

Rutgers University Senate - Unit  
Mergers/Changes/Dissolutions Questionnaire

1. Name and Title:

Brian L. Strom, MD, MPH  
RBHS Chancellor, Executive Vice President for Health Affairs

2. Who is requesting this change?

- Rutgers University Central Administration
- The faculty of the school/department/unit
- The administration of the school/department/unit
- Mandated by state legislation
- Rutgers University Senate
- Other: The administration of the school/department/unit and faculty of the school/department/unit

3. Describe and provide the justification for the proposed creation, modification, dissolution or restructure.

We would like the Senate to consider the possible integration of the University's two allopathic medical schools: RWJMS and NJMS. In 2019, RWJMS Dean Sherine Gabriel announced her departure to assume the Presidency of Rush University. To serve as Interim Dean of RWJMS, Dr. Robert Johnson, the dean of NJMS, was named. The departure of any leader provides an academic institution with a window to take the appropriate time and deliberation to review the structure, function, and strategy of any academic institution. In this case, with the departure of Dean Gabriel, we were presented with a unique opportunity to comprehensively assess the pros and cons of a wide range of options for medical education at Rutgers, we convened a committee to review the future of academic medicine at our University. At a time of very rapid change in healthcare, nationally and locally, the separation of medical education into two medical schools hurts our student education program, our clinical care, and our research competitiveness. The best medical schools offer their students experiences in academic hospitals, private hospitals, AND city/state hospitals. At Rutgers we divide these into two separate schools, limiting our students' learning experiences. In addition, we cannot offer all clinical services at both schools, and even where we can, the services are vulnerable to the departure of a single faculty member. Further, the separation of the two medical schools impacts our national rankings substantially, since our NIH grant portfolio, a large part of medical school rankings, is divided between the schools. The US News and World Report weighs research activity, as measured by NIH funding, as a major factor in its rankings of medical schools at 0.40, i.e., nearly half of the ranking. This figure is further refined as 0.25 total NIH research activity plus 0.15 average NIH research activity per faculty member. In this context, over the last few years NJMS and RWJMS have been collaborating increasingly on various clinical and research initiatives in response to federal

funding opportunities, patient needs, and larger forces in the New Jersey health care marketplace. Radiation Oncology, Pathology, Neurology, and Neurosurgery, are successfully operating with the same person serving as chair in both medical schools. A combined CME program has been in place for years, and is another joint activity that has leveraged the strength of both schools. We now have a joint executive administration between the two schools, which is working extremely well. Our clinical practices and graduate medical education are also coming together, as we continue to develop our partnership with the statewide Robert Wood Johnson Barnabas Health system. With growth in the clinical enterprise across Rutgers and the RWJBH Health System, expansion of learning opportunities should also grow to meet the needs of our student learners across multiple specialties, including opportunities not readily available to students at both schools. However, several core activities currently remain separate, notably student admissions and student curriculum. Especially given the new resources brought to Rutgers by this new partnership, it is important that we have appropriate guidance about where and how to steer the planned expansion of our faculty and staff. The Committee was organized and charged by Chancellor Strom in January of 2019. The committee was comprised of faculty members in equal number from RWJMS and NJMS. Members were selected after the solicitation of nominations from the RBHS, RWJMS, and NJMS faculty councils and organization respectively. The Chancellor asked the committee to think broadly and boldly about how we can provide medical education to our students. They were also encouraged to consider any options, on a continuum including complete integration into one singly accredited school with co-equal campuses to maintaining the status quo. The only caveat to the Committee was that under no circumstances would it be acceptable for a recommendation that effectively made one medical school campus the subordinate or satellite of the other campus. Further, each medical school has its unique culture and historical ties to their home community that we must preserve and protect even as we consider structural or functional changes to improve and enhance the delivery of our three core missions. The committee and its subcommittees met and deliberated in 2019, held four town hall meetings with faculty at large in Newark and New Brunswick. On January 21, 2020 the Committee presented their final draft report and debriefed the Chancellor on their progress and process. Following this meeting, two open faculty and staff town hall meetings were held with the Chancellor and the FAM Committee on January 30 to review the report and its findings. The report was sent via email to the faculty and staff of the two medical schools prior to that January 30 meeting, as suggested at a recent University Senate meeting. Based on the committee's recommendations, the next steps would be to continue and expand careful and thorough deliberations on the potential structure, governance, curriculum, research, and clinical care of a future combined medical school with co-equal campuses. There is potential for a transformational change in curriculum in the process. Today, medical school curricula nationwide are modifications of the Flexner Report from 100 years ago. We need to prepare our students for the health care system of 2050, which will look very different from the one we have today, and certainly from 100 years ago. Medical curricula need to focus on technology (including artificial intelligence), interprofessional practice, population health, new scientific developments in biomedicine like the impact of the microbiome on health and the impact of climate change. Rutgers can leapfrog into one of the the nation's leaders in medical education. The optimal outcome of this process will be the institutional construct that will best educate

students, conduct clinical care, and engage in research – where both campuses are able to grow and thrive, neither campus is diminished from their current state, and both are best positioned to serve their local community at an enhanced level.

#### 4. Unit Type?

- Academic Unit
- Administrative Unit
- Research Center or Institute
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The Robert Wood Johnson Medical School and the New Jersey Medical School.

#### 5. Date for Proposed Change

The proposed change cannot take effect until the accrediting body the Liaison Committee for Medical Education (LCME) approves the merged schools. The next re-accreditation visit for NJMS is in 2021, so the new combined school could become fully aligned during calendar year 2021.

#### 6. How does this change align with the university's strategic plan?

The proposed changes are fully aligned with both the goals of the University-wide strategic plan and the RBHS strategic plan. The 2014 *Strategic Plan for the New Rutgers* sets for a key goal to be broadly recognized as among the nation's leading public universities: preeminent in research, excellent in teaching, and committed to community. The report advocates Rutgers understand areas of both opportunity and risk and assess how best to organize our academic structures to meet the needs of the future.

To become a leader among the top echelon of medical schools in the nation, Rutgers must not just marginally adapt to meet a rapidly changing landscape in health care delivery, education, and technology. We can take this opportunity to leapfrog ahead of our aspirational peers and define the new leading paradigm for medical education in the 21<sup>st</sup> Century. For RBHS this includes meeting our educational, research, and clinical care missions. The RBHS strategic plan *Building an Academic Health Center for the 21<sup>st</sup> Century* highlighted developing novel approaches to teaching, interprofessional education, joint degree programs, and integration among schools and across Rutgers.

#### 7. Are there statutory or contractual requirements that this change takes place?

- Yes
- No

#### 8. Is there a uniform process and procedure being harmonized?

- Yes
- No

9.If yes above, describe in detail.

N/A

10.If a structural change, will the name of the affected entity(ies) change?

- Yes
- No
- Maybe

11.If yes or maybe above, what is the proposed name?

Subject to the continuing faculty process and the input from the Senate, the combined schools may be called the “Rutgers Medical School”, as a single accredited school with constituent co-equal campuses - New Jersey Medical School and Robert Wood Johnson Medical School Campuses; each campus would retain its original name in this context. Implementing a bold and transformational change in medical education may also provide a naming opportunity should the endeavor attract the interest of a philanthropist or charitable organization.

12.What is the impact of the restructuring on enrollments?

The class size for RJWMS is 165 and NJMS 178, respectively, with slight variations on an annual basis. Integrating the schools should not materially impact this enrollment. Class size is limited to the extent that clinical training sites are available, and is not likely to substantively change due to this restructuring.

13.How will the restructuring affect other programs or areas of the university?

The restructuring will have the greatest impact on the educational programming at RWJMS and NJMS. An ancillary benefit will be to create new research opportunities for faculty engaged in biomedical, clinical, and translational research across all of Rutgers, as we continue to expand our collaboration with the rest of the university. For example, very recently, two major scientific funding philanthropies explicitly expressed more enthusiasm for providing funding to the medical school along with other parts of the university, given the possibility of a restructured medical school, which would be better able to conduct ground-breaking clinical and translational research across a wide geography and diverse patient panel.

14.Will the school/unit/department leadership be impacted?

- Yes
- No

15.If yes above, please explain how.

From a school-wide perspective, a restructured medical school would be led by a single dean and there would be an executive vice dean at each campus, as is now the case and working very well. Otherwise, traditional academic leadership structures would remain instance with department chairs reporting to the dean, and faculty reporting to their chairs.

16.Is this proposed change to align the university consistent with industry best practices or a new innovative approach to solving a problem?

- Yes
- No

17.If yes above, please explain.

As noted by the FAM Committee, Rutgers is one of only five universities in the country with more than one medical school, and in the other four universities the schools are geographically located hundreds of miles apart. The report details that merging the two schools administratively as one medical school with two co-equal campuses would be unique, each with distinct programs and complementary strengths with an opportunity to be one of the crown jewels of the University and New Jersey.

18.Is the size, complexity, and cost of the administrative structure in the preliminary proposal sent to the Senate comparable to those of the administrative structures in peer schools or disciplines?

- Yes
- No

19.If yes or no above, please describe the reasons why.

A combined RWJMS and NJMS would have a comparatively large student body of approximately 1,500 and a faculty of approximately 1,400 members. An aspirational peer, Northwestern, has a student body of 666 but has 1,800 faculty. Institutions with comparable NIH research funding levels Wake Forest and the University of Florida have 510 students with 1,128 faculty and 544 students to 1,639 faculty respectively. (Note that student to faculty ratios at top medical schools are the inverse of most undergraduate programs as faculty typically exceed students at a factor of two or three to one.) With resources from RWJBarnabas Health we are entering a growth phase for our faculty and staff, allowing us to work toward a faculty:student ratio more typical of the top medical schools.

20.If this is an administrative unit responsible for providing for undergraduate and/or graduate instruction, provide documentation that will help inform the Senate regarding related curriculum issues and how they will be addressed.

Harmonizing the undergraduate medical education curriculum of the two medical schools is the most critical step towards full integration, posing both a challenge and a transformational

opportunity. While the competencies they aim toward are inevitably similar—they are both medical schools and subject to the same accreditation rules—the details of the curricula are different. This harmonization will require significant committee work, input and feedback from the faculty, and review and approval by the accrediting body.

For example, in 2015 NJMS moved to an organ system based curriculum integrating the abnormal and the normal for the first two years, on par with the national trend among medical schools. RWJMS is in the process of curriculum renewal but currently handles organ systems separately, divided into normal year 1 and abnormal year 2. (Please note also that medical schools across the nation are migrating their curricula to a shorter pre-clerkship phase.) Both schools handle clerkship programs similarly but there are differences in the lengths of the rotations. Each school requires seven clinical clerkships, but there are differences in course lengths, electives, some upper level requirements, and residency transition periods. All told, there are more similarities between the curricula than differences and each school has signature areas of education and innovation for which they are justly proud.

21. Are there any accrediting bodies involved?

- Yes
- No

22. If yes above, what information and processes do they require?

The final arbiter of whether a merger is achievable is the LCME accrediting body. Based on the standards tied to the MD program, the LCME will require that both schools have the same competencies which dictate the curricula. There is flexibility on the delivery of the competencies, however, even across the two campuses, but for a single school accreditation the competencies will need to be the same. They will look to consonant objectives and measures, comparability of experiences and assessments, all of which will need to be evaluated, mapped between the two schools, and monitored.

RWJMS recently received its reaccreditation in 2018. NJMS will be entering its reaccreditation cycle imminently, and is scheduled for reaccreditation in 2021. Its accreditation visit is scheduled for March, 2021, although it could be postponed if we instead apply for accreditation of the two schools as a combined school. Therefore, to fully assess the feasibility of integration, work needs to be initiated in the very near future to provide faculty from both schools with the time they will need to assess each of these important accreditation standards and ensure success.

23. How has each of the stakeholder groups been engaged in the process of these changes?

With the exception of naming Dean Johnson to serve as interim dean at RWJMS, and his integration of the two administrative offices, no changes to effectuate a school-wide integration have been implemented. The FAM Committee held town hall meetings in Newark and New Brunswick with faculty, staff, and interested members of the community. The first two town hall meetings were held in February of 2019 at the inception of their review and again in October of 2019 at the conclusion of their review.

To provide an overview of the committees' findings Chancellor Strom held two town hall meetings on January 30. Emails with a hyperlink to the FAM Committee report were distributed to medical school faculty and staff with each reminder announcement, prior to the town halls, as suggested at a recent University Senate meeting.

Chancellor Strom has also briefed the Rutgers Board of Governors Health Affairs Committee, Board of Governors, and distributed the report to the New Jersey Legislature, Governor's Office, and local civic leaders. Both the outgoing university president and incoming university president are well aware of this plan and supportive.

Robust and continuous engagement with stakeholders is essential for the development of an integration plan and must continue to include constituencies including faculty, staff, students, members of the community, community organizations, political leaders, and patients. This engagement will continue.

24. Briefly describe the personnel matters associated with this change and how they will be addressed.

Personnel matters should not be impacted by the integration, other than changes already made in the dean's office, and possibly additional department chairs, e.g., we are moving to have the two psychiatry departments led by a single chair with or without the merger of the schools; no current chairs will lose their positions solely due to this restructuring. The plan envisions a smart growth strategy with expansion of funded research, clinical care, and educational opportunities. Therefore only expansions in the number of faculty and staff are being contemplated, no reductions.

25. If this is a structural change, how does the proposed structure compare to those at comparable institutions of higher education?

The FAM Committee reports that Rutgers is one of only five universities in the country with more than one medical school, and in the other four universities the schools are geographically located hundreds of miles apart. The combined school will be much more similar to aspirational peers in faculty base, clinical base, research base, financial base, etc.

26. Please name the school/unit/department or any subcategory of stakeholders therein.

- Faculty
- PTL's
- Staff
- Students
- Workstudy
-

27. Briefly describe the operational matters associated with this change and how they will be addressed.

Organized as one school, the individual operations of both medical campuses would not fundamentally change. There would be greater administrative coordination and collaboration on undergraduate medical education, research, and clinical experiences. Further detail in each of these areas will be elaborated through a comprehensive review process involving faculty and staff at both schools, as this integration would be operationalized gradually over a period of years, once LCME approval is received.

28. If there are applicable unit bylaws (regarding operational and or size and staffing of the potentially modified units), did you follow them during the consultation and deliberation process?

- Yes
- No

29. If no above, when will that process begin

The unit bylaws are not applicable in this instance.

30. Did you follow each unit's bylaws during the consultation and deliberation process?

- Yes
- No

31. If no above, please describe why?

The individual school bylaws do not contemplate a process or procedure for a reorganization of this nature. Instead, we went directly to the schools' faculty representative organizations, to nominate members for the FAM Committee.

32. How does the size and staffing (including faculty) of the modified unit compare to the unit or units prior to the change as well as comparable units at aspirant AAUs?

Separately, RWJMS and NJMS have a smaller faculty than aspirational peers, as well as a smaller clinical base, research base, financial base, etc.

33. What stakeholders have been consulted?

Members of the FAM Committee were selected after the solicitation of nominations from the RBHS, RWJMS, and NJMS faculty councils and organization respectively. The FAM Committee conducted wide consultation from all stakeholders, including holding four town hall meetings to obtain input and seek feedback from the faculty and staff members of RWJMS and NJMS, respectively. Following the delivery of the report to the Chancellor, two more town hall meetings were held by the Chancellor and Committee to provide an overview of the report



findings and propose next steps. The FAM report is on the web and has been distributed to state and local leaders. The results of the report have been presented to the Executive Committee of the University Senate, Board of Governors Health Affairs Committee, and the Board of Governors, and to the current and incoming University presidents.

34. What is/are their position(s) on the matter?

The FAM Report was signed by each of the committee members, hence its findings can be deemed unanimous. Members of the broader medical school faculty (totaling approximately 1,400) have differing opinions on a potential merger, with many expressing support, some withholding opinion until more work has been done to fully illustrate a bold transformational vision of a merged medical school with co-equal campuses and flesh out the details, and others are opposed outright. Individual alumni representatives have expressed support.

35. What other stakeholders might be involved or impacted?

Students, alumni, patients, donors and charitable foundations, members of the host communities, community organizations, health care systems, biotechnology and pharmaceutical companies.

36. What impact will the restructuring have on the individual unit budgets?

Individual unit budgets will remain intact with an anticipated strategy for growth in overall funding and revenue, capital investment, faculty and staff hiring.

37. How will the budgets be reconciled upon restructuring?

Initially to ensure transparency and buy-in from external stakeholders each campus budget can remain separate with some shared administrative costs for the dean's office, as is the case now.

38. What are the costs involved in restructuring?

The costs involved in the proposed restructuring process primarily involve the time commitment from faculty and staff to participate in the necessary deliberative process to envision the future potential of a combined medical school and design a transformational curriculum. The implementation of that new curriculum could require investment, depending on its details, as detailed in the FAM committee report.

39. What are the financial benefits if any?

Increased research funding, potential for large philanthropic or naming gifts.

40. What are approximate cost projections for the merger?

The merger itself should not incur costs beyond those described above.

41. What are the expected long term savings if any?

The most significant long term potential saving are the costs associated with the recruitment of a new dean for the Robert Wood Johnson Medical School and the annual salary support for this position. These costs could easily exceed \$1 million in the first year including salary, search, recruitment, and relocation costs, start-up packages, etc.

42.If money is being taken from a budget reserve to help cover restructuring costs, then what are the expected short and long term impacts of that diminishment of the budget reserve?

It is not contemplated that budgetary reserves will be utilized to restructure the medical schools.

43.What are the costs of not restructuring, if any?

The costs of not restructuring will be the opportunity costs of maintaining the status quo vis-à-vis rankings, grant revenues, student attractiveness, etc.

44.What is the proposed budget for this structural or service change?

Thus far, no funds have been directly allocated for the restructuring.

45.If money is being transferred from another budget, what is the impact on the debited budget?

Funds are not being transferred from another budget.

46.What is the budgetary impact of this proposed change?

The budgetary impact of the restructuring is not anticipated to be material to the operations of RWJMS or NJMS.

47.Please upload your business plan and budget here.

The budgets of the schools will remain unchanged if merged.

48.What are the financial impacts, if any, on the university and the affected units?

Financial impacts on the university or affected units are not anticipated. It is expected that the restructuring will lead to budgetary growth in all mission areas in the future.

49.Are there any potential conflict of interest issues in the above proposal?

- Yes
- No
- Maybe

50.If maybe or yes above, please describe them in detail.

51. Is there any other information you would like to add that should be known to the Senate concerning this change?

- Yes
- No

52. If yes, please describe it in detail.

I encourage members of the Senate to read the very thoughtful and well written *Report RBHS Chancellor from the Future of Academic Medicine Committee* at the following link: <https://interactivepdf.uniflip.com/2/33892/1109614/pub/html5.html#page/1> which cannot be attached to this questionnaire due to its size and length.

- Send me an email receipt of my responses