

# NEWS RELEASE

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AT DALLAS



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The University of Texas (Southwestern) Medical School at Dallas today announced an accelerated timetable for expansion which sets a goal of doubling its capacity to train new doctors within five years.

Revised growth plans now call for increasing the size of the annual entering class to 200 students by the fall of 1975, said Dr. Charles C. Sprague, medical school dean.

Present enrollment is at the rate of 105 new students per year.

No other medical school in the United States has ever doubled its enrollment as result of a single program of expansion such as is being undertaken at UTSMS, the dean pointed out.

Dr. Sprague said the new schedule represents a marked speedup of prior growth projections, which originally aimed for a 50 percent increase in enrollment during the mid-1970's and expansion to a doubled capacity by the end of the decade.

The accelerated plan is being adopted, he said, in recognition of the fact that a shortage of medical practitioners is a major factor in the present national crisis in the delivery of adequate health care.

"Nationwide, there is an estimated present shortage of 50,000 physicians--not counting those additional doctors needed annually to keep pace with population growth," he said.

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first add enrollment

"And Texas, on a per-capita basis, is far behind many other states," he said, "with only one physician for each 997 citizens as of 1968, compared to the national ratio of one to 680."

"We have a mandate from The University of Texas System Board of Regents, and from the people and their elected representatives as well, to redouble our efforts to overcome this shortage and reverse the unfavorable physician-to-patient ratio in Texas."

Today's announced timetable represents a major step beyond recommendations of the Coordinating Board, State College and University Systems, which called in 1968 for expansion of the University of Texas medical schools at Dallas, Galveston and San Antonio to 200 enrollees each per year by 1980.

The UT Regents on January 23, gave the official go-ahead for several remaining projects in the Dallas medical school's current Phase One expansion program--projects which in large measure will enable attainment of the doubled enrollment.

The board approved preliminary plans for four major buildings and an interconnecting plaza, and authorized architects to proceed with working drawings. Included are:

--Florence Bioinformation Center, designed by Architects Harrell & Hamilton, to house a new library, computer center, instructional communications and a bioinformation science program;

--a new 1,200-seat auditorium, designed by Harwood K. Smith and Partners, with a cafeteria beneath, designed by Beran & Shelmire;

--Basic Sciences Teaching Building, designed by Fisher & Spillman, and

--a new 12-story Academic-Administration Building, designed by Enslie Oglesby.

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second add enrollment

The site plan envisions a T-shaped plaza and court area off which the major buildings will be situated, north of the school's three existing major structures. Lecture and seminar rooms will be built below the plaza.

"We feel we have an exciting architectural solution to the fundamental requirements of our educational program," Dr. Sprague commented.

Paralleling this development is a \$25-million expansion and renovation of Parkland Memorial Hospital, adjoining the medical school, which will provide expanded patient facilities for the clinical training of the additional medical students.

Already under construction on the school's Harry Hines Boulevard campus are a new five-level Basic Sciences Research Center and a partial fourth-floor addition to the existing Cary Building.

If funding from all sources is achieved on schedule, Phase One building projects should be completed by the fall of 1973, Dr. Sprague said. This would permit "a substantial increase" in enrollment prior to reaching the ultimate goal of 200 new students yearly by 1975.

A combination of local, state and federal funds is required for the medical school to realize its goal of stepped-up growth.

"An application is pending for federal assistance to complete the \$33 million Phase One building program," Dr. Sprague said. "A site inspection team representing the National Institutes of Health visited the school last November, and a decision on the request is expected soon."

The fund request is being amended to include some additional facilities beyond the Phase One program, to meet the increased requirements for earlier handling of a doubled enrollment, he said.

He listed these projects as additional teaching space for Clinical Science departments; new research animal quarters; enlarged plant and building service facilities, and renovation of the Cary Building to house expanded clinical activities.

third add enrollment

To supplement federal funds which have been requested for the development program, Southwestern Medical Foundation in 1971 will conduct a capital fund campaign to raise \$7.5 million for the medical school.

"Southwestern Medical Foundation created the medical school more than 25 years ago, and continues to give the school enthusiastic support," Dean Sprague said.

The University of Texas is to provide the remaining portion of the capital funds. "Under existing legislation," Dr. Sprague pointed out, "it is not possible to have access to legislative appropriations for capital improvements at the medical school."

Additional state appropriations will be required, however, to provide extra operating funds and salaries for additional faculty and staff needed to serve a doubled enrollment.

Administrative and faculty committees are at work on details of additional fund and personnel requirements, he added.

Dean Sprague expressed confidence that his school's ambitious goal can be met by mid-decade as part of a University of Texas system-wide effort to improve the total picture of health care.

"We recognize that the role of the physician will change in coming years," he observed. "And we know that merely providing greater numbers of doctors will not be a cure-all for the range of problems involved in developing an improved and more responsive system for the delivery of health care. But unquestionably, more manpower must be an important part of the ultimate solution."

FEBRUARY 7, 1970