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Making the case for a med school

BOISE — Unlike his counterparts, Idaho State University President Arthur Vailas largely supports establishing a medical school in Idaho, and has even earned backing from Gov. C.L. “Butch” Otter who called for the Gem State to establish its own program.

Vailas presented his concept for a distributive medical school to a joint interim legislative committee on medical education Monday. He also discussed ISU’s existing resources for such a program.

During a brief appearance before the committee, Otter said the existing medical program has been ineffective in recent years, and called for a system that will adequately alleviate the increasing shortage of doctors in the Gem State. “I’m terribly disappointed in WWAMI (the Wyoming, Washington, Alaska, Montana and Idaho medical program),” Otter told those in attendance Monday. “It’s not doing its job.” WWAMI reserves a limited number of seats for medical students from Idaho and the four other states at the University of Washington’s School of Medicine.

Vailas’ distributive model would house students at a fixed campus for the first two years of the medical program, and eventually send them out to perform clerkships at a number of different clinics throughout the state.

The ISU president had previously touted the system, but showed the model for the first time Monday, where he received support from lawmakers and the Liaison Committee on Medical Education, the official group in charging of granting full accreditation to medical programs in the United States.

Bruce Newcomb, Boise State University’s director of government affairs, supported establishing a medical program, but did not rule out the possibility of expanding WWAMI. University of Idaho President Stephen Daley-Laursen was also in favor of expanding the existing medical program, asserting that it has earned more success than 14 other state medical schools.

However, Vailas said the state needs to look at a solution that will immediately produce more in-state doctors, and save on health care costs. “I think we need to focus on (a medical program) in Idaho,” he said. “So the question is “Can the state of Idaho offer a medical degree? The state does have the resources.”

Aside from the mandatory two-year classroom curriculum and clerkships, the model would accept medical students from across the state, enroll 50 to 60 accepted applicants annually, and could begin classes by as early as 2011.

Vailas said medical programs go through three steps before becoming fully accredited. During the first step, a program obtains a preliminary accreditation about 12 to 18 months before classes begin. The program then receives a provisional accreditation during its first class’ second year, and receives full accreditation by the class’ fourth and final year.

The accreditation process requires each school to achieve a commendable standard with the curriculum it offers. The programs also need to have a mission, an efficient staff, faculty resources, and adequate funding.

With those steps, Vailas said that Idaho could have a medical program by around 2011 or 2012. “Or at least I would hope so,” he said, adding that those dates are a best-case scenario. Otter said the Gem State would benefit by buying up more seats from WWAMI, but he contended the state should look into a wider scope of options for improving medical education in a state that sits at 49th in the number of doctors per capita.