

WICHE REGION – MEDICAL SCHOOL EXPANSION ACTIVITIES*
MAY 2008

STATE	MEDICAL SCHOOL	FIRST-YEAR STUDENT ENROLLMENT ACADEMIC YEAR						(AY 2007) – (AY 2002)		EXPANSION ACTIVITIES	CONTACT INFORMATION
		2002	2003	2004	2005	2006	2007	NUMBER	% CHG		
ALLOPATHIC MEDICAL SCHOOLS											
Arizona	The University of Arizona College of Medicine http://www.medicine.arizona.edu/	100	110	111	110	110	134	34	34%	The College of Medicine in Tucson, in partnership with Arizona State University, established a four-year college of medicine program in Phoenix enrolling its first four-year class of 24 students in August 2007. In 2008 the class size in Phoenix will increase to 48, and is anticipated to grow to 150 students per year within the next five years if state funding becomes available. Driving the expansion is one college of medicine across two locations with departments, financial and administrative infrastructures, and communication channels organized to achieve synergies and efficiencies. For more information: Keith Joiner, Ernest Schloss, Philip Malan, Stuart Flynn, and Jacqueline Chadwick. "Phoenix Rises, with Tucson's Help: Establishing the First Four-Year Allopathic Program in the Nation's Fifth Largest City." <i>Academic Medicine</i> 82, no. 12 (2007): 1126-1138.	Christopher Leadem, PhD Senior Associate Dean for Admissions and Student Affairs leadem@email.arizona.edu 520.626.6216
California	Loma Linda University School of Medicine http://www.llu.edu/llu/medicine/	159	165	166	171	176	172	13	8%	In the near future, Loma Linda's first-year student enrollment will remain stable at roughly 174. Strategic planning is underway to judiciously increase enrollment to 200 per year by year 2020. Actions are being taken to ensure that an optimal infrastructure is in place to effectively educate and train an expanded student enrollment: <ul style="list-style-type: none">• A new dean is being appointed to focus on linking medical students to an increased number of clinical training sites locally and nationally.• A major health sciences complex is under construction with two amphitheaters, an anatomy pavilion, a skills and assessment center, and an array of laboratories and small classrooms to support curricula central to the needs of medical students.• A program is being established to facilitate the training of scientists and clinicians who would serve as future faculty.	Tamara Shankel, MD Associate Dean for Clinical Education tshankel@llu.edu 909.558.4271

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California	Stanford University School of Medicine http://www.med.stanford.edu/	86	87	86	85	86	86	0	0%	Stanford is considering an increase in its medical school class size to 100 by year 2010. A physical complex is being built that would accommodate an expanded enrollment. The complex will enable small group training and facilitate e-base support. Individuals hospitalized today tend to be sicker than those hospitalized in the past. Stanford seeks clinical environments that provide a balance between critical and less critical patients for its students. In order to increase class size, physician capacity will need to be in place to optimally sustain varied student clerkships. Stanford prides itself in its family centered approach in which faculty and students work closely with each other. As class size increases, the faculty needs to increase, and opportunities provided among students, to ensure a comfort base during the long, intense medical training.	Charles Prober, MD Senior Associate Dean for Medical Student Education cprober@stanford.edu 650.724.8074
California	University of California System http://www.universityofcalifornia.edu/health/medcenters.html	The University of California (UC) system completed a multiyear health sciences planning effort in 2007. UC plans to enroll 60 to 80 students per campus (across five-year programs), or more than 300 students system-wide. First phase of growth for all UC medical schools will occur through the development of new Programs in Medical Education (PRIME). Individually and collectively, these programs seek to address the needs of California's underserved population in both rural communities and urban areas. Each program has (or will have) an area of focus that is selected on the basis of faculty expertise, the populations served by each school and its medical center, and other local considerations. For more information: Cathryn L. Nation, Andrea Gerstenberger, and Dena Bullard. "Preparing for Change: The Plan, the Promise, and the Parachute." <i>Academic Medicine</i> 82, no. 12 (2007): 1139-1144.									
California	University of California, Davis School of Medicine http://www.ucdmc.ucdavis.edu/medschool/	93	93	93	93	93	105	12	13%	UC Davis School of Medicine (PRIME – Rural health and telemedicine). UC Davis' program involves adding 12 students per year, for a five-year MD/masters program. Program offers course work contextualized to rural health service delivery. Annual courses are shifted to rural topics and contexts. Courses focus on rural health policy, public health, distance learning, culture/language competency, telemedicine, and other topics relevant to rural health and health care delivery. Students will precept in rural locations and complete 6+ months of clinical clerkships in rural sites, complete graduate work in the fourth-year (including a scholarship project) and have significant time in the fifth-year for rural medicine. Telemedicine will facilitate specialty consultations by the medical staff at UC Davis, teaching of rural students, faculty development of rural preceptors and quality improvement of the program. For more information: http://www.ucdmc.ucdavis.edu/medschool/rural_prime/rural_prime_program.pdf .	Donald Hilty, MD Director Admissions and Curricula, Rural Program in Medical Education don.hilty@ucdmc.ucdavis.edu 916.734.8110 or 4121

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California	UC Irvine School of Medicine http://www.healthaffairs.uci.edu/som/	92	92	100	103	104	104	12	13%	UC Irvine School of Medicine (PRIME – Latino communities). In the Fall of 2004, UC Irvine began the Program in Medical Education for the Latino Community (PRIME-LC). The 12 students admitted to the program on an annual basis have a record of prior service and commitment to the Latino community and are fluent in speaking Spanish. The program begins with a summer immersion experience in Mexico that provides further instruction in Spanish, supervised interaction with Spanish-speaking patients and health care personnel, and additional instruction about Latino cultures. The program continues at Irvine with didactic sessions and structured clinical experiences in settings serving predominantly Spanish-speaking patients. The program requires that all students complete requirements for a master's degree in one of several areas requiring further study and research relevant to Latino health needs. For more information: http://www.ha.uci.edu/som/meded/PrimeLC/index.html .	Gayle Pierce Director Office of Admissions and Outreach gipierce@uci.edu 949.824.4617
California	UC Los Angeles (UCLA) School of Medicine* *Enrollment numbers include those for the Geffen, Drew, and Riverside campuses. http://dgsom.healthsciences.ucla.edu/	169	168	170	170	169	169	0	0%	UCLA School of Medicine (PRIME – Diverse disadvantaged communities). UCLA's program is planning to add 18 students per year over the next five years (UCLA 10, Drew/UCLA 4, Riverside/UCLA 4). Students will participate in curriculum and clinical rotations that prepare them to use new technologies and multicultural solutions for urban and rural disadvantaged populations. The program will have a focus on telemedicine strategies, and stress leadership training on the delivery of culturally competent clinical care, the conduct of research on health disparities, and the advocacy for disadvantaged communities. The program will include a combined MD and a master's degree selected from UCLA degree programs in public health, public policy, business administration, telemedicine, clinical informatics or other related fields.	Neil Parker, MD Senior Associate Dean Student Affairs and Graduate Medical Education nhparker@mednet.ucla.edu 310.825.6774

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California	UC San Diego School of Medicine http://meded.ucsd.edu/dome/	122	121	122	121	122	134	12	10%	UC San Diego School of Medicine (PRIME – Health equity). UC San Diego's program recently added 12 seats to their incoming class. This is a permanent change that will keep the incoming class size at 134 for the foreseeable future. San Diego has one of the largest and most rapidly changing immigrant and migrant communities in the country. Their program will emphasize multicultural, multidisciplinary approaches to patient care, research, and healthcare advocacy. The program will offer cultural and language studies and immersion experiences. It will give students the flexibility to examine health equity in an area of their interest consistent with objectives of the federal initiative <i>Healthy People 2010</i> , which calls for the elimination of health disparities among all segments of the population. Through dual degree options concentrating in minority health and health disparities, and the use of community–university partnerships, the program seeks to increase the number of clinicians, scientists, and advocates who will strive to reduce health disparities.	Brian Zeglen Director of Admissions bzeglen@ucsd.edu 858.534.1515
California	UC San Francisco School of Medicine* *Enrollment numbers include those from UC Berkeley/UCSF joint program. http://medschool.ucsf.edu/	153	153	153	153	153	163	10	7%	UC San Francisco School of Medicine (PRIME – Urban Underserved). UC San Francisco's program is planning to add 15 students per year over the next five years (11 students in San Francisco and 4 students at the UCSF-UC Berkeley Joint Medical Program). The program will offer a curriculum with a core seminar series, community engagement projects, community-based preceptorships, clinical rotations in underserved settings, a masters degree, and a formal mentorship program. The seminar series includes interactive teaching sessions with experts on homelessness, immigrant health, the prison health system, and related topics. Clinical experiences will be based at regional safety-net clinics and hospitals that provide healthcare to urban, underserved populations in San Francisco and the greater Bay Area. In these settings, students will care for diverse populations and learn more about systems-level disparities. All students will complete a longitudinal community health or social advocacy project, such as setting up community-based disease-prevention programs, engaging in local community organizing campaigns, or conducting community-based research. The program will also include comprehensive mentorship programs, with faculty and peer-mentoring relationships organized to provide ongoing academic and social support.	David Wofsy, MD Associate Dean for Admissions david.wofsy@ucsf.edu 415.476.4044

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California	University of Southern California Keck School of Medicine http://www.usc.edu/schools/medicine/	160	160	163	171	162	164	4	3%	The University of Southern California is in the process of determining how to effectively expand enrollment. Potential expansion is being undertaken with due diligence to ensure that the academic and clinical infrastructures are sufficient for increasing enrollment (e.g., adequacy of faculty size and educational facilities, and availability of clinical training sites).	Erin Quinn, PhD, MEd Associate Dean for Admissions erinquin@usc.edu 323.442.2552
Colorado	University of Colorado School of Medicine http://www.uchsc.edu/som/	132	130	132	143	155	157	25	19%	<p>Consideration is being given to further increase class size at the University of Colorado over the next 10 years. The School of Medicine has recently moved to the new Anschutz Medical Campus in the Denver area which was designed to potentially accommodate a class size of 200.</p> <p>Additionally, a planned, staged approach is underway for the creation of the Grand Junction Clinical Branch Campus (GJCBC). Students would complete their first two years in Denver, and then spend their third and fourth years in Grand Junction in western Colorado. The goal is to train 48 students with full implementation in 2012.</p> <p>Students would receive in depth exposure and experiences in all aspects of health care practiced in Grand Junction and surrounding communities. Medical students are more likely to eventually practice where they train, and a GJCBC goal is to improve access and quality of care for individuals living in communities on Colorado's western slope.</p> <p>For more information: http://www.uchsc.edu/som/grandjunction/GJCBC%20Feb%2008.pdf</p>	Norma Wagoner, PhD Interim Associate Dean for Student Admissions norma.wagoner@uchsc.edu 303.724.8025
Hawaii	University of Hawaii Burns School of Medicine http://jabsom.hawaii.edu/JABSOM/	62	62	62	60	62	62	0	0%	<p>The University of Hawaii (UH) does not have immediate plans to increase the number of seats in the School of Medicine. Under discussion, however, is the possibility of an increase of six students.</p> <p>UH does not have a teaching hospital, and largely depends on the hospitals in Oahu. Given finite number of medical cases, more hospitals/beds are needed in order to increase the number of students.</p>	Satoru Izutsu, PhD Senior Associate Dean for Administration sizutsu@hawaii.edu 808.692.0890

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Nevada	University of Nevada School of Medicine http://www.medicine.nevada.edu/	52	52	52	52	57	62	10	19%	The University of Nevada's (UN) goal has been to continue to increase medical student enrollment to 100 by 2011, but resources are becoming a limiting factor. In order to increase student enrollment an infrastructure, and the financial means to build that infrastructure, must be in place to ensure that the quality of education and training is at the highest level. Central to medical education at UN has been the individualized attention medical students receive, and to maintain this student focus, faculty needs to grow and facilities need to expand with the increase in student numbers.	Cheryl Hug-English, M.D., MPH Associate Dean of Admissions and Student Affairs chugenglish@medicine.nevada.edu 775.682.8356
New Mexico	University of New Mexico School of Medicine http://hsc.unm.edu/som/	75	75	75	75	75	75	0	0%	The University of New Mexico School of Medicine and College of Arts and Sciences developed a combined BA/MD degree program, which will increase the entering medical school class from 75 students to 100 in 2010. The program, which began operation at the undergraduate level in 2006, is committed to allocating 100 percent of its increased enrollment to a program designed to expand opportunities in medical education for New Mexico students from rural and underserved minority communities, and to prepare them to practice in the underserved areas of state. A two-step, eight-year program, equally divided between four years in an undergraduate college and four years in medical school, is planned along with enhanced academic and financial support for the students. Students work with a community physician mentor in summer service-learning projects during the undergraduate years, then they return for required rural medicine rotations in the first, third and fourth years of medical school. For more information: Ellen Cosgrove, Gary Harrison, Summers Kalishman, Kathryn Kersting, Valerie Romero-Leggott, Craig Timm, Lily Velarde, and Paul Roth. "Addressing Physician Shortages in New Mexico Through a Combined BA/MD Program." <i>Academic Medicine</i> 82, no.12 (2007): 1152-1157.	Marlene Ballejos, MPA Admissions Director mballejos@salud.unm.edu 505.272.4766
North Dakota	University of North Dakota School of Medicine and Health Sciences http://www.medicine.und.nodak.edu/	57	61	62	62	62	62	5	9%	The University of North Dakota (UND) is considering the issue of further expansion of medical school enrollment but has no definitive plan in the near future. The medical school is community based and depends on volunteer preceptors for its students. It's essential for UND to systematically evaluate its ability to expand enrollment given limited resources and the need to maintain quality in its medical education and training.	Judy DeMers Associate Dean Student Affairs and Admissions jdemers@medicine.nodak.edu 701.777.4221

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Oregon	Oregon Health and Science University (OHSU) School of Medicine http://www.ohsu.edu/som/	104	107	108	112	120	118	14	15%	OHSU School of Medicine began implementing a four-phase plan to increase medical student enrollment in 2001 that minimized capital expenditure while leveraging existing resources at OHSU. Phase 1 (2001-2006) increased enrollment incrementally at the School of Medicine's Portland site (from 101 in 2001 to 120 in 2006); Phase 2 (2006-2007) created community partnerships to develop regional sites using the physical facilities of partners, avoiding the need for capital investment; Phase 3 (2007-2010) builds on the prototype developed in Phase 2 to create additional regional education sites, and Phase 4 (2010-2015) involves a feasibility study and subsequent capital campaign for a facility on Portland's south waterfront. (Enrollment will remain stable for the 2008 entering class at 115 to 120 students.) For more information: Joseph E. Robertson, Jr., Jennifer Boyd, Jerris R. Hedges, and Edward J. Keenan. "Strategies for Increasing the Physician Workforce: The Oregon Model for Expansion." <i>Academic Medicine</i> 82, no. 12 (2007): 1158-1162.	Vicki Fields Assistant Dean for Medical Education fields@ohsu.edu 503.494.4329
South Dakota	Sanford School of Medicine The University of South Dakota http://www.usd.edu/med/	50	50	50	50	51	54	4	8%	Sanford School of Medicine is considering increasing its class size from 54 students per year to 65. The goal is to have a strategic plan in place in 2009. As part of the expansion planning, a major consideration is the establishment of an additional rural campus or rural track program. As a community based program, the Sanford curriculum emphasizes primary care with the support and participation of dedicated practicing physicians and community hospitals across South Dakota. In the pursuit of increased medical school enrollment, Sanford must be able to ensure that clinical sites and physician teachers are available to maintain quality medical training of a growing number of students. Sanford must also consider resident education. Given medical school graduates tend to practice close to the location of their residency programs, expanding and strengthening residencies in South Dakota is vital. Providing medical education is expensive, and a challenge in increasing enrollment is the ability to secure ongoing state funding.	Janet Lindemann, MD Dean of Medical Student Education Janet.lindemann@usd.edu 605.357.1364

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Utah	University of Utah School of Medicine http://medicine.utah.edu/	104	102	102	102	102	102	-2	-2%	The University of Utah sought funding from the Legislature during the 2008 general session to expand enrollment from 102 to 130 medical students but, due to state budgetary issues, was not successful. The Eccles Health Sciences Education Building opened in 2005 that would address the core medical educational needs of a class size of 150 students. Of concern, however, is establishing an optimal clinical infrastructure for students with an increased number of clinical sites and physician mentors and preceptors.	Larry Reimer, MD Associate Dean for Curriculum and GME larry.reimer@hsc.utah.edu 801.585.2951
Washington	University of Washington School of Medicine http://uwmedicine.washington.edu/Facilities/USchoolOfMedicine/	178	178	178	180	182	191	13	8%	<p>Coordinated by the University of Washington (UW) School of Medicine, WWAMI is a regional medical education program that trains medical students from five states (Washington, Wyoming, Alaska, Montana and Idaho). The number of 2007 first-year students represents an increase of students from Wyoming, Alaska, and Idaho, with further increases under discussion. In addition, in fall 2008, Washington will add 20 seats by opening a new first-year WWAMI site in Spokane.*</p> <p>In order to ensure educational quality while growing student enrollment, UW is addressing the following factors: Standardizing educational experiences and evaluation across all sites, meeting physical site needs, providing adequate numbers and quality of teachers for students, maintaining optimal clinical experiences, and focusing on small-group experiences. Another challenge is matching expanding medical school slots with more residency and fellowship positions.</p> <p>UW is looking to new teaching paradigms to facilitate and optimize the process of growth, including the use of simulation, web-based education and telemedicine to achieve standardization of teaching and economy of teachers. It is also essential that dialogue is maintained, discussing the pros and cons of expansion, how to meet the needs of underserved populations, how to optimize the educational experience, and other key questions.</p> <p>*Beginning in 2008, WWAMI will admit 216 students; 140 Washington students (Pullman: 20, Spokane: 20, Seattle:100); 16 Wyoming students; and 20 students each from Alaska, Montana, and Idaho.</p> <p>For more information: Thomas Norris, John Coombs, Peter House, Sylvia Moore, Marjorie Wenrich, Paul Ramsey. "Regional solutions to the physician workforce shortage: The WWAMI Experience." <i>Academic Medicine</i> 81, no 10 (2006): 857-862.</p>	Thomas Norris, MD Vice Dean for Academic Affairs tnorris@u.washington.edu 206.685.3466

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OSTEOPATHIC MEDICAL SCHOOLS											
Arizona	AT Still University School of Osteopathic Medicine in Arizona (SOMA) http://www.atsu.edu/soma/index.htm	0	0	0	0	0	107*	107	n/a	SOMA just welcomed its inaugural class of 107 students in 2007, and does not plan to increase class size for the foreseeable future. Before an increase in enrollment would be considered, SOMA would need to have its first class complete its four-year training. A major goal of the medical program is to graduate community-minded physicians who will return to serve the medically underserved. To this end, students will have clinical rotations in community health centers from their second through their fourth year of medical education, and will experience a high physician to student ratio. SOMA wants to ensure that clinical sites and physician teachers are available to maintain quality medical training on an individualized level prior to contemplating an increase in the number of students.	Douglas Wood, DO, PhD Dean dwood@atsu.edu 480.219.6052
Arizona	Midwestern University Arizona College of Osteopathic Medicine (AZCOM) http://www.midwestern.edu/azcom/	154	147	148	166	155	158	4	3%	Beginning in Fall 2008, AZCOM will increase its enrollment to 250 for first-year students. In order to accommodate this expansion, students are: <ul style="list-style-type: none"> • Being provided with an enhanced diversity of educators with new basic science faculty, clinical faculty, and support staff being hired to meet the needs of additional students. • Having access to nine new facilities on campus, including state-of-the art classrooms and laboratories, a new auditorium that can be divided into five lecture halls, a testing center, a standardized patient and simulation laboratory, a recreation and wellness facility, a nondenominational chapel, and a student center that will house the offices of admissions, registrar, financial aid, business services, student services, and university relations. • Benefiting from additional medical school rotation opportunities located throughout Arizona. AZCOM has signed contracts with core rotation sites across the state that exceed the number needed for class expansion. Development of postgraduate training at the additional sites will also enable more students to complete their residency training in Arizona. <p>For more information: "Class Size Increase" at http://www.midwestern.edu/azcom/</p>	Lori Kemper, DO Dean lorik@midwestern.edu 623.572.3300

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California	Touro University College of Osteopathic Medicine – California (TUCOM) http://www.tu.edu/departments.php?id=43	125	131	135	135	135	135	10	8%	TUCOM is considering an increase in class size from 135 to 160 students, perhaps by 2010. TUCOM plans to pursue responsible growth ensuring that the highest quality education continues to be provided to its students. Although educational facilities are already in place to accommodate the enrollment expansion, a major concern is identifying the breadth of clinical sites and physician mentors that would be needed.	Michael Clearfield, DO Dean michael.clearfield@touro.edu 707.638.5982
California	Western University of Health Sciences College of Osteopathic Medicine of the Pacific (COMP) http://www.westernu.edu/xp/edu/comp/recruitment.xml	182	181	s207	219	219	218	36	20%	<p>Since 2004 the Northwest Track (NWT) has increased COMP class size by roughly thirty seats per year. These seats are reserved for students who either permanently reside, or possess a degree from a four-year college, in the states of Washington, Oregon, Idaho, Montana, Wyoming, or Alaska.</p> <p>By contract, these students complete their first two years of basic sciences on Western's campus in Pomona California and then return to the northwest for their required third and fourth year clinical clerkships. For NWT students who want to practice in their home state, the NWT provides an opportunity to remain on the west coast, obtain solid medical education and return to their home state in their third year rather than waiting for their post-doctoral residency or internship.</p> <p>For more information: http://www.westernu.edu/xp/edu/comp/nwt_contact.xml</p> <p>-----</p> <p>In addition, in partnership with Samaritan Health Services (SHS), Western University is in the process of establishing a satellite campus in Lebanon, Oregon. The first class of osteopathic medical students would enroll in 2011, with the school accepting about 50 students a year to start and increasing to about 100 a year over time. The partnership builds on COMP's existing relationship with SHS in which third-year COMP students have begun doing clinical rotations at Samaritan's hospitals in Lebanon, Albany and Corvallis, Oregon.</p> <p>Graduate medical education, specifically the Medicare cap and availability of clinical sites for residency training, is a critical concern across medical schools expanding their medical school enrollment.</p>	Clinton Adams, DO Dean cadams@westernu.edu 909.469.5563

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Nevada	Touro University College of Osteopathic Medicine – Nevada (TUNCOM) http://www.tu.edu/departments.php?id=44&page=350	0	0	78*	108	135	135	135	n/a	<p>TUNCOM graduated its inaugural class of 76 students in May 2008. Its current first-year enrollment is 135, and anticipates requesting an increase in class size within the next two to three years to between 150 and 160 students per year. TUNCOM has a state of the art facility and a significant amount of potential space (approximately 350,000 square feet) to grow and develop its infrastructure.</p> <p>TUNCOM has been successful in identifying increasing numbers of community based preceptors for the third- and fourth-year clinical rotations. In addition, it has developed a very strong partnership with Valley Hospital Medical Center for GME (primary care), and the first ever in Nevada, ophthalmology and dermatology residencies.</p> <p>The challenge is to identify hospital partners to establish additional GME programs, and expand the diversity of GME programs in order to keep more of TUNCOM graduates in the state, and doing so in an environment that includes Caribbean medical schools with budgets capable of paying substantial dollars to adjunct community physicians for clinical rotations.</p>	<p>Mitchell Forman, DO Dean mitchel.forman@tun.touro.edu 702.777.1785</p>

*Pacific Northwest University of Health Sciences College of Osteopathic Medicine in Washington will open in 2008 with a projected enrollment of 70; Rocky Vista University College of Osteopathic Medicine in Colorado will open in 2008 with a projected enrollment of 150.