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**UNCC chancellor: Time isn't right for a medical school in Charlotte**

Op-Ed for The Charlotte Observer

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Many people may not know of the significant presence of medical student education in Charlotte. In 2010, Atrium Health and UNC-Chapel Hill created an accredited regional campus of the UNC School of Medicine here, taking in over 25 medical students at Atrium Health in March of their second year to spend the remainder of their clinical years in the Charlotte region.

But it remains true that Charlotte does not have a free-standing four-year medical school of its own. Is the time right to develop one to complement the public medical schools that already exist at UNC-Chapel Hill and East Carolina University? We think not.

Charlotte and UNC Charlotte can and should aspire in the long term to realize all of the benefits associated with having a major University medical center. Those include an enhanced reputation for Charlotte as a leading American city; a strengthened physician workforce due to the drawing power of a significant University medical education and research center; and increased standing for UNC Charlotte as an urban research institution.

But at least for the foreseeable future, there are overwhelming financial, political and practical obstacles to establishing a four-year medical school in Charlotte.

In the fall of 2015, at the urging of a citizens' organization, a nine-member Medical Education Task Force was formed consisting of two representatives each from UNC's School of Medicine, Atrium Health, the citizens' organization, and UNC Charlotte, with its chancellor serving as chair. For more than two years, the task force assembled a vast array of data and expert opinion on the question of whether a new medical school could be justified. Records of the task force's deliberations can be accessed at: <https://chancellor.uncc.edu/ME-task-force>.

Early on, the task force concluded that the most feasible approach for developing a free-standing medical school was to build it in partnership with the nationally ranked medical school in Chapel Hill and Atrium Health. In fact, at the conclusion of our deliberations, there was considerable enthusiasm for the idea that a pilot program in Charlotte for 25-50 medical students might offer the opportunity to develop innovative curricular approaches that might, for instance, permit the completion of the M.D. degree in three years rather than the traditional four.

Rigorously vetted financial estimates made it clear, however, that even a small pilot program would be very expensive. We estimated that about \$20 million in operational funding might be required if such a program could be launched within five years. To put these costs in perspective, funding at that level from the investment returns of an endowment generating five percent in spendable income would require an endowment of over \$400 million. In

addition, substantial funds would be needed on a one-time basis for capital infrastructure as well as annual continuing funds to operate facilities to house a modern medical school.

With respect to a medical school in Charlotte, the public and private funding challenges are simply insurmountable at this time to build a free-standing medical school. In the meantime, to grow the physician workforce, residency slots should be added in disciplines we need. Physicians are more likely to stay in communities where they train for residency than they are to practice where they go to medical school.

We leave it to future community and university leaders to assess when the constellation of conditions necessary for creation and support of a UNC Charlotte medical school make that opportunity feasible.

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