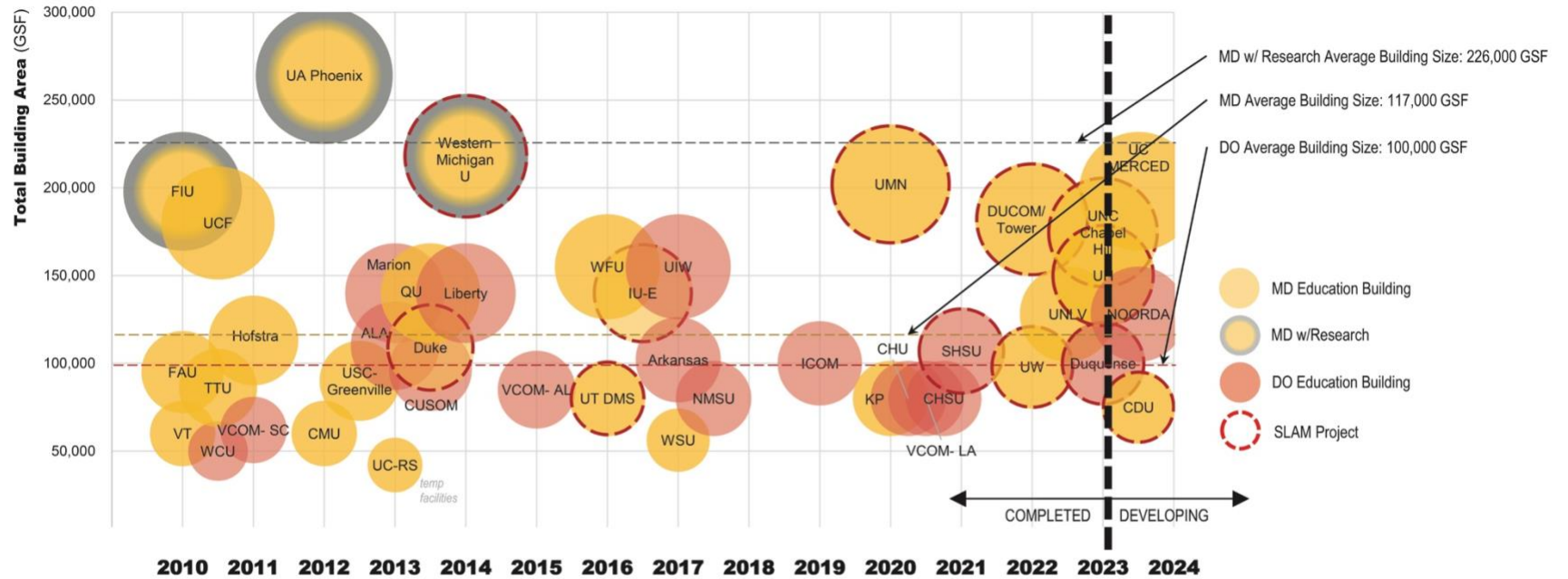
If the University System of Georgia Board of Regents authorizes UGA to expand its class size from 72 to as many as 120 students per class, a new medical education facility will be required. Therefore, Tripp Umbach recommends a capital investment ranging from \$50 million to \$96 million to accommodate additional research space as well as didactic and simulation labs for students and faculty. The cost of new construction will be reduced by the amount of existing space on the UGA Health Sciences Campus that continues to be used by the UGA School of Medicine. Approximately 100,000 gross square feet of medical education-related facilities are in place at the UGA Health Sciences Campus; new facilities can be constructed to add space to the campus facilities, requiring less new construction. A minimum of half of this is anticipated to be raised by UGA from private donations, affiliated organizations, and other non-state sources, with the state providing the remaining funds.

According to national benchmark data provided by [SLAM](#) Architects, the average size of a new public medical school building over the past 13 years equals 117,000 gross square feet. (Figure 5). Construction costs were estimated by Tripp Umbach at \$800 per gross square foot based on industry data for newly constructed medical education facilities in 2022-2023. Future costs are expected to escalate.

From a review of facility capacity on the UGA campus, Tripp Umbach recommends that a minimum of 25,000 gross square feet of new research space be constructed in Phase 2. The additional research space is included in our recommendations for constructing 50,000 square feet of new facilities.

Figure 5: Size of Recently Constructed Medical Education Buildings in the United States

DO and MD Buildings Since 2010



Medical education buildings built since 2010 across the country range in size from 42,000 gross square feet (GSF) in temporary facilities to 264,000 GSF in a med ed facility with research space.

Of the three building types illustrated above, MD and DO education buildings average around 100,000 to 117,000 GSF in total building area. When research space is incorporated the total building area increases, on average to 226,000 GSF.

Of the 45 med ed school projects benchmarked here, SLAM has worked with 12 schools in the past decade, six of which were start-ups:

- 4 – MD schools
- 2 – DO schools



Source: [SLAM](#)

A new medical school facility at peer public university UT Austin included less than 50,000 square feet of net programming space with a class size of 120 students per class. A 50,000-gross-square-foot medical education facility could be built for approximately \$40 million based on 2023 building costs. However, Tripp Umbach estimates from benchmarking data that a capital budget of \$50 million would be more appropriate if 25,000 square feet of research space were included in a new 50,000-square-foot facility.

Budgetary Projections for Phase 2:

- Tuition: Growing from approximately \$1.8 million in AY27 to approximately \$8.5 million in AY30 to approximately \$15.6 million in AY36, remaining well below the 40% revenue threshold for LCME.
- State of Georgia (through USG Funding Formula): Growing from approximately \$7.9 million in AY29 to approximately \$36.9 million in AY32 to approximately \$58.3 million in AY36. Because the state allocates formula growth funds two years after the credit hours are generated, the budget projections include this same advance of state formula funding (temporary formula-funding advance/loan to bridge fund the typical two-year lag) as included in Phase 1.
 - An advance in state funding is required to support the new UGA SOM from AY27 through AY31, at which time UGA could financially start to pay back the bridge funding starting in AY32.
 - This approach is similar to how the state supported the AU/UGA Medical Partnership by providing more than approximately \$15.8 million in recurring state funds to the Medical College of Georgia in FY09 (AY09) through FY11 (AY11), as well as additional state funding in FY21 (AY21) and FY22 (AY22) to support the Partnership class size increase from 40 to 60 students.
- Operational Revenue: Approximately \$20.3 million currently to approximately \$33.8 million in AY27 to approximately \$52.4 million in AY30 to approximately \$95.4 million in AY36 (net of returning advance/loan funding to the state).
- Operational Expenses: Approximately \$20.1 million currently to approximately \$31.1 million in AY27 to approximately \$41.1 million in AY30 to approximately \$50.3 million in AY36.
- Sources of Startup Funding (non-capital):
 - As noted above, startup funding needs are outlined in Phase 1, **and no additional startup funding from the state or other sources is needed for Phase 2.**
- Capital Funding for Phase 2, 120 students/class (assuming sufficient demand and state interest):
 - UGA Foundation/affiliated organizations and individual, corporate, and foundation donations: Approximately \$70 million.
 - State of Georgia: Approximately \$50 million.

In Summary

In the pre-enrollment/startup stage (AY24 to AY26), UGA will absorb additional expenses through existing resources, philanthropy, and other fundraising initiatives to launch the new SOM. The UGA SOM will require state-supported bridge funding totaling \$59.2 million for operations over a five-year period from AY27 to AY31. This bridge funding and tuition assessed to UGA SOM students will enable UGA to cover all operating and non-operating expenses to grow enrollment to 72 medical students per class in the Phase 1 model. If Phase 2 is desired, this funding will also cover the projected growth plan of 120 students per class. UGA could begin to pay back the formula funding advance starting in AY32.

Assumptions: Operating budgets projected for the UGA SOM show a modest 1% increase in base state tuition each year, a 2% annual operating expense increase to the base budget of the new school, as well as an annual 3% increase in faculty and staff salaries. The formula funding reflected in the operating budget is based on 75% of the formula being funded by the state of Georgia. Administration and faculty salaries are based on the AAMC 50th percentile.

Key Finding 5: The proposed independent UGA SOM will have a significant economic and social impact on Georgia.

The UGA School of Medicine will drive the regional economy significantly, creating jobs and generating millions in annual net impact to the region. Tripp Umbach estimates the following positive impact of the new medical school on the state:

1. When the medical school is fully operational in 2030, it will generate more than \$237.4 million in total economic impact per year (direct, indirect, and induced impacts).
2. When fully operational in 2030, the medical school will support 1,583 jobs in the region and generate more than \$9.5 million in total tax revenue impact per year.
3. By 2036, the annual economic impact from physicians graduating from the new four-year UGA School of Medicine education program will equal \$138.2 million in annual economic impact. This number is in addition to operational impact. On average, a resident who becomes a primary care physician and practices within an underserved area generates \$3.6 million in healthcare cost savings. Tripp Umbach estimates that 20% of UGA's School of Medicine graduates will practice in an underserved area in Georgia; therefore, 14 physicians annually will generate \$50 million in healthcare cost savings. This is in addition to the economic impact of the School of Medicine operations and spending from UGA SOM physician graduates.

The establishment of the UGA School of Medicine will bring significant “new dollars” to the region and is likely to spur further economic development through the potential expansion of other health science education programs, clinical and research partnerships with nearby hospitals, and private business expansions.

The UGA School of Medicine will leverage and further enhance the region's healthcare, bioscience, and academic industries by diversifying and expanding its offerings. The UGA School of Medicine will not only create jobs by attracting and retaining a quality workforce and spark potential commercialization and spinoff businesses but also keep residents from seeking services elsewhere.

The UGA School of Medicine will bring direct and indirect economic benefits to regional and statewide economies. The direct benefits will come from the direct spending of the medical school on capital improvements and goods and services to businesses in the region through the hiring of new faculty and staff and student spending. The indirect impact is derived from these direct, first-round expenditures, received as income by other regional and state businesses and circulated through the economy in successive rounds of spending.

Economic benefits will accrue from the spending by the medical school on capital improvements and goods and services, as well as spending by staff and faculty, medical trainees, and visitors to UGA. The economic impact associated with the medical school will go beyond an annual operational impact. UGA makes an estimated annual economic impact of \$7.6 billion on the state; the SOM result will be a multiplier on this impact.

Economic Impact on Physician Graduates

A practicing physician in Georgia generates \$2.3 million in economic benefits annually when remaining in the state to practice. At full maturity in 2036, \$138 million will be added to the state economy annually if half of the 120 UGA School of Medicine graduates complete in-state residencies and stay in Georgia to practice. These graduates who remain to practice in Georgia will support more than 1,200 jobs in their communities. The economic impact will be even more significant if the new medical school can enhance pipeline programs and retain more physicians.

Societal Benefits

Expanding medical education will positively impact healthcare and the regional economy. The UGA School of Medicine will:

- Expand healthcare access for underserved populations.
- Address workforce needs in the region by expanding the pipeline of highly qualified graduates.
- Reduce healthcare spending through community health improvements.
- Grow the healthcare delivery system in underserved populations throughout the state. These efforts could be leveraged into extensive healthcare cost savings and higher quality of life for residents in these communities.

Potential Commercialization and Research Impacts

The University of Georgia has a robust and growing Innovation District, which helps faculty, students, and community members to commercialize their ideas and inventions. UGA has introduced more than 1,100 new research-based products into the market through industry partnerships, for example, and is currently ranked No. 1 in the nation for technology transfer, with 60 products reaching the market in FY22. More than 200 companies have been created based on UGA research, producing an estimated annual economic impact of \$531 million. Much of this activity derives from life sciences research occurring at UGA.

The UGA School of Medicine will be a springboard for new economic development opportunities and partnerships throughout Georgia. These partnerships will accelerate the expansion of an innovation economy whereby biomedical companies are attracted and launched in the region, creating new jobs, and fueling technology transfer, commercialization, and economic value through improvements in prevention, treatment, and practice.

Recommendations

Tripp Umbach offers the following recommendations regarding the proposed UGA School of Medicine:

- 1. Work closely with the University System of Georgia Chancellor and senior USG leadership to seek approval from the USG Board of Regents in January 2024 to develop an independently accredited medical school at UGA.**
- 2. If approval is granted, establish an internal implementation team to develop and guide the initiative's early stages.**
- 3. Apply with LCME for an independently accredited medical school in spring 2024.**

Assuming that UGA receives approval from the Board of Regents in early 2024 to proceed with additional planning to open an independent medical school by 2027, Tripp Umbach recommends that UGA contact the LCME to begin a three-year accreditation process, with plans to admit students to the independent UGA School of Medicine in AY27 but no later than AY28. Tripp Umbach's interviews with leadership at UGA and three Georgia-based health systems demonstrate that UGA is well-positioned to develop a high-quality medical education program.

- 4. Continue the AU/UGA Partnership Medical Campus and Graduate All Students Who Enter the Partnership.**

Growing the number of public medical school students in Georgia must continue to be a strategic imperative for the state over the next decade. Tripp Umbach believes from experience with 18 newly developed programs and several similar partnership programs that the LCME will require that the AU/UGA Partnership continue to operate until all its students conclude their training in Athens. Therefore, the AU/UGA partnership program should continue during a transition to the University of Georgia receiving independent accreditation.

The LCME must be consulted to define the best strategy to optimize success and support for the current Medical Partnership students. Tripp Umbach has experience with independent medical schools that successfully transitioned from partnerships to independent accreditation with approval from LCME and can assist in this process. This report proposes a plan in which the Medical Partnership students remain on the Athens campus until the final class graduates in AY29.

It is not unusual for independent medical schools to evolve where existing medical education programs exist. For example, Charles R. Drew University maintained a partnership campus with UCLA from 1981 until now. Beginning in 2023, Charles Drew opened an independent four-year medical school while continuing their campus' UCLA/Drew program. Also, Washington State University opened an independent four-year medical school in Spokane, WA, while the University of Washington continues to operate a regional campus in Spokane. The table below depicts a sample of places in the United States where new medical schools have evolved from partnership programs. (Table 10).

Table 10: New Public Medical Schools That Evolved from Partnership Programs

New medical school programs developed through a transition from regional campuses to independent programs
University of Nevada, Las Vegas (UNLV)/University of Nevada Reno (Las Vegas, NV)
Washington State/University of Washington (Spokane, WA)
Wake Forest – Charlotte/University of North Carolina (Charlotte, NC)
University of California (U.C.) Riverside/UCLA (Riverside, CA)
Charles Drew University/University of California Los Angeles (UCLA) (Los Angeles, CA)
Florida Atlantic University (FAU)/University of Miami (Boca Raton, FL)
Carle Illinois/University of Illinois Chicago (Urbana-Champaign, IL)
Rutgers University/The University of Medicine and Dentistry of New Jersey (UMDNJ) (New Brunswick, NJ)
Texas Tech Paul L. Foster/Texas Tech University (El Paso)

Conclusion

The AU/UGA Medical Partnership has met or exceeded the 2007 “Georgia Roadmap” goals to expand high-quality medical education and address physician workforce shortages. Building on this success while acknowledging that much work is still needed to increase Georgia’s physician workforce, UGA commissioned an independent feasibility study using Tripp Umbach to evaluate readiness and capability to open a separately accredited medical school.

Based on experience working with half of all U.S. medical schools and 18 new M.D. schools since 2000, Tripp Umbach believes that an independent, publicly supported M.D. program at the University of Georgia is feasible and that planning for the new independent program should begin in earnest in early 2024, after receiving approval from the University System of Georgia Board of Regents. Tripp Umbach recommends that UGA move forward with additional planning for an allopathic medical school to meet Georgia’s current and future workforce needs and that the new UGA School of Medicine admit an inaugural class of 60 students in AY27 and grow to 72 per class, starting in AY29, as described in Phase 1. The University System Board of Regents could consider increasing enrollment to 120 students per class, as described in Phase 2, to more rapidly address the growing physician shortage in Georgia.

The findings presented within the report indicate that Georgia has a critical physician shortage in a large, underserved region. Georgia’s healthcare and physician workforce needs will only worsen in the coming years. The state’s population is growing and aging, and demand for additional healthcare services is increasing. The shortfall in the state’s physicians—for both primary care and specialty care—will be substantial, posing severe risks to the people of Georgia. This healthcare crisis must be addressed. Communities throughout the state will reap the positive economic benefits associated with the development and ongoing operations of the independent UGA School of Medicine.

Expanding residency training in Georgia is a critically important strategy for keeping additional graduates in the state after they complete their training. A potential GME consortium, including the UGA School of Medicine and three area health systems (Piedmont, St. Mary’s, and Northeast Georgia), presents an opportunity to develop hundreds of additional residency positions by 2030 when additional medical school students graduate from the UGA School of Medicine.

Finally, Tripp Umbach believes Georgia’s economic and physical health will be significantly enhanced through new and expanded educational partnerships with multiple healthcare institutions, private donors, and business organizations.

Recommended Next Steps

Based on findings, Tripp Umbach recommends the next steps in the development of the UGA School of Medicine:

1. Submit the feasibility study to the University System of Georgia Board of Regents in December 2023.
2. Develop project management and communications strategies in January 2024.
3. Obtain approval from the USG Board of Regents to develop a detailed business plan for an independent School of Medicine at UGA.
4. Notify LCME of UGA's intent to develop an independent program after receiving approval from the USG Board of Regents.
5. Complete a detailed business plan, including:
 - Recommended organizational structure relating to operational, leadership, educational, research, and clinical activities.
 - Clinical teaching plan that includes the potential development of a GME Consortium with the three proposed UGA-affiliated health systems.
 - Recommendations related to curriculum, facilities, staffing, and clinical training at medical and residency training levels, including faculty resources required for delivering a problem-based learning, small-group-focused curriculum.
 - Optimal educational resources and infrastructure for a high-quality medical school.
 - Detailed project schedule and work plans for successfully implementing the new medical school.
 - Financial model to meet long-term medical education, healthcare, and economic development objectives.



APPENDICES

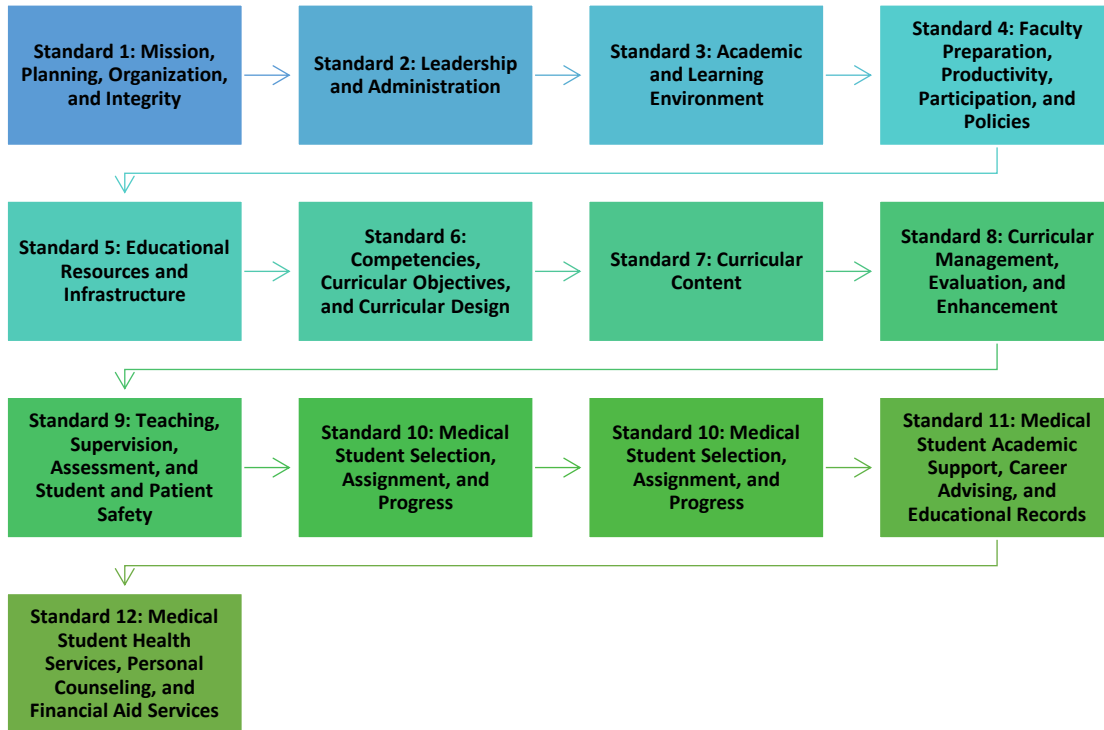


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GEORGIA

Appendix A: The 12 LCME Standards

The functions and structure of a medical school are organized according to 12 accreditation standards.

Figure 6: Flowchart of LCME Standards



Standard 1: Mission, Planning, Organization, and Integrity

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In conducting all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

Standard 2: Leadership and Administration

A medical school has a sufficient number of faculty in leadership roles and senior administrative staff with the skills, time, and administrative support necessary to achieve the medical education program's goals and ensure the functional integration of all programmatic components.

Standard 3: Academic and Learning Environment

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

Standard 4: Faculty Preparation, Productivity, Participation, and Policies

The medical school faculty members are qualified through their education, training, experience, and continuing professional development. They provide the leadership and support necessary for the institution's educational, research, and service goals.

Standard 5: Educational Resources and Infrastructure

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, other readily available resources and accessible across all locations to meet its needs and achieve its goals.

Standard 6: Competencies, Curricular Objectives, and Curricular Design

The medical school's faculty defines the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives. Medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by program completion.

Standard 7: Curricular Content

The medical school faculty ensures that the medical curriculum provides sufficient breadth and depth content to prepare medical students for entry into any residency program and the subsequent contemporary practice of medicine.

Standard 8: Curricular Management, Evaluation, and Enhancement

The medical school faculty engages in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and assess medical students are adequately prepared for those responsibilities.

Standard 10: Medical Student Selection, Assignment, and Progress

A medical school establishes and publishes admission requirements for potential applicants to the medical education program and uses effective policies and procedures for medical student selection, enrollment, and assignment.

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

A medical school provides adequate academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

Appendix B: About Tripp Umbach

Tripp Umbach is the national leader in economic impact analysis, feasibility studies, business planning, and consultation services for academic medical campuses and new or expanded medical schools. Tripp Umbach has served more than 500 universities and 1,000 healthcare organizations. Over the past 30 years, Tripp Umbach has been involved in most of the new medical school projects in the United States, completing more than 100 studies and leading to the opening of 30 medical schools (M.D. and D.O.) and health science universities. Today, Tripp Umbach continues to expand its consulting services at the intersection of healthcare, higher education, community health, economic development, and real estate development. Tripp Umbach applies advanced economic design thinking tools to solve the most complex problems facing organizations, communities, and society.

Listed below is Tripp Umbach's medical education experience developing M.D.-granting programs.

- Carle Illinois College of Medicine (Illinois)
- Charles R. Drew University of Medicine and Science College of Medicine (California)
- Florida Atlantic University Charles E. Schmidt College of Medicine (Florida)
- Florida International University Herbert Wertheim College of Medicine (Florida)
- Florida State University College of Medicine (Tallahassee)
- Geisinger Commonwealth School of Medicine (Pennsylvania)
- Hackensack Meridian School of Medicine at Seton Hall University (New Jersey)
- Kirk Kerkorian School of Medicine at UNLV (Nevada)
- Nova Southeastern University Dr. Kiran C. Patel College of Allopathic Medicine (Florida)
- TCU and UNTHSC School of Medicine (Texas)
- Texas Tech University Health Sciences Center Paul L. Foster School of Medicine (Texas)
- University of Arizona College of Medicine-Phoenix (Arizona)
- University of California, Riverside, School of Medicine (California)
- University of Central Florida College of Medicine (Florida)
- University of Houston College of Medicine (Texas)
- University of South Carolina School of Medicine Greenville (South Carolina)
- University of Texas at Austin Dell Medical School (Texas)
- Washington State University Elson S. Floyd College of Medicine (Washington)
- Western Michigan University Homer Stryker M.D. School of Medicine (Michigan)
- Whole Health School of Medicine and Health Sciences (now the Alice L. Walton School of Medicine) (Arkansas)

