Senate Charge S-2302

Title: Budgetary Considerations Underlying Potential Merger of the RBHS Subunits Robert Wood Johnson Medical School and New Jersey Medical School into One Medical School

Description: Investigate any relevant financial issues that will emerge if there is a proposed merger of RWJMS and NJMS. Make necessary recommendation to the Senate.

Committees being charged: Budget and Finance Committee
Issued Jan 6, 2023 Executive Council Meeting
Charge Status: Pending
Due Date: May 24, 2023

Note: A complementary Senate Ad Hoc Committee (*Ad Hoc Committee on Continued Assessment of Ongoing Merger Process of New Jersey Medical School and Robert Wood Johnson Medical School*) was created after this charge was issued to continue to investigate the broader questions relating to the merger of the medical schools. An initial report of the Senate Ad Hoc Committee to Review Proposal for Merger of the Medical Schools was presented to the Senate on March 29, 2023.

The present charge was issued in January, 2023, prior to the July, 2023 Board of Governors' vote on the proposed medical school merger. This charge was specifically aimed to understand the budgetary issues of the merger, with the goal of providing transparency of this process to the Rutgers community. The BFC aims to continue to work collaboratively with the Ad hoc committee to complete this important work.

Resolution:

Be it resolved: the Rutgers University Senate recommends:

1) Detailed information about fiscal concerns, including costs relating to the administrative structure and branding be provided to the Senate.
2) Annual reports be made available to the Budget and Finance Committee (BFC) regarding contracts relating to the merger, including consultants, branding, transportation, new administrative staff, and extensive time commitment from faculty. These should be provided without the need to file OPRA requests.
3) Sources of funding for new projects aimed at providing equivalent services to the two schools be identified and disclosed.
4) Reports be made to BFC on new fund-raising directed towards the merged medical schools and student tuition/fellowships.
5) A copy of this document be sent to the Chair, Vice Chair and ranking member of the NJ Higher Education committee of the State Senate and Assembly for their consideration in preparation of budgetary outlays in the coming fiscal years.

The Senate concludes that costs of the proposed integration are not defined and may be significant. Providing transparency and openness about these costs is prudent and responsible to safeguard the best interests of the University.

Executive Summary:

The Senate Budget and Finance Committee (BFC) pursued charge S-2302 in the expectation that transparency and candor would be provided by those responsible for the proposed merger. In the course of our work, however, no detailed plans for financial and other important aspects of the proposed merger have been provided to the BFC. In January of 2023, The Board of Governors (BoG) approved a concept of a merger, with explicit recognition that a plan would be need to be created in the in the next five years. The BFC expected that there would be a fiduciary interest by the BOG and Rutgers University prior to approval of a merger.

Chronological Background:

1. 2020: Concept and Senate questions (See appendix).

On Feb. 21, 2020, Chancellor BL Strom introduced the concept of merging Rutgers' medical schools at a Rutgers University Senate meeting in Camden. Since that time, the Senate solicited over 300 questions from constituents concerning the proposed merger. The Senate BFC actively participated in this process, and assembled a panel of questions related to the proposed cost, budget, and planning of this merger. The list of questions was condensed, creating a ***short list of financial and other questions*** (attached in Appendix).

2. 2022: Consultants hired to address Senate questions

In September of 2022, Rutgers Biological and Health Sciences (RBHS) officials engaged ECG Management Consultants (ECG: costs attached) to address questions from the University Senate. Quite remarkably, none of the groups assembled by ECG for input addressed questions relating to budget or finance.

This point was raised on Dec. 19, 2022, at the single Town Hall held by ECG to discuss the merger. Prior to that meeting, ECG had stated that budget would be discussed; although a break-out group named "Administration" was provided, there was ***the Town Hall included no discussion of budget***.

3. Jan, 2023: Chancellor's Report to Senate: "Merger Light"

On Jan. 31, 2023, Chancellor Strom submitted a report to the Senate entitled, "Envisioning the Future of Academic Medicine." A copy of this report is included in the Appendix. In this report, issues of budget were limited to the following points:

> "Other key considerations: Determine the budget for and implementation costs of the proposed medical school merger, including any incremental administrative requirements."

Question: "What is the anticipated cost of integrating the medical schools?"

*Answer: "*A key objective in developing an integrated model will be to avoid any unnecessary duplication of administrative infrastructure already being provided by the medical schools, RBHS, or university. **As such, we do not expect the costs of the proposed integration to be significant** [Ed. Emphasis]. The only elements of integration with direct costs known to date are the hiring of consultants (ECG and Dr. Janis Orlowski) to facilitate and coordinate the development of this report. Potential future costs may include additional external assistance in certain planning and implementation activities, LCME and other accreditation related expenses, the possible implementation of transportation options between campuses, and the expense of rebranding once the schools are merged."

Question: "Will each school/campus budget be held harmless and receive comparable funding once integrated as in prior years?"

Answer: "Yes. There are no anticipated budget changes for each campus post-integration. Each campus would maintain its own budget and accountability for its own operational and financial performance."

Question: "What are the budget, revenue, revenue cycle, and funds flow models for an integrated medical school?"

Answer: "Because we do not expect the budgets of NJMS and RWJMS to merge, these processes/models (i.e., budget, revenue, revenue cycle, and funds flow) would also not be expected to change and would remain locally managed at each campus."

A key point to note is that these answers are not associated with any actual numbers. Neither specific costs nor cost-savings are identified. The BFC and the Senate expected that a quantitative analysis of costs would be provided.

4. July, 2023: BoG vote:

Chancellor Strom was provided with an opportunity to present the merger plan during regularly scheduled BoG sessions. Rather than doing so, he inserted a merger presentation into a special BoG meeting that was convened to discuss tuition, on July 10, 2023. The Senate had no place on the agenda or opportunity to raise concerns.

The BoG was presented only with a concept, to be developed in five years:

"…WHEREAS, the specific implementation of the various aspects of the envisioned medical schools integration **will still require more detailed planning about** admissions, curriculum, campus culture, accreditation, residency placements, **fiscal matters**, administrative structure, governance, nomenclature, branding, and faculty affairs practices, as well as application to the Liaison Committee on Medical Education (LCME) of the Association of American Medical Colleges and the American Medical Association, which will require additional planning up to and including faculty committee work, consultations with LCME in anticipation of a LCME site visit, followed by a LCME site visit, all of which require a commitment to initiating the above mentioned synergies"…

" …BE IT RESOLVED by the Board of Governors of Rutgers, The State University of New Jersey, upon the recommendations of the Committee on Academic and Student Affairs and the Executive Committee [that] the forgoing recitals are hereby incorporated by reference into this Section … as if fully restated herein and are hereby ratified and confirmed."

It is important to stress that this is not a merger plan: this is an approval to develop a plan.

5. Oct, 2023: Vote of no-confidence for Chancellor Strom by the RBHS-FC.
In a reflection of concern by RBHS faculty for the planned merger, on Oct. 19, 2023 the RBHS Faculty Council (RBHS-FC) voted no confidence in Chancellor Strom. The RBHS-FC represents 8 medically related schools with 32 elected members. The lack of financial documentation for the merger was one of the concerns included in this vote:

"WHEREAS: ***The proposal to merge the medical schools has no actual concrete plan, financial or otherwise to do so; and has not been shown to have a net benefit for anyone within the RBHS community*** *..."*

6. Nov, 2023: Medical School deficits

On Nov. 17, 2023, Senior Vice Chancellor for Finance & Administration K. Bramwell gave a presentation to the Senate BFC. Vice Chancellor Bramwell's presentation slides (Appendix, slide 3), include net positions for the medical schools in 2023 and 2024, both of which are in deficit by millions of dollars. In 2023, the combined net positions of NJMS and RWJMS are -7,412,027; this deficit is projected to grow in 2024 to -19,561,423.

The BFC recognizes that a portion of the RWJMS deficit will be absorbed into the Barnabas agreement; nevertheless, *the budgetary management of the medical schools is an ongoing concern*.

Discussion and Considerations

The Senate Budget and Finance Committee investigation into charge S-2302 was multipronged and included invited guests to the committee meetings, OPRA requests for current and previous costs, and estimates of projected costs, as follows.

1. Meeting with Rutgers' Chief Financial Officer

The BFC met twice with Executive Vice President - Chief Financial Officer & University Treasurer J.M. Gower. At the first meeting, EVP Gower explained that ***there is no financial analysis of the merger because there is no plan to analyze***.

2. Meeting with Rutgers' Chief Financial Officer and Vice Chancellor for Finance

A second meeting with EVP Gower, on Nov. 17, 2023, was also attended by Senior Vice Chancellor for Finance and Administration, Kathy Bramwell. Questions specifically dealing with costs of the merger were provided to the invited guests prior to the meeting. By this time, consultants ECG and J. Orlowski (an authority in Liaison Committee on Medical Education (LCME) accreditation) had been paid by Rutgers to address Senate questions. Notwithstanding $562,340 allocated to these consultants (contracts provided in Appendix), limited ***responses to financial questions were provided***. These included the invoiced expenses through 11/2023 and a limited prediction of a need for a communications company and a new administrator in the future.

In the Bramwell report (slide 6) the amount allocated $562,340 and invoiced $393,216 for the merger was included.Orlowski allocated $58,800, invoiced $11,200 (10/20/22-01/31/2023 (3 months).Other expenses $600.
Footnote: Excludes cost of $50,000 for Mercury to assist in communicationsNew Administrator-TBD compensation of $65,000 and benefits @ 71.6%=$46,541=$111,540

3. Meeting with Vice President for Institutional Planning and Operations

On Feb. 17, 2023, the BFC met with Rutgers' Vice President for Institutional Planning & Operations – Business Services, H. Velez. Chancellor Strom had previously remarked that a shuttle bus system could be provided to transport students between Newark and New Brunswick campuses: this was particularly important to accommodate differences between curricula at the two schools.

VP Velez provided an estimate of the cost to run the shuttle service, emphasizing that, "Keep in mind these figures and assumptions are preliminary and just illustrative options for consideration at this time. They are scalable up or down depending on need and would require

a deeper analysis based on anticipated needs." Additional concerns include the variation of travel times between Newark and New Brunswick due to traffic. The annual estimates were as follows:

Cost of 2 buses between campuses: ***$833,404***
Cost of 4 buses between campuses: ***$1,666,808***.

4. Open Public Records Act (OPRA) requests

In the absence of financial information from the University, OPRA requests were made for:

a) The costs of the ECG contracts for the merger: ***$392,000*** for 3 months,
b) Contracts for Janet Orlowski, LCME expert: ***$58,800*** for 3 months,
c) Cost of billboards on turnpikes from Interstate: ***$2000*** per month, per billboard
e) Cost of branding, estimate from prior contract with Simpson-Scarborough Higher Education Marketing ***$97,000*** for 4 months

5. Meeting with Dean of Robert Wood Johnson Medical School (RWJMS)

In a meeting with Dean A. Murtha of RWJMS stated that ECG would be hired again to address future medical school issues. This is a concern to the BFC for two reasons.

a) The prior ECG engagement did not produce substantive responses to explicit Senate questions.
b) The ECG report on the merger indicated a lack of familiarity with the medical school system. For example, a simple web search will confirm that Rutgers' MD/PhD program includes ***three*** schools: Princeton, RWJMS, and NJMS. Yet on page iii of the ECG report appears the topic, "Enhancement of MD/PhD programs,":

> *"Over time, the individual programs could be combined, taking advantage of the scientific strengths of **both** [Ed. emphasis] schools…"*

6. Additional costs and risks:

Faculty have identified additional costs and risks of the proposed merger that include:

a. Losses of faculty productivity due to required planning and execution of the proposed merger have not been assessed.
b. If the schools have a single LCME review, as is required by current rules, additional visits will be required – certainly during the initial stages of a merger, and likely thereafter. Each LCME site visit entails multiple hours of numerous faculty and staff to prepare. We have seen no budgetary or productivity analyses: will additional funds be provided to take on the extra burden of additional LCME reviews?
c. Student-faculty ratios differ between the medical schools: will more faculty be hired, or will faculty be cut to align the schools?
d. Three curricula will need to be implemented at the same time: students currently admitted to NJMS, students currently admitted to RWJMS and students admitted to the newly generated Rutgers Medical School. How will this be accomplished, and what will it cost?
e. Equivalent facilities between campuses are required to meet LCME standards. Again, how will this be accomplished, and what will it cost?
f. How will scholarship funds be allocated to support equivalent diversity at RWJMS and NJMS?
g. Will equivalent core support facilities be created at both schools?
h. The Medical Sciences Building at NJMS has been estimated to cost $27 million for the first 3 phases (OPRA document NJMS+MSB_Renovation_22_27_23). Additional costs

and funding to complete the project have not been determined.

Statements from Chancellor Strom indicate that the costs for Newark are not linked to the merger, however letters from Mayor Baraka to the Star Ledger (08/06/2023 versus that in 2020) indicate that monetary promises to Newark from BoG President William Best and Chancellor Strom had been made (Appendix). How will this factor into merger costs?

Summary

The BFC had hoped to contribute an informed assessment of the medical school merger plan. However, multiple attempts to acquire information from multiple responsible officials have made clear that that there is no detailed plan for the merger. The BFC expected that there would be a fiduciary interest by the BoG and Rutgers University prior to approaval of a merger. At this point, the BoG has approved a concept of a merger in the hope that a plan would emerge over the next 5 years.

This, however, is a hope, not a plan, and we find it irresponsible to approve a merger of multi-billion dollar institutions without any financial analysis of costs. We emphasize that serious operational questions that may have far-reaching consequences have not been analyzed.

Because of an ongoing lack of budgetary transparency, the Senate is severely constrained in effectively performing its responsibility as a thoughtful and committed collaborator in shared governance. Likewise, we are concerned that the Board of Governors is similarly handicapped by this lack of transparency, and so cannot fulfill their oversight responsibility. These are issues that cut to the heart of the integrity and workability of the university operation, and we cannot express more strongly the risk to the institution if the Senate and the BoG are not provided with transparent budgetary information needed to perform due diligence.

Even without full budgetary information, the BFC has identified clear costs associated with this merger, including consultants, branding, transportation, new administrative staff, and extensive time commitment from faculty. Consulting costs alone exceed $100,000 monthly based on prior contracts, and it is not clear from which budgets these costs will be paid. It is only stated that future fundraising will cover these costs.

In closing, we note that Chancellor Strom is required to report back to the BoG every six months on the progress of the merger. We urge the President, and the BoG, to insist on concrete and quantitative analyses of costs and risks relating to this merger.

Senate Charge S-2302 Appendix, Feb. 8, 2024

Cost of MEB Renovation, Stages 1-3
Filename: CostNJMS_MEB_Renovation_2023-11-17 at 2.36.21 PM

Cost of billboards
Filename: Interstate_Out-of-Home

Estimated costs of Shuttle between Newark & New Brunswick
Filename: Newark to New Brunswick Shuttle

Aug. 4 2020 article on Mayor Baraka's statement re. med school merger
Filename: Mayor Baraka StarLedger_2020

Aug. 6, 2023 oped by Mayor Baraka re. required investment for med school
Filename: Mayor Baraka StarLedger_2020

Amendment to agreement between Rutgers and ECG Management Consultants
Filename: Multi-Specialty_and_Multi-Professional_Faculty_Practice_Plan (1)

Condensed list of questions re. med school merger
Filename: RBHS Short List Qs

Statement of work for rebranding
Filename: Rebranding_SimpsonScarborough2019

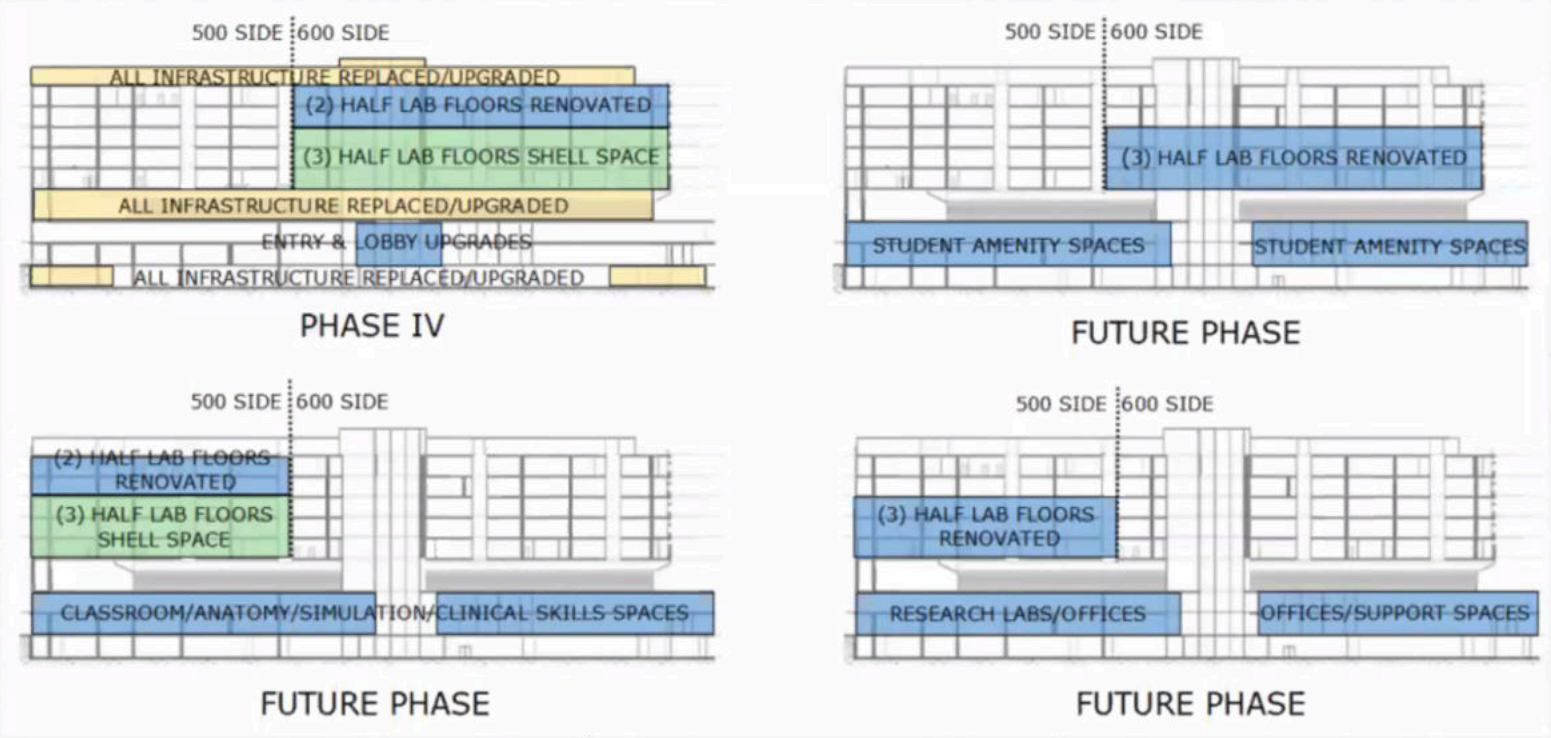
Nov. 17, 2023 presentation to Senate by Vice Chancellor Bramwell
Filename: RU Senate_Finance-and-Budget-Com_20231116 FINAL

Jan 31, 2023 presentation to Senate by Chancellor Strom
Filename: Rutgers University Senate Report - EFAM Jan 2023

Sept. 21,2022 Statement of Work by ECG Management Consultants
Filename: Rutgers_Medical_Schools_ECG_Proposal_9-20-22.docx_Redacted

Jan 31, 2023 Statement of work by Dr. J. Orlowski
Filename: Statement_of_Work_Form_Janis_Orlowski__1__Redacted

New Jersey Medical School - Medical Science Building Renovation



Renovation Phases:

- Phase I — Life Safety Infrastructure — $14 M
  Approved BoG Dec 2019
- Phase II — Design Development — $ 5M
  Approved BoG June 2021
- Phase III — Pre-Construction — $ 8M
  Review by F+F April 2022
- Phase IV — Infrastructure + Research Renovations — $TBD
  Future Submission
- Phases V (and beyond) Phasing TBD — $TBD
  Future Submission(s)

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Market	Media Type	Unit #	Description	Size	Qty	Facing	Start Date	End Date	Period Type	Periods
New York DMA	Digital Bulletins	456A	E/S NJ Turnpike, 1 Mile N/O Exit 9	14' x 48'	1	North	3/30/2020	4/26/2020	4-Weekly	1.00
New York DMA	Digital Bulletins	457C	E/S NJ Turnpike, 1 Mile N/O Exit 9	14' x 48'	1	South	3/30/2020	4/26/2020	4-Weekly	1.00

Total Net Amount **$4,000.00**

Special Instructions:

1 (0:08) spot each. Client to provide digital file. Payment Terms: Net 45 Days
Photo Required: Yes
Send Photo To: mb1197@echo.rutgers.edu

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INTERSTATE shall maintain the above mentioned advertising display(s) of the above advertiser, subject to the Terms and Conditions of this contract, which are attached hereto or set forth on both sides or pages of this contract, and made a part hereof, and shall constitute the entire agreement between the parties. No change or modification thereof shall be effective unless made in writing and signed by both parties. Please indicate your acceptance of the terms and conditions by signing below and initialing the Terms and Conditions page. **NOTE:** Price shown does not include the cost of fabrication or installation of cut-outs or extensions. Agency / Advertiser agrees to pay a one-time fabrication and installation charge of $25.00 / sq. ft. for any cut-outs or extensions specified by the artwork supplied.

Interstate	Advertiser	Agency/Outside Party
DocuSigned by:	DocuSigned by: R-Comm Rutgers University	
Signature	Signature	Signature
Title	Title	Title
87E6FCA1636C4B8...	58F3F44D727B413...	
Printed Name	Printed Name Melissa Blake	Printed Name
Date	Date	Date

This Contract may not be altered in any manner without the prior consent of Interstate and any alterations to this Contract made without such prior written consent are null and void.

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Terms and Conditions

Agency to Company for the unexpired portion of the terms of the Contract attributable to removal of the particular Advertising Content. 2.4 If Agency requests within sixty (60) days after the last date of the display of the Advertising Content, Company will return the Advertising Content to Agency at Agency's sole cost and expense in the form that it was submitted to the Company. If Agency does not so request, Company is hereby granted the right, at its sole option, to dispose of the Advertising Content at any time after such sixty (60) day period following the last display date of the Advertising Content, provided, however, that Company may keep such Advertising Content as it deems fit for Company's own archival purposes. 3.0 Obligations of Company 3.1 If the approved Advertising Content is timely delivered, Company will complete execution of the display of the Advertising Content in accordance with the terms of this Contract. 3.2 If applicable, all Advertising Content received in physical form will be kept in good condition throughout the term of this Contract. 3.3 If Advertising Content is delivered timely but Company cannot display in accordance with the applicable timetable, the Company will promptly inform Agency and available substitute dates or times will be offered for Agency's approval. Any changes made to display locations will be reported to Agency. 3.4 Other than as agreed to between Agency and the Company, the Company will not make any alterations in the Advertising Content without the consent or approval of Agency. 3.5 The Company will provide Agency a proof of performance report confirming the execution of the display of the Advertising Content as contemplated by the Contract in accordance with Company's policies as same shall be amended from time to time. 3.6 The Company will ensure that the Digital Display or Digital Network, whichever is applicable, shall be available, active and operable for no less than ninety percent (90%) of the time within any billing period and in no event shall the Company be obligated to provide any credits or other discounts to Agency for any outage, down time or other application provided, that such outage, down time or other application affects less than ten percent (10%) of the contemplated spots to be displayed on behalf of Agency within the applicable billing period. 4.0 Fees, Payments and Taxes 4.1 In consideration of the services provided by Company to Agency under this Contract, Agency hereby agrees to pay the fee(s) set forth on the Contract Cover Sheet during the term of this Contract (the "Fee Rate"), without offsets, abatement, deductions or demand in advance upon receipt of invoice. The Fee Rates set forth on the Contract Cover Sheet are payable on the periodic basis set forth therein. All rates and adjustments are computed on the periodic basis set forth therein. The Fee Rate amounts shall be net of all applicable sales, use, privilege and excise and similar taxes, and all agency commissions. 4.2 Unless otherwise expressly set forth on the Contract Cover Sheet, all rates are for use of advertising space and time only and do not include charges for creation, design, production and/or delivery of Advertising Content. All additional charges in connection with any additional services provided by Company under this Contract shall be specified on the Contract Cover Sheet or shall be agreed to in writing by the parties and such matters shall be governed by the terms of this Contract. 4.3 Company will, from time to time at intervals following commencement of service, bill Agency at Agency's address set forth on the Contract Cover Sheet. Other than as otherwise expressly set forth on the Contract Cover Sheet, Agency will pay Company within thirty (30) days after the date of the invoice. If Agency fails to pay any invoice when due, in addition to amounts payable hereunder, Agency shall promptly reimbursed Company's for collection costs, including reasonable attorneys' fees, if any, plus a monthly service charge at the rate of 1.5% of the outstanding balance of the invoice per month to the extent permitted by applicable law. 4.4 If Agency executes this Contract, Agency will be liable for the payment of sums due hereunder and Company will look solely to Agency for the payment thereof, unless and until Agency becomes delinquent in its payments to Company, or insolvent, at which time, without relieving the Agency of liability until Company is paid in full, Advertiser will be liable jointly and severally to Company on all unpaid billings. 4.5 Nothing herein contained relating to the payment of billings by Agency will be construed so as to relieve Advertiser of, or diminish Advertiser's liability for, breach of its

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Account Executive(s)	Herb Barry

Terms and Conditions

obligations hereunder, and all rights of the Company are reserved and no rights of the Company are waived. 4.6 Other than personal property taxes, fees or similar charges attributable directly to Company's property or business for which Company shall be responsible, Agency will be responsible for any and all federal, state and local taxes, fees or similar charges with respect to this Contract or the services provided hereunder. 5.0 Representations, Warranties and Indemnification 5.1 Company represents and warrants to Agency that it has the power and right to enter into and perform its obligations as set forth in this Contract. Agency represents and warrants to Company that (i) it has the right to grant the rights and licenses granted herein; (ii) Advertiser is the rightful owner or licensee of the Advertising Content; (iii) the Advertising Content does not infringe, violate or misappropriate any trademark, patent, copyright, trade secret or any other intellectual property right of any third party; (iv) the Advertising Content does not contain any libelous material; (v) it has the right and authority to enter into and perform all obligations under this Contract; and (vi) Agency and all Advertising Content shall comply with all applicable laws, statutes, ordinances, rules and regulations. Additionally, Agency represents and warrants that it has the authority to act and is acting as agent for a disclosed principal, being the Advertiser named on the face hereof. 5.2 Company shall hold Agency and Advertiser harmless against all direct damages actually incurred but not punitive damages or consequential damages, i.e., lost profits, revenue or advertising opportunity, but including claims, demands, debts, obligations or charges, together with reasonable attorney's fees and disbursements, arising out of a breach of Company's representations and warranties under this Contract or performance by Company of this Contract. In no event shall the Company's liability under this Contract exceed the amount paid to the Company by the Agency in the last 30 days in accordance with the terms of the Contract. Agency, at its own expense, shall indemnify, defend and hold harmless Company and its employees, representatives, agents and affiliates against any claim, demand, action or other proceeding brought by any third party against Company to the extent that such claim, demand, action or other proceeding is based on, or arises out of, a claim that the Advertising Content or any material presented by Agency pursuant to this Contract (a) infringes in any manner any copyright, patent, trademark, trade secret or any other intellectual property right of any third party; (b) is or contains any material or information that is obscene, defamatory, libelous, slanderous, or that violates any law or regulation; (c) violates any rights of any person or entity, including, but not limited to, rights of publicity, privacy or personality; (d) has resulted in any consumer fraud, product liability, tort, breach of contract, injury, damage or harm of any kind to any third party; or (e) is subject to any fees, royalties, licenses or any other payments to any third party. Agency shall not enter into any settlement or compromise of any such claim, which settlement or compromise would result in any liability to Company, without Company's prior written consent. 6.0 Term; Termination and Loss of Service 6.1 The term of this Contract shall be effective from the date of execution by Company's authorized representative in the space provided on the Contract Cover Sheet and continue for the duration set forth therein, unless earlier terminated pursuant to the terms of this Contract. Notwithstanding anything to the contrary in this Contract, Company expressly reserves the right not to renew or extend this Contract upon expiration hereof. 6.2 In addition to any other termination rights under this Contract, Company may terminate this Contract at any time upon (i) a material breach of this Contract by Agency, or (ii) in the event Agency fails to make timely payment of any amounts including Fee Rates or other charges amounts under this Contract, or any part thereof, provided, that, in the case of Agency's failure to make monetary payments to Company, Company shall give Agency notice of and no less than five (5) days to cure such breach. Upon termination of this Contract by Company pursuant to this Paragraph 6.2, all unpaid, accrued charges hereunder will immediately become due and payable and Agency will pay, as liquidated damages, a sum equal to seventy five percent (75%) of the Fee Rate amount which would have been payable hereunder, which is a reasonable approximation of the actual damages from such breach that the Company will

ADVERTISER: DS MB Initial AGENCY:_____ Initial OUTSIDE PARTY:_____ Initial INTERSTATE: DS Initial

To:

Advertiser	R-Comm Rutgers University
Product	Rutgers Day
Agency/OSP	
Attention	Melissa Blake
Address	96 Davidson Rd. Piscataway, NJ 08854
Phone / Fax	(848) 932-7318

Out-of-Home Media Contract

Date	1/6/2020
Contract No.	28966
Account Executive(s)	Herb Barry

Terms and Conditions

incur. 6.3 Agency may only terminate this Contract upon material breach by Company, provided that Agency shall give Company notice of and not less than thirty (30) days to cure such breach. Upon such termination of this Contract by Agency pursuant to this Paragraph 6.3, Company will pay as liquidated damages, and not as a penalty, a sum equal to the actual non-cancelable out-of-pocket costs necessarily incurred by Agency prior to the date of termination for production and delivery of the Advertising Content hereunder which was not displayed. 6.4 With respect to Paragraphs 6.2 and 6.3 above, neither party will have any liability to the other upon breach or termination, except as provided in Paragraphs 6.2 and 6.3, and none of the parties shall seek specific performance or any other equitable remedy related to this Contract. 6.5 When any Company Advertising Display Asset (as defined below) specified in the Contract is no longer available due to a loss of the Company Advertising Display Asset or an applicable location or the inability to use the Company Advertising Display Asset or the applicable location for any reason whatsoever, including, without limitation, those set forth in Paragraphs 7.1 and 7.2 below, Company will, at its option and if available, offer Agency a location or other Company Advertising Display Asset of approximately equal advertising value, which location or Company Advertising Display Asset will be subject to the prompt, reasonable approval of Agency. In the event that Agency approves this location or Company Advertising Display Asset, the term of this Contract will be extended after the expiration date of this Contract for a period equal to the time during which the Advertising Content was not on display. If Agency does not approve the location or Company Advertising Display Asset or there are no alternatives that Company is able to offer in its reasonable sole opinion, then either Company or Agency may terminate this Contract and Company will pay Agency a sum equal to the actual non-cancelable out-of-pocket cost necessarily incurred by Agency prior to the date of termination for production and delivery of the Advertising Content hereunder which was not displayed. 6.6 Any delay or failure by either Agency or Company to perform hereunder as a result of force majeure, labor dispute, law, government action or order, acts of terrorism or results thereof, or similar causes beyond the Agency's or Company's reasonable control, as shall be applicable, will not constitute a breach of this Contract, provided, that the affected party shall notify the other promptly, and, in the case of Company, Agency will be entitled, at Company's election, to service having a value based on circulation reasonably equivalent to the lost service or terminating the Contract. 7.0 Miscellaneous 7.1 The parties hereby acknowledge and agree that Company's obligations hereunder are expressly subject to and subordinate to the terms and conditions of any applicable ground lease, license, permits and other similar underlying agreements and rights held by Company and to applicable federal, state and local laws and regulations. 7.2 The parties acknowledge and agree that the advertising structure, space, presence, medium, unit or similar presence (i.e., bulletins boards, poster boards, LED displays, etc.) upon or through which the Advertising Content are displayed (the "Company Advertising Display Assets or Asset") shall at all times be the sole property of the Company, and Agency hereby disclaims any rights whatsoever to make any claim against such medium or property. Notwithstanding anything to the contrary in this Contract, Company shall have the right to undertake such renovation, updating, refurbishment, improvements, overhaul or similar activity on Company Advertising Display Assets as Company shall deem appropriate from time to time without any liability to Agency. Other than Company's obligations to display the Advertising Content as set forth in this Contract, Agency shall have no right whatsoever to approve or control the form or content of any other unrelated advertising content or materials on the Company Advertising Display Assets. 7.3 If any action at law or in equity is necessary to enforce or interpret the terms of this Contract, the prevailing party shall be entitled to reasonable attorney's fees, costs and expenses, in addition to any other relief to which such party may be entitled. 7.4 Agency and Company are independent parties with respect to this Contract. Nothing in this Contract shall be deemed to create or construed as creating a joint venture or partnership between the parties. Neither party is, by virtue of

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this Contract or otherwise, to be considered the agent or representative or the other party. Neither party shall have the right to bind the other contractually in any respect whatsoever. 7.5 In the event of a dispute arising under or concerning the terms of this Agreement, other than a failure of the Agency to make payment, whether in total or in part, in accordance with the terms of the Contract, the parties agree to submit the same to binding arbitration by neutral arbitrator that is mutually acceptable to all parties. Any such arbitration shall be held in the State of New Jersey, or such other place as is mutually acceptable and convenient for all parties. Costs of arbitration, other than travel costs, shall be borne by all the parties equally. 7.6. This Agreement shall be governed by and construed according to the laws of the State of New Jersey. 7.7 This Contract contains the entire understanding between the parties and cannot be changed or terminated orally. Company will not be bound by conditions printed or appearing on order blanks submitted by or on behalf of the Agency. When there is any inconsistency between these standard conditions and a provision on the face hereof the latter will govern. Failure of either party to enforce any of the provisions hereof will not be construed as general relinquishment or waiver of that or any other provision. All notices hereunder will be in writing, deemed given on the date of dispatch, and addressed to Agency and the Company at the addresses on the face hereof.

Negotiations for these terms and conditions were agreed upon on April 18, 2019 and will apply going forward.

ADVERTISER: DS MB Initial AGENCY:_____ Initial OUTSIDE PARTY:_____ Initial INTERSTATE: DS _____ Initial

Rutgers Newark to New Brunswick Estimate 2 Buses $117.49

Day	Hours	# of Days	Total Hours
Monday	26.00	52	1,352.00
Tuesday	26.00	53	1,378.00
Wednesday	26.00	52	1,352.00
Thursday	26.00	52	1,352.00
Friday	26.00	52	1,352.00
		261	
	Hours		6,786.00
	Fuel Cost		$36,117.11
	Service Total		$797,287.14
	Total		**$833,404.25**

Monday - Friday Service 261 days

ROUTE	Route	DAY	HOURS OF SERVICE	FREQUENCY
Newark to New Brunswick Shuttle	**Bus 1**	MONDAY-FRIDAY	6:00 A.M. - 7:00 P.M.	60 MINUTES
	Bus 2	MONDAY-FRIDAY	6:00 A.M. - 7:00 P.M.	60 MINUTES

ROUNDTRIP
120 MIN
120 MIN

Rutgers Newark to New Brunswick Estimate 4 Buses $117.49

Day	Hours	# of Days	Total Hours
Monday	52.00	52	2,704.00
Tuesday	52.00	53	2,756.00
Wednesday	52.00	52	2,704.00
Thursday	52.00	52	2,704.00
Friday	52.00	52	2,704.00
		261	
	Hours		13,572.00
	Fuel Cost		$72,234.21
	Service Total		$1,594,574.28
	Total		**$1,666,808.49**

Monday - Friday Service 261 days

ROUTE	Route	DAY	HOURS OF SERVICE	FREQUENCY
Newark to New Brunswick Shuttle	**Bus 1**	MONDAY-FRIDAY	6:00 A.M. - 7:00 P.M.	30 MINUTES
	Bus 2	MONDAY-FRIDAY	6:00 A.M. - 7:00 P.M.	30 MINUTES
	Bus 3	MONDAY-FRIDAY	6:00 A.M. - 7:00 P.M.	30 MINUTES
	Bus 4	MONDAY-FRIDAY	6:00 A.M. - 7:00 P.M.	30 MINUTES

ROUNDTRIP
120 MIN
120 MIN
120 MIN
120 MIN

Estimated Transportation Fue

Contracted Base line Fuel Cost	$2.85
Estamated Fuel Cost	$3.80
Subtracted Difference	($0.95)
Find Percent Increase of fuel	($0.95)
	$2.85
	-0.333333333
Hourly Cost Per Hour	$117.49
Percent Fuel Burned	13.59%
Cost Per Hour for Fuel	$15.97
	($5.32)
Estimated Yearly Hours	6,786.00
Total Fuel Cost Estimate	**($36,117.11)**

Fuel Escalation/De-escalation Provision

The escalation/de-escalation provision will be utilized in the event of a ten percent (10%) increase/decrease in fuel, based on the index listed below, which will be evaluated every Cale

The "baseline" price for fuel to be utilized for the duration of the contract period is **$2.85 per gallon**

If the price of fuel, as indicated by the previously specified index, should escalate/ de-escalate by 10 percent (10%) or more during one of the CY quarterly evaluation periods, the diff

monthly invoice for reconciliation and processing purposes.

Example:

Baseline Diesel Price = $1.86 per gallon

Average price (based on the index) for the first ninety (90) day evaluation period = $2.47 (33% esca

Rate per revenue hour (includes diesel fuel cost per hour) = $40.00

Rate per revenue hour $40.00 x 5% (Proportionate amount of fuel to total cost in contractor's propo

$2.00 x 23% = $.46 per revenue hour

In the example cited above $.46 per revenue hour would be reimbursed to the contractor for the number of revenue hours performed during the previous CY quarter period.

Updated information is published each Monday at 4:00 PM Eastern Standard Time and may be obtained via telephone by calling 202-586-6966 or www.eia.doe.gov on the Internet.

http://www.eia.gov/outlooks/steo/

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erential (average) percentage will be computed. The excess percentage over 10 percent (10%) will be

ılation)

sal) = $2.00

ce

multiplied by the proportionate % amount of fuel cost contained within the total cost breakdown that

forms the basis for the contractor's rate per hour. The product of that calculation will be reimbursed to

the Contractor or Rutgers (depending on escalation or de-escalation) based on the number of revenue

: hours performed for that particular CY quarter period. Charges and/or credits for fuel escalation/de-e

escalation shall be included by the contractor as a separate line item in the

Estimated Transportation Fue

Contracted Base line Fuel Cost	$2.85
Estamated Fuel Cost	$3.80
Subtracted Difference	($0.95)
Find Percent Increase of fuel	($0.95)
	$2.85
	-0.333333333
Hourly Cost Per Hour	$117.49
Percent Fuel Burned	13.59%
Cost Per Hour for Fuel	$15.97
	($5.32)
Estimated Yearly Hours	13,572.00
Total Fuel Cost Estimate	**($72,234.21)**

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escalation shall be included by the contractor as a separate line item in the

Route: Rutgers Newark & Rutgers New Brunswick

[redacted]

[redacted]

Roundtrip: 2 hours; 2 buses every 60 minutes
Service Hours: 6:00 AM until 7:00 PM

Bus # 1	6:00 AM to 7:00 PM
Bus # 2	7:00 AM to 7:00 PM

Newark Campus: Bus Stop:	TBD
New Brunswick: Bus Stop:	TBD

Proposed Schedule/Timetable:

		NEWARK OUT	NB IN	NB OUT	NEWARK IN
1	Bus # 1	6:00 AM	7:00 AM	7:00 AM	8:00 AM
2	Bus # 2	7:00 AM	8:00 AM	8:00 AM	9:00 AM
3	Bus # 1	8:00 AM	9:00 AM	9:00 AM	10:00 AM
4	Bus # 2	9:00 AM	10:00 AM	10:00 AM	11:00 AM
5	Bus # 1	10:00 AM	11:00 AM	11:00 AM	12:00 PM
6	Bus # 2	11:00 AM	12:00 PM	12:00 PM	1:00 PM
7	Bus # 1	12:00 PM	1:00 PM	1:00 PM	2:00 PM
8	Bus # 2	1:00 PM	2:00 PM	2:00 PM	3:00 PM
9	Bus # 1	2:00 PM	3:00 PM	3:00 PM	4:00 PM
10	Bus # 2	3:00 PM	4:00 PM	4:00 PM	5:00 PM
11	Bus # 1	4:00 PM	5:00 PM	5:00 PM	6:00 PM
12	Bus # 2	5:00 PM	6:00 PM	6:00 PM	7:00 PM
13	Bus # 1	6:00 PM	7:00 PM	[redacted]	

[redacted]

13	start in Newark; end in New Brunswick
12	start in Newark; end in Newark
25 daily hours	

Bus # 1 start Newark
Bus # 2 start Newark

Bus # 2 end Newark
Bus # 1 end New Brunswick

RUTGERS
University Procurement Services

Eleventh Amendment to Professional Service Provider Agreement dated 08/16 /2018
And Purchase Order Number 428078

The Professional Service Provider Agreement dated November 12, 2015 between Rutgers, The State University of New Jersey (Rutgers) and ECG Management Consultants (Service Provider) is extended to 12/31/2019.

The total fee to be paid by Rutgers to Service Provider for the services outlined below shall not exceed $12,125,227. (PO amount $11,883,227, additional work of the NJMS Call Center $242,000)

Service Provider shall perform the following additional services as set forth in their attached proposal dated August 16, 2018.

All other terms and conditions of the original Professional Service Provider Agreement remain in effect.

Project Owner

Kathleen Braswell — 8/30/2018
SIGNATURE AND NAME — DATE

Service Provider

Christopher Collins — 8/30/2018
SIGNATURE OF INDIVIDUAL OR COMPANY OFFICIAL AND NAME — DATE

University Procurement Services

DocuSigned by:
F65B8739306241E...
10/9/2018 | 10:57:50 AM EDT
SIGNATURE — DATE

J. Michael Gower

Executive Vice President for Finance & Administration and Treasurer

Curriculum

Curriculum (n=27 hits)

7. What would be the advantage to reconciliating the curriculum of the two schools?

8. How would you reconcile the curriculum of the two schools?

28. What are the factors that are inhibiting the Chancellor from accomplishing enhanced funding, better curriculum, and better coordination (which ultimately should lead to higher rankings) between these two medical schools without integrating them?

38. What are the assumptions in the assertion that our ranking will be higher? For example, does the Chancellor believe that the ranking agencies would move up the ranking just by combining research dollars without real improvements in academic quality (curriculum, number of high-quality faculty, quality of students)?

41. How would integration benefit or improve the curriculum offered on each campus, and how would it be ensured that the curriculum on both campuses would be of equal quality?

42. Currently, the curriculum is quite different in each location. What kind of work would be needed from the administration, the faculty, and the staff) to combine and improve these two very different curricula?

70. It does not seem to address changing the curriculums at RWJMS and implementation.

113. What are the estimated costs and timelines for unitizing the curriculums of the 2 campuses?

120. The restructuring effort will require an enormous effort and as indicated in the reply to question 38, the man-hours for the restructuring process would come "from faculty and staff [participating] in the necessary deliberative process to envision the future potential of a combined medical school and design a transformational curriculum." As faculty are already under significant time and effort pressures to increase clinical and research productivity, "buy-in" from the faculty will be essential. Have the faculty been directly polled to determine their level of support for the merger?

150. It is stated in the FAM report (page 25): "Currently both schools have the number and quality of faculty they need to support their curriculum. Enhanced collaboration and/or integration would leverage existing talent across the two schools and make it easier to address emerging needs due to retirement and departures." Does "leverage existing talent" mean asking faculty to teach on two different campuses?

153. With regard to curriculum and the education mission, the report: asks (page 19): "What would a cross-campus curriculum look like? What would the benefits
be from a student and faculty standpoint?" At medical schools around the country, the curriculum reflects LCME requirements and demands of licensing exams, complements by locally unique situations: rural medicine, urban medicine, researchbased medicine etc. From a student or faculty member's standpoint, wouldn't it be beneficial for each campus to develop its curriculum in a way that capitalizes on each school's uniqueness?

214. In response to question 38, What are the costs involved in the restructuring, Dr. Strom replied "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."

215. Provide a detailed analysis of the estimate for the following: Time commitment from faculty and staff to participate in the necessary deliberative process to envision the future potential of the combined medical school and design a transformational curriculum. Include the total time, total cost of salary plus fringe benefits (FTE), whether release from clinical obligations will be granted for participation in this analysis, and the source of the funding. Remember that in answer to S-1604

question 42, 45, and 46, it is stated that it is not contemplated that budgetary reserves will be utilized to restructure the medical schools and that funds are not being transferred from another budget, and that budgetary impact…is not anticipated to be material to the operations of RWJMS and NJMS. If faculty are pulled away from their already designed responsibilities, who will cover for them?
229. The bylaws though do address many issues, including committees including the Admission and Curriculum committees. What is the vision of the Chancellor of having two schools (whose name apparently will stay the same) and yet have two separate Admissions, curriculum committees' school wide competencies? How will this be one unified medical school? Outline all of the changes to the school individual bylaws that would need to be modified in order for this merger to proceed. Provide a mock-up of the individual school bylaws that would need to be addressed prior to considering merger.
247. The FAM report states on page 35: "It is not the scope of this Committee's work or the purpose of this report to document the significant systemic and infrastructure limitations, but we strongly recommend that these, along with plans to remedy them, need to be part of any planning process for the future." Infrastructure limitations have limited recruitment of new faculty, which are essential to the vitality of any medical school including delivery of curriculum and clinical care, but, significantly, the ability to secure research dollars. How will those infrastructure limitations be addressed in the future if there is one school or two? What significant systemic limitations have precluded investment in the medical schools at this point?
258. What are the related curriculum issues and how will these be addressed?
287. The cooperative steps strongly recommended by the FAM report would need to be accomplished before a merger could happen. These steps would be less expensive than a full merger and could be accomplished fairly quickly if we put our minds to them. They would allow stakeholders at the two schools to work together on many issues such as research collaboration, curriculum, and clinical placements. Why should we not move forward aggressively on these recommendations, which would allow the sentiment for a merger to come about more "organically", rather than being imposed? Also, this would allow other issues in flux, such as the RWJ Barnabas Health integration and the arrival of a new president, to become more settled.
316. Merging schools would mean that at least one and likely both schools would need to change their curriculum. A change in curriculum usually entails running 2 different curricula simultaneously, which causes a temporary (1-3 year) marked increase in resource utilization. Where would these curricular and clinical resources come from?
334. The FAM committee did NOT recommend pursuing a merger in the absence of an infusion of a transformative level of new resources, so did not recommend "next steps" toward a merger. Greater cooperation across the campuses was recommended by the committee for the "expansion of learning opportunities" of our students. However, this increased cooperation would not require a full merger, simply alignment of academic calendars and cooperation on curriculum and scheduling.

Budget, Expense, Costs, Financial

Financial (n=15 hits)

3. In answer to Question 39 of the completed questionnaire ("What are the financial benefits if any?), the response was "Increased research funding, potential for large philanthropic or naming gifts." Why is it assumed that this would be the outcome?
30. The RWJ brand is very well-known and is highly valued both as a brand and for the attraction of financial resources. Accordingly, what would be done not to lose the brand after integration?

32. Is the timetable for the possible integration of the two medical schools being driven by the current financial health of both medical schools? Why not wait a few years until we actualize the flow of funds from our health system partner, RWJBH?
100. How would a merger benefit RBHS and Rutgers financially or would it save money?
124. As suggested in response to question 39, potential financial benefits from combining the 2 medical schools would be increased research funding and large philanthropic gifts. What metric or study can be cited showing that an individual grant proposal, such as an NIH R01, is more likely to succeed because the school submitting the proposal was ranked higher?
131. The LCME does a deep dive into finances when they accredit schools. At the last RWJMS Executive Council meeting, it was reported that RWJMS is on track of having a large deficit. Is this accurate? What is the projected financial status of both RWJMS and NJMS for the fiscal year 2020-2021?
223. Assuring a financial base for the missions of any medical school is the responsibility of the Dean. How would a Dean of two co-equal campuses utilize these resources? Could clinical revenue generated through the effort of faculty affiliated with one campus be utilized to support development of the academic mission on another campus?
254. From a strict financial perspective, how does RBHS justify this proposed merger?
321. The financial flows of the two schools are currently quite different. How will this be reconciled? In particular, the perception is that “NJMS departments currently keep their indirect, while at RJWMS much of the indirect flow to the administration, which weakens our ability to attract and retain faculty and chairs at RWJMS.” Another very specific faculty question was, “Why does the Administration want to increase the Dean's Tax for NJMS ENT (verified by OPRA).”
322. What are the expected financial impacts of the long-awaited integration of our clinical enterprises with the RWJ Barnabas Health system? This might have major negative effects on clinical income going to the schools and the deployment of faculty responsible for most of our clinical education. Has the Chancellor’s team mapped out the likely consequences of this integration from a financial and clinical education resources point of view?
323. A robust and transparent financial analysis of the costs, resources, and potential savings regarding a merger should be done and made public. What plans exist to do and publicize such an analysis?
326. In multiple questions about financial impact you state there will be no costs to the merger. Can you provide the actual data used to make these conclusions?
344. The financial elephant in the room is the affiliation between RBHS and the RWJ Barnabas Health system. It remains unclear at least to most of us what effect this will have on clinical income to the university and the distribution of clinical faculty effort. When will this clinical integration happen?
347. In multiple questions about financial impact you state there will be no costs to the merger. Can you provide the actual data used to make these conclusions?

Cost

14. Please address how and why the urgency of this proposed merger outweighs the need for a detailed plan. There seems to be no detail in the proposed merger, with regard
19. Infrastructure integration is not free; how will this be effectively implemented? What is the breakdown of costs associated with various aspects of the integration?
26. What would be the detailed time frame to accomplish the possible integration and what would be the costs associated with each stage? Please provide as much detailed budget information as possible.

29. It has been estimated that renovating the Medical Science Building in Newark will cost $500 million. When will this renovation take place and how will it be funded?
39. If an integration would simply result in an RMS-RWJ campus and RMS-Newark Campus, would the benefits of a rise in the ranking compensate for the potential costs, faculty and student concerns, and other disruptions?
76. Major school mergers have proved to be expensive in many instances at many universities. I am not completely satisfied with the way in which the question of costs has been answered in the material we received. I would like a much more specific cost accounting for the merger, including acknowledgements of potential hidden costs. And, I would like a clear commitment that funds will not be taken from the budgets of the various schools of the university for the merger.

RUTGERS

STATEMENT OF WORK

THIS COMPLETED FORM SHOULD BE SUBMITTED WITH AN RU MARKETPLACE SERVICE REQUEST FORM AS AN EXTERNAL ATTACHMENT

Provide the details regarding the proposed Statement of Work (SOW). If all or part of the details are provided on Supplier's letterhead, indicate "see attached" in each appropriate section below, and attach the documentation hereto, which shall be incorporated herein.

Name(s) and contact information for the Rutgers' personnel responsible for accepting the deliverables:	**Name(s) and contact information for the Supplier's personnel responsible for performing the services:**
RUTGERS BUSINESS UNIT: R-Comm **CONTACT NAME:** Alexis Lerner **PHONE:** (848) 445-1915 **EMAIL:** Alexis.lerner@rutgers.edu	**SUPPLIER NAME:** Simpson Scarborough **CONTACT NAME:** Renee Daly **PHONE:** [redacted] **EMAIL:** [redacted]
Start Date of Engagement: 06/12/2019	**End Date of Engagement:** 10/11/2019

Detailed description of the services to be performed, including location (attach additional sheets, if necessary):

Simpson Scarsborough will provide brand and marketing research for Rutgers NB and RBHS. Discovery & Kickoff: Simpson Scarsborough will begin the project by getting completely up to speed on Rutgers -New Brunswick and RBHS, building an understanding of the institutions' current and desired profile, academic offerings, and experiences of your stakeholders as well as current enrollment, engagement, fundraising, and marketing activities. Market Research: Market research will be designed to gather data that will inform Rutgers NB and RBHS's key marketing messages addressing a variety of areas. Research instruments will be designed to measure strength of both brands, gauge the effectiveness of messages, and establish brand benchmarks to evaluate success of campus/division brands as well as ROI of marketing activities. Quantitative Research: Research providing statistically valid numeral data and project results. The creation of sampling plans, writing surveys, collecting data from audiences, data analysis, prepare reports, provide takeaways and recommendations.

Detailed list of deliverables (e.g., report, presentation, data analysis, drawings, etc.), including any milestones:

Review of planning documents, marketing strategy/collateral, and recent research. Project kickoff meetings. Quantitative research with prospective traditional undergraduate students, prospective grad/professional students, and the general public/consumers. Sampling plans, Instrument Development, Programming and Testings, Data Collection, Analysis of Data, Final Reporting of all information and recommendations.

FEES & EXPENSES

Rutgers agrees to pay Supplier a fee, detailed below, the total amount due upon completion of all Services and acceptance of all deliverables, unless the Parties agree to a payment schedule detailed below. If all or part of the details are provided on Supplier's letterhead, indicate "see attached" in each appropriate section below, and attach the documentation hereto, which shall be incorporated herein.

TOTAL FEE TO BE PAID:	**$** 97000

Payment Schedule (if applicable)		
Payment 1	Due Date: 06/14/2019	$ 97,000
Payment 2	Due Date	$
Payment 3	Due Date	$

☐ Rutgers DOES NOT AGREE to separately reimburse Supplier for any expenses.

OR

☑ Rutgers agrees to reimburse Supplier for the reasonable expenses. If Rutgers agrees to pay for reasonable expenses, Supplier shall provide Rutgers with the expense detail, including original receipts for reimbursement of actual expenses incurred, in accordance with applicable Rutgers travel and business expense policies. Detail expense type(s) (e.g., transportation, hotel, meals, etc.) and estimated amount(s) below:

Travel fees are estimates at $350-750/visit

Draft: Unaudited Financials for discussion purposes only

RUTGERS
BIOMEDICAL AND HEALTH SCIENCES

PRESENTATION TO THE UNIVERSITY SENATE BUDGET AND FINANCE COMMITTEE

NOVEMBER 17, 2023

Kathleen F. Bramwell, MBA
Senior Vice Chancellor of Finance & Administration, RBHS
Rutgers, The State University of New Jersey

FY 2023 ACTUAL & FY 2024 BUDGET
&
COSTS ASSOCIATED WITH PLANNING THE RUTGERS SCHOOL OF MEDICINE

Fiscal Year 2023 Financial Performance – Actual

FY 2023 ACTUAL FINANCIAL PERFORMANCE	NJMS	RWJMS	TOTAL
Revenues			
HEALTHCARE & AFFILIATED/HOUSESTAFF	273,450,200	345,339,692	618,789,892
GRANTS & CONTRACTS (DIRECT & F&A)	103,534,060	74,393,103	177,927,163
STATE APPROPRIATIONS/FRINGE BENEFITS	63,185,000	65,769,330	128,954,330
STUDENT TUITION, FEES, AID	34,994,048	30,820,757	65,814,805
CONTRIBUTIONS & GIFTS/ENDOWMENTS	3,566,892	4,651,088	8,217,980
OTHER EDUCATIONAL & GENERAL REVENUES	9,777,284	7,859,686	17,636,971
Total Revenues	**488,507,485**	**528,833,656**	**1,017,341,141**
Expenses			
SALARY & WAGES/FRINGE BENEFITS	362,546,251	383,862,107	746,408,358
NON-PERSONNEL EXPENSES	72,434,528	79,811,713	152,246,241
Total Expenses	**434,980,779**	**463,673,820**	**898,654,599**
Increase before Transfers & Cost Pools	**53,526,706**	**65,159,835**	**118,686,542**
Transfers & Cost Pools			
TRANSFERS	(14,846,509)	1,318,117	(13,528,392)
COST POOLS	65,861,326	72,360,440	138,221,766
Operating Balance	2,511,889	(8,518,721)	(6,006,832)
PLANT FUND TRANSFERS	(447,336)	(1,670,000)	(2,117,336)
PY NA USAGE	712,141	0	712,141
Net Position	**2,776,694**	**(10,188,721)**	**(7,412,027)**

Fiscal Year 2024 Financial Performance - Budget

FY 2024 BUDGET FINANCIAL PERFORMANCE	NJMS	RWJMS	TOTAL
Revenues			
HEALTHCARE & AFFILIATED/HOUSESTAFF	277,338,922	368,198,404	645,537,326
GRANTS & CONTRACTS (DIRECT & F&A)	100,451,441	64,667,384	165,118,825
STATE APPROPRIATIONS/FRINGE BENEFITS	66,972,380	75,677,951	142,650,331
STUDENT TUITION, FEES, AID	35,794,089	31,560,601	67,354,690
CONTRIBUTIONS & GIFTS/ENDOWMENTS	3,404,833	4,000,178	7,405,011
OTHER EDUCATIONAL & GENERAL REVENUES	6,803,052	2,535,347	9,338,399
Total Revenues	**490,764,717**	**546,639,865**	**1,037,404,582**
Expenses			
SALARY & WAGES/FRINGE BENEFITS	376,872,247	426,700,249	803,572,496
NON-PERSONNEL EXPENSES	55,740,951	66,912,022	122,652,973
Total Expenses	**432,613,198**	**493,612,270**	**926,225,469**
Increase before Transfers & Cost Pools	**58,151,518**	**53,027,595**	**111,179,113**
Transfers & Cost Pools			
TRANSFERS	(5,393,827)	(2,928,272)	(8,322,099)
COST POOLS	66,374,703	73,280,890	139,655,593
Operating Balance	(2,829,357)	(17,325,024)	(20,154,381)
PLANT FUND TRANSFERS	0	0	0
PY NA USAGE	300,000	292,958	592,958
Net Position	**(2,529,357)**	**(17,032,066)**	**(19,561,423)**

Fiscal Year 2024 Financial Performance
Total RBHS Budget

FY 2024 FINANCIAL PERFORMANCE - RBHS TOTAL BUDGET	
Revenues	
HEALTHCARE & AFFILIATED/HOUSESTAFF	1,079,113,916
GRANTS & CONTRACTS (DIRECT & F&A)	448,021,226
STATE APPROPRIATIONS/FRINGE BENEFITS	427,378,460
STUDENT TUITION, FEES, AID	220,560,540
CONTRIBUTIONS & GIFTS/ENDOWMENTS	23,972,445
OTHER EDUCATIONAL & GENERAL REVENUES	24,979,159
Total Revenues	**2,224,025,746**
Expenses	
SALARY & WAGES/FRINGE BENEFITS	1,547,201,121
NON-PERSONNEL EXPENSES	398,647,970
Total Expenses	**1,945,849,091**
Increase before Transfers & Cost Pools	**278,176,656**
Transfers & Cost Pools	
TRANSFERS	5,524,685
COST POOLS	262,790,646
Operating Balance	9,861,324
PLANT FUND TRANSFERS	(199,673)
PY NA USAGE	4,690,984
Net Position	**14,352,635**

Costs Associated with Planning the Rutgers School of Medicine

Description	Maximum PO/Encumbered Amount	Invoiced	Maximum Amount as % of FY 2023 Operating Revenue (NJMS + RWJMS)	Maximum Amount as % of FY 2024 Operating Revenue (NJMS + RWJMS)	Maximum Amount as % of FY 2024 Operating Revenue (TOTAL RBHS FY2024 BUDGET)
Consultants					
ECG	392,000	376,581			
Orlowski, J.	58,800	11,200			
Subtotal Consultants[1]	**$ 450,800**	**$ 387,781**	**0.00044**	**0.00043**	**0.00020**
			0.04%	***0.04%***	***0.02%***
Other Expenses					
Rutgers Communications		1,200			
Travel (NB/Newark)		858			
Meeting Expenses		2,777			
New Admin - TBD[2]	111,540				
Other Expenses		600			
Subtotal Other Expenses	**$ 111,540**	**$ 5,435**	**0.00011**	**0.00011**	**0.00005**
			0.01%	***0.01%***	***0.01%***
Total Expenses	**$ 562,340**	**$ 393,216**	**0.00055**	**0.00054**	**0.00025**
			0.06%	***0.05%***	***0.03%***

(1) Excludes a cost of up to $50,000 for Mercury who will be engaged to assist with communications. This engagement has not yet been finalized.

(2) To be determined; Estimated compensation @ $65,000 and benefits @ 71.6%, $46,541

RUTGERS

BIOMEDICAL AND HEALTH SCIENCES

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Envisioning the Future of Academic Medicine

Report to the Rutgers University Senate

JANUARY 31, 2023

RUTGERS
BIOMEDICAL AND
HEALTH SCIENCES

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

To: Adrienne Simonds, Chair, University Senate

From: Brian Strom, MD, MPH, Chancellor, Rutgers Biomedical and Health Sciences

Date: January 31, 2023

Subject: Envisioning the Future of Academic Medicine at Rutgers University

Since the inception of Rutgers Biomedical and Health Sciences (RBHS) in 2013, we have focused on collaborations and cooperation between and among our schools and institutes to build an academic health community focused on excellence and accomplishment in research, scholarship, education, patient care, and community engagement. As we near our ten-year anniversary as the health care and biomedical research unit of Rutgers University, we would like to embark on our second decade with a renewed commitment to achieving excellence in all of our mission areas. With the prompt from the RBHS strategic planning process, the University Senate's series of questions, and a request from University senior leadership and governance bodies to come to some resolution, we would like to continue the dialogue on the optimal structure for Rutgers' medical schools with the University Senate initiated in 2020.

We provide the University Senate with the collective work product of numerous faculty, staff, students, community members, and administrators of the New Jersey Medical School (NJMS) and the Robert Wood Johnson Medical School (RWJMS) responding to the series of questions posed by your members concerning the potential integration of Rutgers' two medical schools.

By way of background, NJMS and RWJMS were originally designed by Dr. Stan Bergen to compete with each other. That model, to foster rapid regional growth and development, was apt for its time. We have succeeded in many areas under this model. Our students are consummately prepared for residency and achieve placements in top programs across the nation. Our research portfolio has been expanding rapidly, and in some areas such as infection and inflammation, microbiome, and cancer, we can claim national leadership status. Clinical programs like the liver transplant unit, trauma centers, etc. are highly regarded for providing world-class care equal or superior to regional competitors. For some world-class initiatives we have built institutes to cut across our schools successfully, e.g., cancer, clinical research, infection/immunology, and neuroscience.

However, we must recognize that the delivery of health care continues to change and become more complex, and institutions that train the next generation of health care workers must not only be attuned to these changes but be nimble enough to adapt to more changes yet to come. These dynamics, coupled with an ever-increasing health care worker shortage, represent the foremost reason why RBHS should evaluate the current educational structure of the medical schools to ensure it is positioning its students to meet the demands in this decade and beyond. In addition, New Jersey continues to export its newly trained physicians to other markets. Further, many of the patients in our state travel elsewhere for certain types of care. By re-evaluating our education structure, we can perhaps identify opportunities that will allow us to better retain our top talent to work on behalf of all the citizens of New Jersey.

The inquiry into the optimal structure of medical education at Rutgers began in January 2019 with the appointment of the Committee on the Future of Academic Medicine, containing faculty from both Rutgers medical schools. It continued with the January 2020 report of the Committee on the Future of Academic Medicine, specifically the examination of the "optimal level of integration and cooperation" between NJMS and RWJMS. In response to this report, the University Senate developed a set of questions spanning a variety of topics and issues related to the potential integration of NJMS and RWJMS, which it subsequently forwarded to me. That process halted with the Covid-19 pandemic, when all in healthcare were mobilized to support this public health emergency.

In October 2022, the leadership of RBHS, including Robert Johnson, MD, (Dean of NJMS), Amy Murtha, MD, (Dean of RWJMS), and me, revived this discussion. The initial set of 350 Senate questions were reduced, in collaboration with the Senate leadership, to 42, as some of the original questions were duplicates, overlapped with other questions, and in some cases were related to topics timely only for 2020. The 42 questions were then organized into four groupings, three to be addressed by committees of faculty, staff, students, health system colleagues, and community representatives. The fourth set of questions on administration and research was to be answered by RBHS leadership. RBHS engaged ECG Management Consultants and Janis Orlowski, MD, to provide logistical and analytical support, meeting facilitation, and content expertise for the committees, and a web site was developed to ensure the university community was transparently apprised of the process, the progress, and engaged in the process.

During the past three months, committees related to admissions, culture, and curriculum met to address the questions on this topic from the University Senate (please refer to appendix A for their charge, list of questions, and committee members), while additional input was provided from internal and external community members through a town hall-style "Conversation with Our Communities" and an online survey. The answers provided, unedited, are attached. One of the most prevalent comments from faculty, staff, students, community partners, and other stakeholders, however, was a

desire to understand RBHS's rationale for considering a potential merger of the medical schools, especially since any merger will inevitably entail work and disruption.

It is worth noting that what is being envisioned is a "merger light," where there would be a single accreditation but in most other ways the schools would function separately, at least for now, as two equal campuses of one school.

The remainder of this memo summarizes the reasoning for and potential benefits from an integrated medical school model, as identified by RBHS leadership. We look forward to working with the University Senate as it begins its deliberative process.

Impact on Educational Mission – closer collaboration on the educational mission offers a broader scope and scale of teaching talent, learning content, and clinical experiences that will benefit educators and learners.

- ***Attracting and keeping talent*** – An enhanced reputation and national prominence (see below) will help to attract and retain the best students and trainees.
- ***Broader and more consistent educational experiences*** – The best medical schools give their students experiences in a university hospital, private hospital, and safety net hospital. With a merger, medical students will have access to a wider array of clinical clerkships/electives and types of patient experiences, without the current administrative barriers to crossing over the two schools. Graduate Medical Education (GME) will also be integrated to form larger, stronger, and more uniform programs that are able to offer broader clinical experiences to trainees.
- ***More convenient learning opportunities*** – Many students have adapted to lectures via live or recorded video, a process which began long before the pandemic. A broader array of lectures (and lecture topics) will be available from faculty at both campuses, but discussion sections may remain regionally defined.
- ***Enhancement of MD/PhD programs*** – Over time, the individual programs could be combined, taking advantage of the scientific strengths of both schools, higher prestige, and access to more faculty and funding, and thereby becoming more nationally visible and more competitive for grants.
- ***Developing and sharing best practices*** – There will be an enhanced opportunity for innovation in education across both campuses, comparing approaches, and subsequently sharing and implementing innovations from one campus to the other.

Impact on Research Mission – leveraging our tremendous capacity as an integrated medical school will more accurately reflect our growing impact on clinical, translational, and basic

biomedical research placing Rutgers at the forefront of the innovation economy attracting more federal and industry funding.

- ***Elevation in rankings*** – The impact of an integrated medical school on research rankings is substantial, whether looking at the ranking of individual departments or the medical school overall, and across all types of funding (e.g., federal and state funding among others), and this impacts other ranking systems (e.g., USNWR). For example, our federal fiscal year (FFY) 2021 NIH funding institutional rankings[1] among 143 US medical schools are:
  - RWJMS at #62 with $68 million.
  - NJMS at #74 with $51 million.
  - Combined RWJMS/NJMS at #47 with $119 million.

  The potential impact on our research rankings across the medical schools of the Big 10 is noted in a later section on reputational considerations.
- ***The sum is greater than the parts*** – Combining complementary strengths, expertise, and resources from both schools will make the integrated medical school more competitive for external research and training grants. Similarly, a larger Rutgers-oriented patient base will make us more competitive for clinical trials.
- ***Attracting and keeping talent*** – An enhanced reputation and national prominence will help to attract and retain the best research faculty and trainees.

Impact on Clinical Mission – A single medical school has the potential to expand our portfolio of tertiary and quaternary services and launch new services to a wider patient base this platform will help us save lives, maintain health, improve outcomes and patient satisfaction, reduce health care inequities and disparities, and create competitive fellowship programs.

- ***Strength and stability in the market*** – Current populations in each city are relatively small, especially when compared with New York or Philadelphia, making it impractical to offer as wide an array of specialized services. Additionally, our current service lines are too fragile, with the departure of one faculty member often hampering the ability to continue to offer a clinical service at the involved school. An integrated medical school provides the opportunity for greater breadth, depth, and coordination of services. This will increase our ability to offer the most specialized care, establish regional and national clinical destination programs, and better compete for market share locally and regionally.
- ***Improved service to our communities*** – Increasing our ability to offer the most specialized clinical services will better serve our communities, as patients will not need to travel to New York or Philadelphia to receive them. This minimizes, if not eliminates, barriers related to inconvenience, and expense (e.g., out-of-network care is much more expensive to the patient and the state). It

[1] FFY 2022 rankings will be available in March 2023.

also helps to address health inequities, as the most needy in our communities cannot afford to make such trips and pay for such care.

- ***Access to clinical trials*** – A larger Rutgers-oriented patient base, combined with a burgeoning research ranking and reputation, will make us more competitive for clinical trials and gain access for our patients to more cutting-edge treatments, therapeutics, and procedures.
- ***Attracting and keeping talent*** – An enhanced reputation and national prominence (see below) will help to attract and retain the best clinical faculty and trainees.

Reputational Considerations – an integrated medical school strongly identified with Rutgers University has the potential to broaden the recognition of the excellent medical education programs and growing research portfolios than each school has individually.

- ***Connection to Rutgers brand*** – Potential faculty and students and the public may not necessarily associate NJMS and RWJMS with Rutgers. An integrated medical school provides the opportunity to tie more closely to and benefit from the stronger, nationally recognized Rutgers brand.
- ***Alignment with more common medical school organizational models*** – Excluding large university systems (e.g., University of California and University of Texas), we know of only four universities in the country that have more than one autonomous medical school (i.e., Rutgers, University of South Carolina, New York University, and University of Arizona), and at least one of those (University of Arizona) is reconsidering its organizational model.
- ***Advancement within the Big 10*** – Each of our schools now is small, relative to other schools. In part for this reason, of the 14 Big 10 medical schools (Rutgers' individual schools are counted separately), Rutgers now ranks only #12 (RWJMS) and #13 (NJMS), above only Michigan State University's medical school. A combined medical school would rise to #9 in the Big 10 and be more closely comparable to the University of Iowa and Ohio State University.
- ***Improvement in other rankings*** – Published rankings are driven substantially by research, and while NJMS and RWJMS are already artificially combined in Blue Ridge's NIH rankings, US News and World Report (USNWR) evaluates schools separately based on their individual accreditations (which also divides and weakens the rankings of clinical and basic science departments). It is recognized that many institutions (e.g., Columbia, Harvard, Mt. Sinai, University of Pennsylvania, and Stanford) have decided to discontinue their participation in the USNWR medical school rankings, given concerns about how those rankings are determined. Our expectation is that the rankings will continue, as the public desires them, and we hope that USNWR will revise its formulae to address some of the objections (as it has done for its law school rankings). At the least, they may be based more on publicly available metrics, which would make NIH funding even more important.
- ***More philanthropic support*** – Enhanced national prominence is more likely to garner philanthropic gifts to support scholarships, selective research efforts, and endowed professorships.

Efficiency and Effectiveness of Administrative Infrastructure – processes and systems that inhibit faculty productivity and employee satisfaction can be streamlined.

- ***Increased simplicity*** – Structures and processes will be simpler and more straightforward, after an anticipated transition period. Examples include:
  - Faculty appointment processes will not need to be repeated for someone to teach at the other campus.
  - Best practices from one campus can be identified and applied in the other.
  - There will be a single accreditation process.
  - RBHS will not need to start new centers/institutes simply to foster inter-medical school programs.
- ***Limiting duplication*** – Combining the medical schools will identify and remove redundancies in many administrative structures, mobilizing personnel and other resources to enhance the school's primary missions.

* * * * * *

The outcomes of the committees' work and other activities related to this initiative during the past three months are another step in a multi-step journey, which entails additional evaluation, analysis, and planning, as well as the continued involvement of and input from faculty, staff, students, affiliated partners, and community members. I would like to acknowledge the contributions made by each of the members of the three committees and thank them for their time and effort. Their responses are thorough and thoughtful and have greatly enhanced the quality of the work product we provide to the Senate. As always, I welcome your questions and feedback on this document.

Appendix A

Chancellor's Charge to Committees

As you begin your work to answer questions from the University Senate about the future of academic medicine, I would like to provide you with the following guidelines and historical context.

Historical Context of Medical Schools

New Jersey Medical School and Robert Wood Johnson Medical School were originally set up by Dr. Stan Bergen to compete with each other. That model, to foster rapid regional growth and development, was apt for its time. We have succeeded in so many areas under this model: Our students are consummately prepared for residency and achieve placements in top programs across the nation. Our research portfolio has been expanding rapidly and in some areas we can claim national leadership status like infection and inflammation, microbiome, and cancer. Clinical programs like the liver transplant unit, trauma centers, etc. are highly regarded for providing world-class care equal or superior to regional competitors. For other world-class initiatives we have built institutes to cut across our schools successfully, e.g., cancer, infection/immunology, and neuroscience.

Changes in Academic Medicine Today

Is our current model sustainable in today's health care climate? Today, the health care payer and provider markets are consolidating rapidly and across much wider swaths of geography than were contemplated at the inception of medical education in New Jersey. Our competition is not from within, but from other New Jersey hospital systems, newer local medical schools, and aggressive and expansive academic health centers based in New York, Philadelphia, and in some instances even farther afield. Patients are leaving NJ to get the most advanced care, as too often it is not available in NJ. This out-of-network care is much more expensive, and especially hurts patients who cannot afford to go elsewhere for such care.

Telemedicine is erasing local licensing restrictions; previously unimaginably large data sets move instantaneously across the world; dissections can be virtual; lectures are asynchronous and can be (and are) played by the students at double speed; and diagnostics, monitoring, and follow ups are no longer exclusively dependent upon the physical presence of patients at clinical sites. Medical care is shifting from inpatient sites to outpatient sites, with important implications as well to the future of medical education.

We also are in the fortunate situation with substantial investment newly available for major capital construction, in both cities, and for broad-based faculty recruitment. Given this, our immediate task is

to develop responses to the questions posed by the University Senate in the areas designated for each committee.

Committees' Charges

The three committees will focus on:

- Admissions: Would the admissions processes in the schools need to change at all, recognizing that medical school admission processes of course naturally evolve over time?
- Curriculum: Would the curriculum in the schools need to change at all, recognizing that medical school curricula of course naturally evolve over time?
- Culture and Identity

I ask you to contemplate a hypothetical administrative structure where New Jersey Medical School and Robert Wood Johnson Medical School can attain the maximum level of cooperation and coordination, i.e., if they were placed under one LCME accreditation, while still maintaining their unique campus identity and culture.

Let me set a few parameters on how I envision this:

- I do not envision a future for the medical schools where one is ever subordinate to the other.
- I do not envision a scenario that results in the loss of jobs (union or otherwise) among the faculty or staff, at either school; rather I see growth and investment in clinical care, research, and educational opportunities.
- I do not envision a scenario where either school will be expanding its student body, since the inpatient clinical capacity could not sustain that.
- I do see that each campus will benefit from the hands-on presence of a local dean working collaboratively with a colleague similarly situated 26 miles away.
- I do see a scenario where we can offer new tertiary and quaternary services at Robert Wood Johnson University Hospital in New Brunswick and University Hospital in Newark to meet more of our patients' needs within the State of New Jersey.

My hope is that our medical students will be able to take advantage of the best educational opportunities that each school can offer and pursue their interests and ambitions seamlessly across schools without undue impediments. How can we achieve this and maintain our high admissions standards across the two schools, and enroll classes that reflect our state's diversity? How can we provide a thorough and comprehensive curriculum to meet the needs of our future physicians and their patients? How can we retain the unique and valuable contributions and culture that distinguish and enhance the faculty, staff, student, and patient experience at each school, which is and will continue to be reflective of their principal teaching hospital?

If you can, contemplate these questions with the hypothetical construct that NJMS and RWJMS will in some way integrate their operations and activities more closely than we do today.

Next Steps

Dean Johnson, Dean Murtha, and I will also be developing responses to those questions that are administrative in nature, and we will be working with the RBHS Office of Research to answer those questions particular to research. In addition, we will be setting up a web-based survey instrument to collect comments from across the medical schools and across the state.

ECG will collect and distribute all the responses and we will share this document with you, our medical schools, the community, and the University Senate for their review. We plan some forums in each city to obtain input from our host communities and local leaders. Following the Senate review a formal proposal will be drafted for President Holloway and the Boards to review.

We all seek a medical education program that best delivers on the promises made to our communities, the people of New Jersey, our professions, and our patients. I welcome your thoughts, perspectives, experience, and knowledge as we contemplate a structure that will optimally deliver on our missions.

Admissions Committee Membership and Assigned Questions

Name	Title	Institution
H. Liesel Copeland, PhD (cochair)	Assistant Dean of Admissions	RWJMS
George F. Heinrich, MD (cochair)	Associate Dean of Admissions	NJMS
Gloria A. Bachmann, MD	Associate Dean of Women's Health	RWJMS
Natalia L. Kellam	Student	RWJMS
Payal V. Shah	Student	NJMS
Carol A. Terregino, MD	Senior Associate Dean of Education and Academic Affairs	RWJMS
Joshua M. Kaplan, MD	Associate Professor of Medicine	NJMS
Sonia C. Laumbach, MD	Assistant Dean of Student Affairs	RWJMS
Maria L. Soto-Greene, MD	Executive Vice Dean	NJMS
Danitza M. Velazquez, MD	Assistant Professor, Pediatrics	NJMS

#1 – How would an integrated medical school handle student applications, admissions, tuition, and fees?

#2 – Will student enrollment increase?

#3 – What are the metrics for success in a proposed integration?

Culture Committee Membership and Assigned Questions

Name	Title	Institution
Charletta A. Ayers, MD, MPH (cochair)	Associate Professor, Obstetrics, Gynecology and Reproductive Sciences	RWJMS
Melissa B, Rogers, PhD (cochair)	Associate Professor, Microbiology, Biochemistry and Molecular Genetics	NJMS
Shareif Abdelwahab	Student	RWJMS
Bill Arnold	President and Chief Executive Officer (CEO)	RWJ University Hospital
Detlev Boison, PhD	Professor, Neurosurgery	RWJMS
Alison L. Clarke	Program Coordinator	RWJMS
Dr. C. Roy Epps	President and CEO	Civic League of Greater New Brunswick
Carmen L. Guzman-McLaughlin, MPH	Senior Director, Administration	NJMS
George Hampton	Retired Vice President	The University of Medicine and Dentistry of New Jersey
Michael Kelly, MD	Associate Dean, Graduate Education	RWJMS
Neil Kothari, MD	Associate Dean, Graduate Medical Education	NJMS
M. Chiara Manzini, PhD	Associate Professor, Child Health Institute of New Jersey	RWJMS
Mary Maples, JD	Interim President and CEO	University Hospital
Ana M. Natale-Pereira, MD, MPH	Associate Professor, Department of Medicine	NJMS
J. Patrick O'Connor, PhD	Associate Professor, Orthopedics	NJMS
Jon L. Oliver	Assistant Dean of Information Technology	Rutgers School of Communication and Information
Timothy Pistell	Student	NJMS
Nikolaos Pyrsopoulos, MD, PhD	Professor and Chief, Gastroenterology and Hepatology	NJMS
Arnold Rabson, MD, PhD	Director, Child Health Institute of New Jersey	RWJMS
Frank Sonnenberg, MD	Chief Informatics Officer	RWJMS
Ian Whitehead, PhD	Professor, Microbiology, Biochemistry, and Molecular Genetics	NJMS

#1 – How will the medical schools' integration ensure that the campuses are coequal?

#2 – Will school departments be integrated under single chairs, or will each campus retain a local chair?

#3 – What will the impact of an integrated medical school be on our relationships with our primary hospital affiliates, University Hospital, and the RWJ Barnabas Health (RWJBH) system?

#4 – How will each campus retain its unique identity and strengths?

#5 – How will faculty governance be implemented?

#6 – What are the metrics for success in a proposed integration?

Curriculum Committee Membership and Assigned Questions

Name	Title	Institution
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#1 – What is the vision for a transformational undergraduate medical education curriculum/program?

#2 – How would integration of the two medical schools align, reconcile, or reimagine the curriculum?

#3 – How will an integrated medical school address clinical placements, pre-clerkship rotations, and clerkships?

#4 – Will students be able to enroll in core classes and/or electives across campuses?

#5 – Will there be a greater emphasis on distance or remote learning?

#6 – Will students be expected to travel between campuses?

#7 – How would an integrated medical school impact the current MD/PhD program?

#8 – What are the metrics for success in a proposed integration?

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Introduction and Process Overview

Introduction and Process Overview

Rutgers, The State University of New Jersey, is a leading public research university and a member of the Association of American Universities. Rutgers comprises three main regional locations and the state's largest academic health center, Rutgers Biomedical and Health Sciences (RBHS), with over 1,500 faculty members and 6,700 students across eight schools. Two of the institutions included within RBHS are New Jersey Medical School (NJMS), located in Newark, and Robert Wood Johnson Medical School (RWJMS), located in New Brunswick. NJMS and RWJMS are allopathic schools of medicine that are separately accredited by the Liaison Committee on Medical Education (LCME). A university-based health sciences center with two separate and distinct schools of medicine is a unique model in the current medical education landscape, with only one other truly comparable example.[1] Furthermore, excluding large university systems (e.g., University of California and University of Texas), there are only two other universities[2] that have more than one autonomous medical school.

In January of 2019, the RBHS Chancellor, Brian Strom, MD, MPH, convened a special Committee on the Future of Academic Medicine (FAM) at Rutgers, charging it to "fully assess the pros and cons of a wide range of options for medical education at Rutgers from maintaining the status quo, to fostering greater strategic collaborations, to a full restructuring and integration."[3] After a 12-month evaluation and planning process, the FAM Committee issued its final report to the chancellor in January of 2020. In response to the report, the University Senate developed a set of questions spanning a variety of topics and issues related to the potential integration of NJMS and RWJMS, which it subsequently forwarded to Dr. Strom. However, the onset of the COVID pandemic in March of 2020 halted any further substantive discussions regarding the findings and recommendations of the FAM Committee. Then, in January 2022, as part of a very broad-based reboot of the RBHS strategic plan, the topic was raised again, but the Senate's questions had never been answered.

In the fall of 2022, Dr. Strom, along with Robert Johnson, MD, FAACP (Dean of NJMS) and Amy Murtha, MD (Dean of RWJMS), decided to revive the examination of the "optimal level of integration and cooperation" between the two medical schools, identifying as an immediate next step the development of responses to the questions from the University Senate, with targeted submission to this body in January or very early February 2023. Given this aggressive timeline, RBHS leadership undertook the following:

- Collaborated with University Senate leadership to streamline the list of questions and categorize them into the following five topic areas (many others were duplicative or no longer relevant):
  - Administration/Leadership
  - Admissions

[1] The University of Arizona (UA) Health Sciences includes two LCME-accredited colleges of medicine (UACOM-Tucson and UACOM-Phoenix), and its two-COM model is being re-evaluated.

[2] University of South Carolina (separately accredited medical schools in Columbia and Greenville) and New York University (separately accredited medical schools in New York City and Long Island).

[3] Source: Chancellor Strom's email announcement to RBHS community on the committee's formation, December 20, 2018.

  - Culture and identity
  - Curriculum
  - Research
- Convened three committees in November 2022 (one each for admissions, culture and identity, and curriculum), including many representatives from the Senate and other faculty governance organizations, and charged them with developing responses to the related questions from the University Senate.
  - Refer to exhibit I for a listing of committee membership.
  - Refer to exhibit II for Dr. Strom's charge to the committees.
- Engaged ECG Management Consultants and Janis Orlowski, MD, an expert in LCME accreditation,to provide logistical and analytical support, meeting facilitation, and content expertise for the committees.
- Developed a website (Envisioning the Future of Academic Medicine | RBHS (rutgers.edu)) to provide background, updates, and other key information on this initiative so it would be completely transparent to the Rutgers community and the public, as well as serving as an online survey portal for anonymous feedback.
- Organized a virtual "Conversation with Our Communities" event in December 2022 for RBHS faculty, staff, students, and other stakeholders to gather additional comments and perspectives. (Notes from the breakout rooms related to their specific topics were provided to each of the committees.)
- Requested various individuals within the RBHS leadership structure for feedback on the remaining administration/leadership and research questions to develop attendant responses.

The remainder of this document provides unedited syntheses of the committees' discussions regarding and responses to the assigned questions as well as RBHS leadership's responses to questions that were not assigned to one of the committees.

Admissions Committee Feedback

Admissions Committee Feedback

Background

To provide context for its discussions, the admissions committee reviewed various background data and analyses for both medical schools, including:

- Applicant, matriculant, enrollment, and graduate profiles and trends (refer to appendix A)
- Faculty hiring and turnover (refer to appendix B)
- Summary of combined program offerings and major clinical affiliates (refer to appendix C)
- Comparisons of admissions processes, tuition, and fees (refer to appendix D)
- Residency match trends (refer to appendix E)
- Case studies for select medical schools with admissions processes for multiple campuses (appendix F)
- Sections from LCME Data Collection Instrument (DCI) related to student selection

In addition to the above information, the committee also considered feedback on admissions-related topics provided through the online survey and the Conversation with Our Communities event.

Potential Framework and Milestones

Fundamental to the committee's discussions and development of responses were the following tenets:

- In its recommendations and responses, the committee must prioritize New Jersey Medical School (NJMS) and Robert Wood Johnson Medical School's (RWJMS's) commitment to excellence and selecting candidates who align with the schools' mission and values.
- Potential impacts to LCME accreditation must be accounted for in any admissions process changes.
- Measures of success must consider both schools' cultures and track records of diversity and service to local communities.
- In contemplating a more integrated model, both schools should consider external economic factors and minimize competition between campuses.
- The committee needs to closely examine key differences in admissions processes and approaches where there may not be any overlap.

To complement its responses to the assigned questions and emphasize the points above, the committee developed a potential framework and timeline of admissions-related activities for achieving single LCME accreditation, which is provided as exhibit III.

Responses to Assigned Questions

#1 – How would an integrated medical school handle student applications, admissions, tuition, and fees?

Development of a unified admissions process under a single accreditation model will require detailed planning over a multiyear period, as well as close coordination and alignment with decisions and outcomes from the curriculum committee. Please note the proposed framework and timeline (assuming an entering class of 2028 under a single accreditation) presented separately. As part of the detailed planning process, the following key topics must be appropriately evaluated and addressed:

- Development of a single application process for individuals applying to more than one campus
- Determination of when an applicant must indicate which campus(es) they are interested in applying to while ensuring that campus preference is identified by the applicant.
- All unique considerations for dual degree, pathway, and other special programs
- Design of an executive committee and maintenance of the campus-specific admissions sub-committees in a structure that meets the LCME standards
- Determination of application fee(s)
- Consistency and appropriateness of tuition levels and student fees for a single medical school with two campuses
- Approach for reviewing the alternate list between the two campuses
- Process for updating policies and procedures to ensure consistency and agility
- Approach for students wishing to switch campuses/tracks following matriculation

#2 – Will student enrollment increase?

No. We do not expect an increase in medical school enrollment for either campus stemming from a more integrated model, primarily due to limitations in clinical training slots at our affiliated teaching hospitals. Our existing partners are already at capacity with our current enrollment, and opportunities for developing new clinical affiliations are minimal.

In fact, the proposed integration provides the leadership teams an opportunity to evaluate the current class sizes to ensure they align with available clinical volumes, faculty capacity, and other resources required to provide a high-quality educational experience.

#3 – What are the metrics for success in a proposed integration?

- **Application metrics**
  - Number of applicants from communities underrepresented in medicine
  - Number of students that applied to both campuses
  - Number of out-of-state applicants
  - Number and amount of scholarship opportunities and funding
- **Matriculation metrics**
  - Yield of matriculated to accepted
  - Class composition (including key demographic metrics)
- **Survey data to measure admission process experience**

- Metric from admissions office student survey
- MSQ survey

- **Other**
  - Graduation rates
  - Match rates
  - Graduate questionnaire scores
  - Metric to be identified that will evaluate the integration process
  - Metric to be identified that will evaluate admission of students who align with schools' missions and values
  - Student feedback (via survey or QR code at yearly check point or other established meetings)
  - Feedback from potential students who were accepted but chose not to matriculate

Other Key Considerations

As the committee discussed and developed responses for the assigned questions, it also identified the following additional concerns and considerations related to an integrated medical school model.

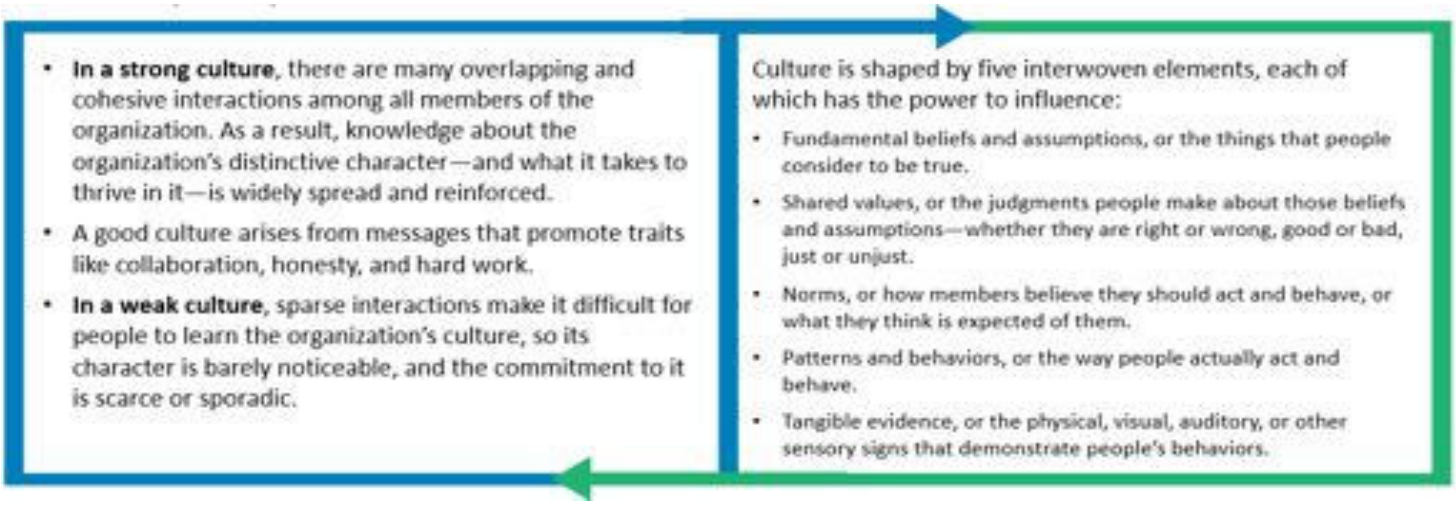
- A merged school may lead to fewer overall residency spots in a given GME program for students from Rutgers, especially for the more competitive residencies (as compared to the two schools separately).
- There is an overall university commitment to not increasing tuition and fees, and there is strong sentiment that higher tuition should not be considered for the integrated medical school.
- The merger will have an impact on alumni engagement and philanthropy, with the potential extent to be examined further. Communication with alumni regarding the integration and its implications on financial and other contributions, the institutional name on their degrees, etc., will be of high importance.
- The impact of a single accreditation on scholarships (especially those that are campus specific) will need to be evaluated.
- The total number of applications (and revenues from application fees) may decrease based on the number of students who historically would have separately applied to both RWJMS and NJMS.
- Some scholarships are campus specific; this will likely be difficult to change even with the integration, and its impact should be explored further.
- Student feedback should be solicited regarding school choice to preserve desirable elements for applicants.
- There is a desire to understand the "why" and the potential benefits of the merger.
- There is a high level of concern around resource challenges and the additional strain a merger will place on the admissions process/teams.

Culture and Identity Committee Feedback

Culture and Identify Committee Feedback

Background

The committee first proceeded by defining culture as follows:



Source: https://www.gse.harvard.edu/news/uk/18/07/what-makes-good-school-culture.

The committee also requested and reviewed various background data and analyses for both medical schools, including:

- Applicant, matriculant, enrollment, and graduate profiles and trends (refer to appendix A)
- Faculty hiring and turnover (refer to appendix B)
- Summary of combined program offerings and major clinical affiliates (refer to appendix C)
- Overview of strategic plans, including mission, vision, and values (appendix G)
- Key financial resources (see tables 3-5 in next section)
- Previously completed marketing and branding analyses (appendix H)
- Overview of key buildings (appendix I)
- Faculty governance structures (appendix J)
- Relevant LCME accreditation standards (appendix K)
- Summary results from key surveys (appendix L)
    - Mentoring program survey
    - Translational research barriers survey
    - AAMC Standpoint survey (RWJMS only)
    - AAMC Graduation Questionnaire

Relevant stakeholder feedback provided through the online survey and the Conversation with Our Communities event was also evaluated and considered.

Responses to Assigned Questions[1]

Given the limited time and availability of information requested from university and school entities, the committee prioritized the discussion and analysis of question #1; however, this section includes all committee thoughts and conclusions on questions #2 -5 as well.

#1 – How will the medical schools' integration ensure that the campuses are coequal?

Full realization of the benefits of a merger (e.g., increased research collaboration, community outreach, and enhancement of clinical capabilities) requires a coequal and equitable status between the campuses, based on open communication, transparency, and collaborative planning.

We note that the definition of coequality differs from equitability. LCME accreditation prizes coequality. In contrast, the schools' overall function and community support are strengthened by equitable status.

Administration must clearly define the benefits of a merger for the following reasons. A massive amount of effort will be required on the part of administration, faculty, staff, and students. Uncertainty regarding the school's identity may impact recruitment and retention of faculty, staff, medical students, and residents, and accreditation. Likewise, other stakeholders such as community partners and alumni, may be negatively impacted. Furthermore, the significant political and legislative concerns must be addressed regarding Newark and University Hospital. The merger of the Camden and Newark Law Schools offers a cautionary tale.

Coequality between the campuses will need to be evaluated and defined within the context of what is being merged and the distinct goals and objectives of each campus. For example, LCME accreditation will require a high degree of parity in resources devoted to admissions, curriculum development/management, faculty teaching commitments, and student experiences and evaluation. As stated by the AAMC consultant "In a single accredited school, LCME values unity in school vision, in core competencies and curricula, and in bylaws regarding faculty promotion. Curricula should be developed jointly and monitored by the faculty. Admission decisions should rest solely in the hands of a unified admissions committee. Faculty should reach understanding and consensus regarding necessary changes and their roles in implementing such changes."

The campuses have unique attributes related to research, patient care, and community service that should be maintained and will involve equitable resource commitments (see Table 6). The process by which funding is allocated to the campuses must be transparent and equitable. Numeric differences should be based on objective measures that clearly justify funding levels. While it would be a mistake to categorically state that the dollars must be equal, the equitability and needs for large differences should be explained clearly to avoid the appearance of biases (see Table 5). Any disparities in existing

[1] Some final edits were added by the co-chairs based on meeting notes and follow-up emails that are intended to reflect the committee's thoughts and discussion but, due to time restraints, were not redistributed to the committee for their review.

resources and capital investments need to be evaluated and addressed (e.g., renovation of existing buildings versus new construction) to ensure there are no persistent inequities in meeting the schools' goals for their clinical, research, educational, and service missions. Transparency regarding which funds are discretionary and how they are distributed is essential.

Core aspects of an integrated model with coequal campuses that require detailed examination and planning include:

- Faculty and student governance must include equitable representation from both campuses: centralized or executive-level administrative positions required for clinical/research/educational/service missions, committees, governance structures, faculty organizations, and student organizations.
- Current student and staff participation in school governance should be enhanced with the specific goals of empowering their contributions to the schools' missions.
- Equitable and aligned student affairs and advising resources to ensure consistency in availability, guidance, and disciplinary measures. LCME criteria and ongoing internal review is paramount.
- Alignment of student to faculty ratios (currently 1.5 at NJMS, 1.0 at RWJMS). This includes a reevaluation of both the total number and tracks of faculty positions at each school, which currently stands at **487** faculty at NJMS and **714** faculty at RWJMS. See Tables 1 and 2.

TABLE 1: Student/Faculty Ratio

	July 2018	July 2019	July 2020	July 2021	July 2022
NJMS student/faculty ratio	1.52	1.53	1.45	1.55	1.54
RWJMS student/faculty ratio	1.13	1.03	1.01	1.01	1.05
Significantly different per T test:			*p = 4.60768E-05*		

Source: Document titled "NJMS RWJMS Faculty by track Student Faculty ratio.xlsx" provided by RBHS Faculty Affairs on December 5, 2022.

TABLE 2. Head Count of Faculty 0.5 FTEs or Greater by School and Track, 2017–2022

School/Track	July 2017	July 2018	July 2019	July 2020	July 2021	July 2022
New Jersey Medical School	**466**	**506**	**512**	**529**	**490**	**487**
Clinical Educator	112	118	116	114	111	121
Clinical Scholar	9	6	8	9	8	7
Professional Practice	142	182	194	202	190	186
RBHS Instructor	16	15	11	20	19	9

School/Track	July 2017	July 2018	July 2019	July 2020	July 2021	July 2022
Research	51	51	46	48	41	39
Teaching	7	7	7	7	7	8
Tenure	106	106	106	104	89	89
Tenure Track	23	21	24	25	25	28
Robert Wood Johnson Medical School	**669**	**680**	**716**	**745**	**742**	**714**
Clinical Educator	169	165	162	167	171	153
Clinical Scholar	62	60	59	56	55	59
Professional Practice	141	197	249	277	264	251
RBHS Instructor	99	65	47	47	46	38
RBHS Lecturer			1	2	2	
Research	19	25	29	31	29	33
Teaching	24	23	23	24	23	23
Tenure	117	113	116	109	116	116
Tenure Track	38	32	30	32	36	41

Source: Document titled "NJMS RWJMS Faculty by track Student Faculty ratio.xlsx" provided by RBHS Faculty Affairs on December 5, 2022.

- Alignment of research investment, e.g., infrastructure (new buildings and renovations), core facility support, and faculty support. The capacity and condition of all research facilities should be of adequate quality to support both current and future funded projects. See Tables 3, 4, and 5.
- Accurate assignment of credit for effort on large, multi-PI, collaborative projects to each school, department, and unit. Currently Tableau and RAPSS don't accurately report multi-PI contributions. The Contact principal investigator's unit receives most if not all credit.

TABLE 3: NIH Grants/Faculty

School/Track	July 2018	July 2019	July 2020	July 2021	July 2022
NJMS NIH grants	$50,174,414	$46,943,222	$61,027,098	$60,426,802	$60,594,935
RWJMS (includes CINJ) NIH grants	$31,827,369	$45,082,009	$56,396,263	$63,023,800	$69,391,105
NJMS NIH grants/faculty	$99,160	$91,686	$115,363	$123,320	$124,425
RWJMS NIH grants/faculty	$46,805	$62,964	$75,700	$84,938	$97,186

Sources: NIH Reporter and document titled "NJMS RWJMS Faculty by track Student Faculty ratio.xlsx" provided by RBHS Faculty Affairs on December 5, 2022 (for faculty counts in denominator).

TABLE 4: RWJBH Support[1]

	2021	2022	2023 Projection
Newark RWJBH support	$1,383,324	$2,165,274	$3,417,821
NB/Piscataway RWJBH support	$73,097,040	$50,826,640	$49,149,121
Newark RWJBH support/faculty	$2,823	$4,446	$7,018
NB/Piscataway RWJBH support/faculty	$98,514	$71,186	$68,836

[1] The above figures appear to be largely research mission focused and clinical service contribution is unclear.

Source: Document entitled "RBHS_Mission_Support_Budget_FY_2023_21A_21B_22B_23B" provided by AAUP-BHSNJ December 16, 2022; Document titled "NJMS RWJMS Faculty by track Student Faculty ratio.xlsx" provided by RBHS Faculty Affairs on December 5, 2022. NJMS administration indicated that under the clinical services agreement (CSA), UH pays NJMS for physician services. The CSA also includes incentive payments and payments for additional clinical services, a lease agreement in the DOC, and contract payments for lab services. NJMS received approximately $65M for the CSA payment in FY 2022 from UH.

TABLE 5: Appropriations by School

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023B
NJMS						
State Appropriations[1]	$38,601,969	$37,860,402	$36,589,522	$30,491,581	$31,092,350	$30,057,414
State Appropriations for Clinical Subsidy[2]	-	-	-	-	-	-
Net State Appropriations[1]	**$38,601,969**	**$37,860,402**	**$36,589,522**	**$30,491,581**	**$31,092,350**	**$30,057,414**
RWJMS						
State Appropriations[1]	$32,323,615	$29,449,110	$30,980,907	$10,423,808	$10,395,064	$11,279,386
State Appropriations for Clinical Subsidy[2]	-	-	-	$17,500,000	$17,500,000	$17,500,000
Net State Appropriations[1]	**$32,323,615**	**$29,449,110**	**$30,980,907**	**$27,923,808**	**$27,895,064**	**$28,779,386**

[1] Allocations of state appropriations occur before the investment in the MAPS Program.
[2] Redirected to be used as mission support.

Source: Document titled "Medical School Appropriations FY17-23.xlsx" provided by RBHS Faculty Affairs on December 6, 2022.

- Equitable allocation of residency positions over all clinical sites
- Allocation of clinical/research/educational staff to provide sufficient administrative and IT support.
- Salary equity for similar performance, expertise, and qualifications.

#2 – Will school departments be integrated under single chairs, or will each campus retain a local chair?

The committee members have diverse opinions on this topic; however, the need for transparency and clear communication between chairs and faculty was universally noted. Some advocate for a single-chair model (with a vice chair dedicated to each campus) as the more effective approach for achieving true integration (i.e., single point of accountability and strategic guidance, overcoming any artificial geographic limitations). Others view a model with separate departments with separate chairs reporting to a single dean as a more effective means for managing campus-specific nuances and playing an active role in the development of junior faculty members. The two chairs should have a regular and open channel of communication (e.g., regular joint meetings of chairs and vice chairs of the two departments) to ensure that joint opportunities are identified and exploited.

There is little to no interest in maintaining the current mixed model of department leadership given experiences to date, which have been variable and far from universally successfully.

#3 – What will the impact of an integrated medical school be on our relationships with our primary hospital affiliates, University Hospital (UH), and the RWJ Barnabas Health (RWJBH) system?

In terms of faculty and student access with our clinical partners, no significant changes are envisioned from an integrated model. In fact, it may allow students from each campus to complete elective rotations in specialty areas at the other campus that were previously not available. However, benefits may be tempered by capacity limitations at a given affiliate and lengthy travel times. Also, a more integrated model may provide the opportunity to develop a common vision for the future of healthcare, research, and education that is shared across the medical school, UH, and RWJBH, such as:

- Increased scale that improves the impact of population health initiatives and other collaborative strategies.
- Increased data sharing between the affiliate systems that improves competitiveness in acquiring extramural funding and negotiating with payers/vendors
- Identification of gaps in specialty areas, community services, and educational programs that lead to shared and coordinated strategies for addressing areas of need and enhancing existing programs.

An area of complexity that will require more detailed evaluation, discussion, and decision-making is the current legislation that defines UH as the principal teaching hospital for NJMS. How an integrated model impacts compliance with that requirement must be determined, and a framework for

managing through other predictable issues, such as conflicting clinical programs and hospital representation in university and school governance structures, must be developed. Other areas of concern resulting from an integrated model include:

- Potential impact on the essential rejuvenation of UH.
- Willingness to use funding from RWJBH to invest in faculty and infrastructure at NJMS/UH.
- Availability of services and training programs at UH that benefit the NJMS mission and Newark community

#4 – How will each campus retain its unique identity and strengths?

The culture of each campus will be changed by the merger; therefore, the key objective is to determine which unique elements must be preserved and how to do so (See Table 6). Each campus has a unique history, traditions, and connections with and commitments to their communities and partners. These must be identified and honored and not diluted. However, development of an integrated model also may serve as the disruptive opportunity for abandoning stale, ossified, and nonproductive ways of doing things and reimagining aspects of the campus cultures to develop new strengths, serve more people, and advance medicine in the state (i.e., establishing a common bar of excellence while maintaining the unique attributes and identities of the campuses). Extensive evaluation and planning will be required to ensure that appropriate financial and human resources (HR), governance structures, infrastructure, staffing, and policies are in place and sustainable.

The committee recommends that UH and Rutgers leaders not ignore history. They should revisit and study the Newark Agreements, as well as invite and encourage necessary and credible input from strategic community stakeholders. Indeed, they must recognize the value of comprehensive strategic civic engagement at all unit levels throughout the Rutgers' institutions.

Ensuring that any merger plans put the health of New Jersey communities first, particularly the communities in which the medical schools reside, is of utmost importance. For example, it might be hoped that a merger of the schools could address horrific issues, such as the unacceptable disparities in maternal mortality in the state. The question is how best to get there. Is a (yet another) potentially highly disruptive merger, with potential loss of key faculty and staff and without a major infusion of new resources, the best way to get there? Even in the context of two medical schools, or of a minimal merger involving only LCME-associated components, a potential approach is to immediately create a joint initiative/task force across both schools and health care systems to identify areas in which working together can make a difference to the health of our communities. For example, can we mobilize a group across all entities to address the issue of maternal mortality? We don't have to merge the schools right now for that purpose, but we can build trust and working relationships and maybe have a few successes of joint ventures that can help serve as the basis for a merger (or a more comprehensive merger, if only the curricula/LCME are merged now). This is quite consistent with many of the earlier recommendations of the FAM report.

The pathway for each campus to retain its unique identity and strengths is to initially have a very limited "merger," focusing solely on issues related to LCME accreditation and fulfilling criteria related to admissions, curriculum, and educational experience of the students. Other aspects of integration should proceed more gradually from the "bottom up," employing strategies indicated in the Future of Academic Medicine report that would increase collaborations in research, clinical care, and community involvement. This will require increased investment in structures and additional funding to facilitate and incentivize these interactions.

TABLE 6: Specific Committee Feedback on Medical School Culture

Topic/Mission	NJMS	RWJMS
Unique attributes of each school		
Education	"Community engagement and volunteerism embedded" in educational experiences, e.g., NJMS is one of only 43 of 119 AAMC reviewed schools with a Community Engaged Service Learning (CESL) course. This is a required (not elective) course overseen by the Office of Primary Care and Community Initiatives. "Faculty take pride in guiding students to above average scores on standardized exams, despite frequent disadvantages" "Collaborations with RWJMS North"	"Distinction programs in various academic areas" Interwoven relationship with the "full service" Rutgers University (RU) campus, including shared graduate programs/students, seminar series, and buildings; connections with undergraduate students; and collaborations with other schools and institutes "Multidisciplinary continuing medical education"
Research	"Faculty are highly productive" despite challenges (Table 3) "NIH grants in unique services (e.g., Center for Emerging Pathogens, Public Health Research Institute)"	Affiliations with "nationally recognized clinical and research institutions (e.g., CINJ)" Robust "research collaborations", including a cohesive research structure and links with BHI Established "mentorship" relationships
Clinical	UH designation as a level 1 trauma center with NJMS faculty comprising the medical staff who are providing the highest level of care through primary and specialty services has a significant impact on care in the community beyond Newark. Diverse patient population and communities served "Connections to state programs (e.g., liver transplant program)"	Broad network of "affiliate hospitals" "RWJ is more efficient, so more patients can be seen…Consequently, practicing at RWJ hospitals generates more RVUs relative to NJMS"

Topic/Mission	NJMS	RWJMS
	Strong "infectious disease and HIV care programs" "World class in ENT and orthopedics"	
Community	"Identity rooted in services provided, educational opportunities, and community commitments" see *Broken Promises to the People of Newark: A Historical Review of the Newark Uprising, the Newark Agreements, and Rutgers New Jersey Medical School's Commitments to Newark* Franklin *et al.* Int J Environ Res Public Health. 2021 Feb; 18(4): 2117. Commitment to the "city of Newark and its underserved population", e.g., NJMS Student Family Health Care Clinic (https://njms.rutgers.edu/community/SFHCC/), the first medical student run clinic of its kind in the US, was established after the 1967 riots to meet the needs of the medically underserved and offers free, quality health care to the Newark community. Rich "culture and history" NJMS "Office of Primary Care and Community Initiatives in FY 21-22 reached over 6000 community members, with 30 CESL projects" "The Newark Agreements, the Board of Concerned Citizens (BCC) and the community programs that followed were given birth by the riots because impoverished and disenfranchised citizens demanded recognition and respect from powerful government/public institutional leaders. The institutional leaders recognized the need to respectfully engage the community as a credible and necessary partner. *That commitment waned over the last few years*."	Strong "community and global outreach" programs and community connections with socioeconomically and ethnically diverse populations RWJMS culture is "enmeshed in the identity and culture" of its community "Health equity advocacy"

Topic/Mission	NJMS	RWJMS
Most important attribute of school culture		
Education/ Research	Faculty "care deeply about their research and educational and service activities" "Protect … our work against major outside influences"	"Collaboration and collegiality across the medical schools" and other educational institutes on the RU New Brunswick/ Piscataway campus with some connections easier than others "Dedication to education "Collaboration to foster innovation"
Clinical		"Serving the community through clinical excellence"
Community	Strong connection and "history of service to the city of Newark" "Tradition and serving the community"	"Relationships with local health centers and collaboration with local public education centers and political and community agencies" "Rich history and strong connections to the local communities in and around New Brunswick"
What needs to change		
Education/ Research	Increased "collaboration" and "a more collegial environment" "Better collaboration" RBHS leadership ignoring "previous committee work that leads to thoughtful reports" Faculty incentives aligned with stated priorities. Improved infrastructure that "elevates the campus" and its capabilities Absence of support for CESL student led efforts	Transition from a "curriculum that is heavy on multiple-choice testing" to "one that emphasizes the development of clinical skills, critical thinking, and decision-making" "Increased mentoring and advising that are tailored for each student's preferred choice of specialty" "Greater integration with RU and the other professional schools of RBHS" Improved "communication" and "better collaboration" A "raised bar of excellence that replaces cultural relics from 20+ years ago" and reflect the "new vision behind the school merger" Absence of support for CESL student led efforts
Clinical	Reduce administration's "focus on revenue generating efforts"	

Topic/Mission	NJMS	RWJMS
	Recognition that different sites have different staffing and capacity that impact revenue generation "At NJMS, 1/3 of patients are no-shows. Staffing limitations decrease efficiency. Consequently, generating RVUs is more difficult than in the RWJ system."	
Community	Increased appreciation and respect of faculty by NJMS and RBHS leadership The New Jersey Medical and Health Sciences Education and Restructuring Act (bills: S2063 and A3102) created two advisory boards to take on some of the responsibilities of the Board of Concerned Citizens: the University Hospital Community Oversight Board and the Rutgers-Newark Campus Advisory Board. Top leadership should work with and empower these boards to recreate the respectful and stable relationship developed by the first two UMDNJ presidents, Drs. Bergen and Cook. "Increased pride" in the NJMS campus, "beginning with facility improvements" Definition of "community" expanded beyond Newark Increased facility maintenance and resources dedicated to "campus beautification" Reduce need for RBHS food bank	Improved faculty engagement and participation in forums such as faculty meetings Increased appreciation of faculty by RBHS leadership and additional engagement of faculty in decision-making to overcome increased apathy about the future direction of the school Boost in faculty trust of RBHS leadership Definition of community expanded beyond New Brunswick "Top-down leadership"

#5 – How will faculty governance be implemented?

While campus-specific governance bodies should be preserved, a more integrated model will require enhancement of structures that span the two campuses, e.g., a "super-council" composed of members of each campus-specific council, which would have regular, open, virtual meetings to identify areas of common concerns, meet LCME accreditation requirements, and bring a unified faculty voice to the table. Initiating this process as soon as possible utilizing existing faculty structures would allow a clear articulation of faculty concerns and ideas as the merger process proceeds.

Faculty by-laws will need to be reviewed, revised, and harmonized to account for the integrated model. The roles and responsibilities of the RBHS Faculty Council will need to be strengthened, and an RBHS faculty-wide organization will need to be created. Additional joint governing bodies/committees may be identified and implemented as integration efforts continue. The University Senate also will need to be consulted throughout this process and will play a critical role in the oversight and guidance of an integrated medical school.

#6 – What are the metrics for success in a proposed integration?

- **Academic performance metrics**
  - Improved medical school ranking (caveat: recent discussions and withdrawals of prestigious institutions from US News & World Report medical school rankings highlight the flaws of this metric)
  - Faculty to student ratios
  - Increased publications
  - Development of new modalities for medical student training
  - Improved residency-matching statistics
  - LCME accreditation status
  - Increased number of applicants (e.g., medical school, residency, fellowships, graduate school)
  - Increased support for Community Engaged Service Learning (CESL) efforts by students in the community
  - Diversity of faculty, staff, medical students, and residents
  - Increased quality of applicants (e.g., medical school, residency, fellowships, graduate school)
  - Reduced student debt
- **Community metrics**
  - Increased positive health outcomes for the patient population. Community Health Needs Assessment (CHNA) can support future planning for UH and RWJBH
  - Increased support for Community Engaged Service Learning (CESL) efforts in the community
  - Rutgers/Medical School Community Board that would integrate with the communities that are served by the medical school to centralize the priority of community and the individuals that are served based on the Newark Agreement.
  - Expanding community to include overall health of the State of New Jersey, which the medical schools serve, i.e., Health equity, COVID, Childhood Obesity, Cancer screenings, Maternal Heath
  - Meeting community outreach and engagement goals as described in efforts such as:
    - RWJMS Community outreach - Healthier New Brunswick (https://rwjms.rutgers.edu/community_health/other/healthier-new-brunswick/overview)
    - Alliance Shared Measurement Project (https://rwjms.rutgers.edu/community_health/other/healthier-new-brunswick/alliance-shared-measurement-project)
    - Newark Community outreach - 2022 Community Health Needs Assessment (https://www.uhnj.org/chna/)

- **Engagement and satisfaction metrics**
  - Improved faculty and staff engagement, satisfaction, and wellness survey scores
  - Increased faculty, resident, and staff recruitment and retention
  - Increased student satisfaction (e.g., survey scores on pre-clerkship education and clerkship experiences)
  - Alumni satisfaction
- **Financial metrics**
  - Increased administrative efficiency
  - Administrative cost savings (e.g., reduced administrative expense per employee FTE and/or per student)
- **Hospital integration metrics**
  - Population health outcomes
  - Residency training program success
  - Reduced administrative burden of hospital/education/research interactions
- **Research metrics**
  - Improved facilities (e.g., average age, condition, and capacity of the buildings and facilities)
  - Increased grant funding
  - Increased research collaboration between departments and schools
  - Increased core use and capabilities
  - Improved research administration functions, e.g., IRB efficiency
  - Sufficient reporting mechanisms to accurately apportion credit for multi-PI, collaborative projects between schools, departments, and units.

Other Key Considerations

As the committee discussed and developed responses for the assigned questions, it also identified the following key concerns and considerations related to an integrated medical school model to forward to RBHS leadership.

- Clearly defining and communicating the rationale for and potential benefits from a merged medical school model.
- Rutgers' legal counsel must review regulatory and legislative implications of the potential merger as soon as possible and prior to any further commitment of faculty and staff time toward planning and implementation.
- Determine the budget for and implementation costs of the proposed medical school merger, including any incremental administrative requirements.
- Consider lessons the University has learned from other mergers (e.g., nursing schools [Newark and New Brunswick] and law schools [Newark and Camden]). A member of the committee interviewed a senior faculty member and administrator at the Law School. (A synopsis is provided as appendix M.) After 7 years, the Law School merger has met few of its stated goals and has overloaded

administrators, faculty, and staff. Faculty, staff, and alumni are unhappy and frustrated. This Law School faculty member strongly recommended:

  - Do the most limited merger possible to achieve specific functional goal(s) while preserving the sovereignty and integrity of both schools.
  - Limit the merger to specifically operations that will function better as merged.

- Identify additional resource requirements and acknowledge the capacity challenges faced by the current faculty.
- Additional efforts will be required of faculty and staff to provide detailed planning and implementation for a merged medical school.
- The merger has the potential to seriously exacerbate existing faculty retention and recruitment challenges. The recent faculty survey on the merger of departments and medical schools has confirmed that a high percentage of the faculty at both schools have significant concerns about possible major negative impacts to their work life. These concerns need to be recognized and acknowledged for their potential impact, and proactive strategies developed at the highest levels of Rutgers to mitigate them. This will be essential to ensure retention of the outstanding faculty who have dedicated their careers to the success of both schools.
- The merger may impact existing faculty recruitment and retention challenges.
- The merger process should be introduced to and understood by the faculty well before an LCME visit.
- There is a request to understand if there are factors (e.g., financial need, state/political considerations) that make a merger inevitable. If such a fact were made known, then faculty and staff would be more open to the process.
- Recognize the potential impact of another major institutional change on faculty and staff morale and retention.

Curriculum Committee Feedback

Curriculum Committee Feedback

Background

To provide context for its discussions, the curriculum committee reviewed various background data and analyses for both medical schools, including:

- Applicant, matriculant, enrollment, and graduate profiles and trends (refer to appendix A)
- Faculty hiring and turnover (refer to appendix B)
- Summary of combined program offerings and major clinical affiliates (refer to appendix C)
- Overviews of medical student curricula and learning objectives (refer to appendix N)
- Relevant LCME accreditation standards (refer to appendix O)

In addition to the above information, the committee also considered feedback on curriculum-related topics provided through the online survey and the Conversation with Our Communities event.

Potential Framework and Milestones

Fundamental to the committee's discussions and development of responses were the following tenets:

- Both medical schools will need to focus on their LCME accreditations for the foreseeable future, i.e., we need a stable platform before any form of integrated model is developed and implemented.
- A fundamental consideration under an integrated medical school model will be a decision to 1) maintain separate curriculum "tracks" at each campus or 2) design a single curriculum.
- A preemptive LCME site visit may help shape a more successful implementation process of an integrated model.

To complement its responses to the assigned questions and emphasize the points above, the committee developed a potential framework and timeline of curriculum-related activities for achieving single LCME accreditation, which is provided as exhibit IV. This framework and timeline are intended to ensure that there is appropriate time, bandwidth, and focus on:

- Securing a full accreditation status for both NJMS and RWJMS (i.e., both schools need a "clean bill of health" before a more integrated model is implemented).
- Upholding the primacy of education within the institution and quality outcomes for its students and graduates.
- Promoting inclusivity, collaboration, and community building in the development of the model and a more extended and detailed planning process.

Furthermore, the proposed framework and timeline align with a similar document developed by the admissions committee (refer to exhibit III).

Responses to Assigned Questions

#1 – What is the vision for a transformational undergraduate medical education curriculum/program?

Transformational medical education employs a curriculum that promotes higher-order, integrative, and reflective learning behaviors through problem-solving, collaborative learning, independent learning, and investigation. There is a focus on refining critical thinking, diagnostic accuracy, and clinical learning and opportunities for practice in simulated and real clinical spaces. This will promote the opportunity for personalized learning and precision education for competency- and timed-based medical education strategies. To accomplish this transformation, teaching faculty must be prioritized, supported, and valued, with their contributions to UME in the classroom and in clinical settings recognized in their compensation models.

#2 – How would integration of the two medical schools align, reconcile, or reimagine the curriculum?

Three parallel processes by which integration could occur are needed.

- Continue attention to separate accreditation. It is critical that priority be given to the ongoing accreditation of NJMS, which involves a limited site visit in February 2023. Additionally, RWJMS is in the middle of curricular reform, and its upcoming accreditation activities will include evaluating the outcomes of this new curriculum, which should be implemented and evaluated prior to the proposed joint accreditation.
- Align and reconcile between NJMS and RWJMS. These activities should commence following the June 2023 accreditation decision for NJMS. The schools' faculty and leadership and standing committee leadership will determine the appropriate oversight structure, reconciliation of school governance and standing committee composition, and policies related to the medical education program.
- Reimagine what a single school would look like and develop a joint committee structure and vision for transformation. The faculty own the curriculum. The process of reimagining will be the result of thoughtful contemplation of the possibilities of a combined medical school.

A key decision will be determining whether each campus will have its own curriculum track or whether a single curriculum will be designed. If the latter is preferred, the two curricula will need to be closely examined and reconciled to develop a unified model. Emphasis will need to be placed on ensuring learning objectives are clearly articulated and understood by students and faculty.

#3 – How will an integrated medical school address clinical placements, pre-clerkship rotations, and clerkships?

Given the scarcity of clinical placement spots, geography is given the priority as pre-clerkships, rotations, and clerkships are assigned. Though geography will be respected as much as possible, both NJMS and RWJMS will prioritize what is best for the learner and the development of individualized educational experiences.

#4 – Will students be able to enroll in core classes and/or electives across campuses?

There will be opportunities for students to enroll in classes across campuses. Core classes will be offered on a student's assigned campus, and the elective calendars will be aligned to allow for cross-

campus electives. Detailed planning will also need to consider greater consistency in the lengths of required clerkships to support a student's ability to participate in cross-campus electives.

#5 – Will there be a greater emphasis on distance or remote learning?

No. Multiple learning modalities will continue to be employed; however, the focus will be on in-person learning. Furthermore, the curriculum must emphasize and prioritize active learning for our students, including movement from large-group to small-group formats.

#6 – Will students be expected to travel between campuses?

There may be some cross-campus travel. While requiring students to travel from one campus to another for required courses and clerkships may cause recruitment challenges, travel for certain specialties may increase opportunities for students focused on those specialties. As described in our response to question four, there may be opportunities for optional cross-campus travel for elective offerings. The university should consider options to support students who may want to travel from one campus to another (e.g., shuttle system, housing, and other identified resources).

#7 – How would an integrated medical school impact the current MD/PhD program?

To understand the full impact of the MD/PhD program between RWJMS and Princeton University, exploration would need to occur between the two schools. NJMS could consider integration into the program in the longer term; however, in the near term as the integrated model is further evaluated and defined, priority must be placed on preserving the current relationship with Princeton University. Any assessment and planning process for a combined RWJMS/NJMS program also must identify and address existing inequities, especially in compensation levels for MD/PhD students.

#8 – What are the metrics for success in a proposed integration?

- **Medical Education Program Evaluation (the key metrics for each campus should remain the same or improve)**
  - Match rate and analysis of the number of Rutgers students matching to top-tier programs
  - USMLE scores
  - Shelf exam scores
  - Medical education graduation questionnaire scores
  - Student evaluation of educational experience (courses and clerkships)
  - LCME accreditation status
  - Program Director surveys on graduates' performance
- **Satisfaction and Attraction Metrics**
  - Faculty, student, and staff satisfaction and wellness survey scores
  - Faculty and staff retention rates
  - Faculty recruitment relative to workforce plan
  - Faculty promotion rates
- **Matriculation Metrics**
  - Yield (i.e., the ratio of matriculated to accepted)
  - Diversity of class composition

    - Increase in out-of-state matriculants (non-New Jersey/New York, no personal linkages to the region) indicating an improved national brand
- **Financial Metrics**
    - Growth in research grants
    - Increased philanthropy for scholarships

Other Key Considerations

Finally, as the committee discussed and developed responses for the assigned questions, it also identified the following additional concerns and considerations related to an integrated medical school model.

- Identifying additional resources that may be required and acknowledgement of current capacity challenges faced by current faculty, especially relative to a transition period when multiple curricula are running simultaneously.
- Determining the budget for and implementation costs of the proposed medical school merger, including any incremental administrative requirements.
- Gaining approval from faculty for any changes to bylaws that may be necessary under a single accreditation model.
- Understanding the potential impact on revenue if applications and/or enrollment decrease.
- Recognizing the potential impact of another major institutional change on faculty/staff morale and retention.
- If multiple curricula are maintained after the merger, determining a process for campus/curriculum selection and assignment (i.e., the admissions committee must consider this, as well).
- Achieving comparability of educational facilities across the two campuses.
- Investing additional resources to address existing (and future) faculty capacity constraints, given the level of engagement and time commitment in planning and implementing an integrated medical school.
- Addressing stakeholder and community concerns regarding the rationale for the merger.
- Capitalizing on the opportunity for innovation and for identifying and sharing best practices across campuses as a potential outcome/benefit of the merger.

Responses to Other Questions

Responses to Other Questions

Research-Related Questions

#1 – How will the integration improve administrative and research infrastructure on the two campuses?

Our intention is to create an infrastructure that will increase efficiency and allow for potential redirection of resources to enhance services provided by the RBHS Office of Research to make us more competitive with peer institutions.

Importantly, there is no intent to lay off staff. The goal is to train (and retrain) individuals to adapt to research needs and to provide an infrastructure that minimizes the administrative burden on investigators while bolstering cores, space, pre- and post-award support, grant bridging support, and recognition of researchers, among other services.

#2 – What is the appropriate role and reporting relationship between medical school departments and RBHS research-based institutes vis-à-vis the integrated medical school?

Currently, there are no reporting relationships between medical school departments and centers/institutes, and this would not change with an integrated medical school. An important reason for developing institutes and centers is to have nationally renowned units that focus on a specific research theme (e.g., neuroscience, cancer) in a multi-disciplinary, interschool, and sometimes interchancellor-led unit fashion. The RBHS academic professoriate appointments will remain with the schools (medical and non-medical). However, if the medical school were already integrated, there might be less need for new institutes/centers.

#3 – How will access to research cores be addressed?

There is no foreseen issue regarding access or costs across the campuses in an integrated model. For core services where distance makes their utilization impractical (or infeasible), satellite core facilities will be established to provide access for faculty and their trainees. There will be one cost for users regardless of location.

#4 – Will integration enhance faculty competition for research funding or inhibit it as limited submission NIH grant applications with only be one school applying versus two?

In most cases, this is already not an issue due to the DUNS/UEI consolidation from eight numbers under the RBHS umbrella to one number, similar to the other chancellor-led units. The integration is projected by all measures to enhance faculty competition for research funding – competing from one stronger institution and not competing against each other. The number of limited submission grants is very small and, regardless, having two schools from the same university apply to the same grant creates internal competition (rather than collaboration) and may even lead to external reviewers questioning why two schools in the same chancellor-led unit are competing against each other for a limited submission mechanism. Independent of grants, integration, by definition, is predicted to enhance research collaboration.

#5 – What is the impact on federal grants and any limitations on aid for a larger school?

The integration should have a strong positive impact on the success in competing for and securing federal (and non-federal) grants due to the combined resources (which may include larger potential institutional cost-share), being in a position to put forth stronger applications, and (at least perceived) enhanced feasibility to achieve the proposed research project aims given the improved reputation index (since research dollars and research infrastructure becomes attributed to one larger and stronger entity).

Administration/Leadership Questions

#1 – How will an integrated medical school impact faculty recruitment?

It is not anticipated that an integrated medical school will adversely impact faculty recruitment. It is recognized that communication with candidates regarding any changes will be important, particularly as an integrated structure is being planned and implemented. However, a single school with combined resources and expanded research opportunities (and more highly ranked) may provide a more attractive option for potential recruits.

#2 – What will be the name of the new school? The individual campuses?

Developing a name for the integrated medical school will be considered carefully and involve input from numerous stakeholders, including (but not limited to) faculty, staff, students, community members, and alumni. Each campus's rich history and culture will be considered when establishing any new nomenclature. Tentatively, we are considering "Rutgers Medical School" or "Rutgers School of Medicine", while the campuses would be "NJMS Campus" and "RWJMS Campus," but this is certainly open to further evaluation and discussion.

#3 – What will diplomas say?

Diplomas will be updated as appropriate to reflect any changes to the name of the school **and** the campus from which a student graduates.

#4 – Will the integration result in higher medical school rankings?

The impact of an integrated medical school on research rankings is substantial, whether looking at the ranking of individual departments or the medical school overall, and across all types of funding (e.g., federal and state funding among others), and this impacts other ranking systems (e.g., USNWR). For example, our federal fiscal year (FFY) 2021 NIH funding institutional rankings[4] among 143 US medical schools are:

- RWJMS at #62 with $68 million.
- NJMS at #74 with $51 million.
- Combined RWJMS/NJMS at #47 with $119 million.

Among the 14 Big 10 medical schools (counting Rutgers' individual schools separately), Rutgers now ranks only #12 (RWJMS) and #13 (NJMS), above only Michigan State University's medical school. A

[4] FFY 2022 rankings will be available in March 2023.

combined medical school would rise to #9 in the Big 10 and be more closely comparable to the University of Iowa and Ohio State University.

Other published rankings are driven substantially by research funding. While NJMS and RWJMS are already artificially combined in Blue Ridge's NIH rankings, US News and World Report evaluates schools separately based on their individual accreditations (which also divides and weakens the rankings of our clinical and basic science departments).[5]

Under an integrated model, there may be some resources or other elements of each school that may operate more efficiently/effectively when combined into a single entity leading to an outcome that further improves rankings (e.g., acquisition of grants that may not have been awarded to the schools separately).

#5 – What is the anticipated cost of integrating the medical schools?

A key objective in developing an integrated model will be to avoid any unnecessary duplication of administrative infrastructure already being provided by the medical schools, RBHS, or university. As such, we do not expect the costs of the proposed integration to be significant. The only elements of integration with direct costs known to date are the hiring of consultants (ECG and Dr. Janis Orlowski) to facilitate and coordinate the development of this report. Potential future costs may include additional external assistance in certain planning and implementation activities, LCME and other accreditation-related expenses, the possible implementation of transportation options between campuses, and the expense of rebranding once the schools are merged.

#6 – What is the process to review and approve an integration of the medical schools?

Following submission of this report to the University Senate and responding to any follow-up questions or requests, it will also be shared with the University President and Board for their determination of next steps. An integrated medical school would also require a formal consultation, review, and approval by LCME.

#7 – Who will be consulted? Students? Faculty? Alumni? Government Officials? Senate? Boards? LCME? Local communities? Hospital affiliates? Donors?

To ensure that internal and external stakeholder voices are heard, there will need to be significant emphasis placed on community engagement through a multi-faceted approach. In the development of this report alone, there has been a website providing details about the process, where it stands, and collecting data via an online survey, other forums for sharing feedback (e.g., Conversation with our Communities event), engagement of government officials, and consultations with alumni. Additionally, each of the three committees included faculty, staff, and students from both NJMS and RWJMS, many representatives from the Senate and other faculty governance organizations, as well as representatives from the community and clinical affiliates.

[5] It is recognized that many institutions (e.g., Columbia, Harvard, Mt. Sinai, University of Pennsylvania, and Stanford) have decided to discontinue their participation in the USNWR medical school rankings, given concerns about how those rankings are determined. Our expectation is that the rankings will continue, as the public desires them, and we hope that USNWR will revise its formulae to address some of the objections (as it has done for its law school rankings). At the least, the rankings may be based more on publicly available metrics, which would make NIH funding even more important.

#8 – Will each school/campus budget be held harmless and receive comparable funding once integrated as in prior years?

Yes. There are no anticipated budget changes for each campus post-integration. Each campus would maintain its own budget and accountability for its own operational and financial performance.

#9 – What are the budget, revenue, revenue cycle, and funds flow models for an integrated medical school?

Because we do not expect the budgets of NJMS and RWJMS to merge, these processes/models (i.e., budget, revenue, revenue cycle, and funds flow) would also not be expected to change and would remain locally managed at each campus.

#10 – How will administrative systems be integrated, like IT? Grants management?

Most of the administrative systems within RBHS and its component schools are university-based systems and not specific to either medical school campus. Therefore, the systems are already integrated across Rutgers and not expected to change.

#11 – What is the proposed administrative structure of an integrated medical school?

The administrative structure of an integrated medical school would require some centralized leadership (e.g., co-deans) and committees (e.g., curriculum) to provide collective oversight and meet accreditation requirements. Local leadership and administrative infrastructure would be kept in place, with campus deans and other infrastructure dedicated to NJMS and RWJMS to support campus-specific goals, relationships, processes, and initiatives. Goals and job descriptions for any new roles would be developed with engagement and input from both NJMS and RWJMS leadership.

#12 – Will there be more or less faculty and staff in an integrated medical school?

It is anticipated that integrating the two medical schools will present opportunities for growth through new offerings and growth in research and other existing service offerings. It is expected that this growth will be attractive to potential faculty and staff and result in increased recruitment.

#13 – How will the integration improve administrative infrastructure on the two campuses?

Many university and RBHS administrative services are already centralized, and it is not expected that the integration will lead to significant changes in university and RBHS administrative infrastructure. As described previously, the administrative structure of an integrated medical school would require some centralized leadership and committees to provide collective oversight and meet accreditation requirements. It is anticipated that these centralized leadership structures over time will also provide a means for disseminating best practices between campuses and identifying potential shared service opportunities that improve access for both campuses to administrative expertise and resources.

#14 – How will the clinical practices be organized in an integrated medical school?

It is not anticipated that the organizational models of the clinical practices will change as a result of an integrated medical school structure.

#15 – Will clinical services be provided locally, regionally, or both?

Clinical services will continue to be provided locally and regionally as currently structured, with integration offering opportunities for greater levels of coordination and planning between the two schools.

#16 – What is the role of the dean?

As previously described, it is anticipated that each campus will have a local campus dean to serve as academic and administrative leader and support campus-specific goals, programs, and initiatives. This campus-specific leadership model may evolve as the needs of the medical school and campuses change over time. As planning for the integration progresses, the exact title that is used for these leadership roles may change, although defined responsibilities will not.

#17 – What is a proposed timeline to accomplish a medical school integration?

The development of this report is one step in the journey for developing an integrated medical school, and a timeline has not been finalized. There are several planning processes and approvals that will need to occur (e.g., review and accreditation by LCME) and may require 4 to 5 years to accomplish. More immediate next steps include review of and response to this report by the University Senate, followed by sharing the report and feedback from the University Senate with the University President and Board of Governors for their consideration.

#18 – How will transportation and parking between the two campuses be addressed?

With the increased use of Zoom and other virtual teaching options, transportation between campuses has not been a recent issue. With the renovation and expansion of the New Brunswick train station, train travel between the cities will become even easier as well. If faculty, staff, and students will be traveling more frequently between campuses due to opportunities arising from the integrated structure, however, RBHS leadership can consider options to support related transportation requirements (e.g., a shuttle bus between the two campuses).

#19 – Will faculty be expected to travel between campuses?

There is no intent to have faculty necessarily travel between campuses due to the integration or to change how faculty members move between the campuses today. It is expected, however, that there will be newly hired sub-specialized clinical faculty, who will split their clinical time between the two campuses.

#20 – How will faculty promotions and tenure decisions be implemented?

Decisions on faculty promotion and tenure will continue to follow the overarching RBHS and Rutgers process, as negotiated with the union. In contrast to the law schools, both schools are under the same chancellor. In contrast to the nursing school, faculty in both schools are members of the same union.

RUTGERS Biomedical and Health Sciences

Report to the Rutgers University Senate – Exhibits and Appendices

Rutgers Biomedical and Health Sciences

January 31, 2023

Exhibits

Exhibit I - Admissions Committee Members

Name	Title	Institution
H. Liesel Copeland, PhD (cochair)	Assistant Dean of Admissions	RWJMS
George F. Heinrich, MD (cochair)	Associate Dean of Admissions	NJMS
Gloria A. Bachmann, MD	Associate Dean of Women's Health	RWJMS
Natalia L. Kellam	Student	RWJMS
Payal V. Shah	Student	NJMS
Carol A. Terregino, MD	Senior Associate Dean of Education and Academic Affairs	RWJMS
Joshua M. Kaplan, MD	Associate Professor of Medicine	NJMS
Sonia C. Laumbach, MD	Assistant Dean of Student Affairs	RWJMS
Maria L. Soto-Greene, MD	Executive Vice Dean	NJMS
Danitza M. Velazquez, MD	Assistant Professor, Pediatrics	NJMS

Exhibit I – Culture and Identity Committee Members

Name	Title	Institution
Charletta A. Ayers, MD, MPH (cochair)	Associate Professor, Obstetrics, Gynecology and Reproductive Sciences	RWJMS
Melissa B. Rogers, PhD (cochair)	Associate Professor, Microbiology, Biochemistry and Molecular Genetics	NJMS
Shareif Abdelwahab	Student	RWJMS
Bill Arnold	President and Chief Executive Officer (CEO)	Robert Wood Johnson University Hospital
Detlev Boison, PhD	Professor, Neurosurgery	RWJMS
Alison L. Clarke	Program Coordinator	RWJMS
Dr. C. Roy Epps	President and CEO	Civic League of Greater New Brunswick
Carmen L. Guzman-McLaughlin, MPH	Senior Director, Administration	NJMS
George Hampton	Retired VP	The University of Medicine and Dentistry of New Jersey
Michael Kelly, MD	Associate Dean, Graduate Education	RWJMS
Neil Kothari, MD	Associate Dean, Graduate Medical Education	NJMS
M. Chiara Manzini, PhD	Associate Professor, Child Health Institute of New Jersey	RWJMS
Mary Maples, JD	Interim President and CEO	University Hospital
Ana M. Natale-Pereira, MD, MPH	Associate Professor, Department of Medicine	NJMS
J. Patrick O'Connor, PhD	Associate Professor, Orthopedics	NJMS
Jon L. Oliver	Assistant Dean of Information Technology	Rutgers School of Communication and Information
Timothy Pistell	Student	NJMS
Nikolaos Pyrsopoulos, MD, PhD	Professor and Chief, Gastroenterology and Hepatology	NJMS
Arnold Rabson, MD, PhD	Director, Child Health Institute of New Jersey	RWJMS
Frank Sonnenberg, MD	Chief Informatics Officer	RWJMS
Ian Whitehead, PhD	Professor, Microbiology, Biochemistry, and Molecular Genetics	NJMS

Exhibit I – Curriculum Committee Members

Name	Title	Institution
Maria Soto-Greene, MD (cochair)	Executive Vice Dean	NJMS
Carol A. Terregino, MD (cochair)	Senior Associate Dean of Education and Academic Affairs	RWJMS
Rashi Aggarwal, MD	Vice Chair, Residency Training Director	NJMS
Alla Fayngersh, MD	Assistant Professor, Department of Medicine	NJMS
Meigra (Maggie) Myers Chin, MD	Associate Professor, Emergency Medicine	RWJMS
Amir George	Student	NJMS
Brooke K. Phillips	Student	RWJMS
Archana Pradhan, MD	Associate Dean for Clinical Education	RWJMS
Monica Roth, PhD	Professor, Pharmacology	RWJMS
Michael E. Shapiro, MD	Professor, Surgery	NJMS
Ranita Sharma, MD	Executive Vice Chair, Residency Program Director	RWJMS
Christin Traba, MD	Associate Dean for Education	NJMS

Exhibit II – Chancellor's Charge to the Committees

As you begin your work to answer questions from the University Senate about the future of academic medicine, I would like to provide you with the following guidelines and historical context.

Historical Context of Medical Schools

New Jersey Medical School and Robert Wood Johnson Medical School were originally set up by Dr. Stan Bergen to compete with each other. That model, to foster rapid regional growth and development, was apt for its time. We have succeeded in so many areas under this model: Our students are consummately prepared for residency and achieve placements in top programs across the nation. Our research portfolio has been expanding rapidly and in some areas we can claim national leadership status like infection and inflammation, microbiome, and cancer. Clinical programs like the liver transplant unit, trauma centers, etc. are highly regarded for providing world-class care equal or superior to regional competitors. For other world-class initiatives we have built institutes to cut across our schools successfully, e.g., cancer, infection/immunology, and neuroscience.

Changes in Academic Medicine Today

Is our current model sustainable in today's health care climate? Today, the health care payer and provider markets are consolidating rapidly and across much wider swaths of geography than were contemplated at the inception of medical education in New Jersey. Our competition is not from within, but from other New Jersey hospital systems, newer local medical schools, and aggressive and expansive academic health centers based in New York, Philadelphia, and in some instances even farther afield. Patients are leaving NJ to get the most advanced care, as too often it is not available in NJ. This out-of-network care is much more expensive, and especially hurts patients who cannot afford to go elsewhere for such care.

Telemedicine is erasing local licensing restrictions; previously unimaginably large data sets move instantaneously across the world; dissections can be virtual; lectures are asynchronous and can be (and are) played by the students at double speed; and diagnostics, monitoring, and follow ups are no longer exclusively dependent upon the physical presence of patients at clinical sites. Medical care is shifting from inpatient sites to outpatient sites, with important implications as well to the future of medical education.

We also are in the fortunate situation with substantial investment newly available for major capital construction, in both cities, and for broad-based faculty recruitment. Given this, our immediate task is to develop responses to the questions posed by the University Senate in the areas designated for each committee.

Exhibit II – Chancellor's Charge to the Committees (continued)

Committees' Charges

The three committees will focus on:

- Admissions: Would the admissions processes in the schools need to change at all, recognizing that medical school admission processes of course naturally evolve over time?
- Curriculum: Would the curriculum in the schools need to change at all, recognizing that medical school curricula of course naturally evolve over time?
- Culture and Identity

I ask you to contemplate a hypothetical administrative structure where New Jersey Medical School and Robert Wood Johnson Medical School can attain the maximum level of cooperation and coordination, i.e., if they were placed under one LCME accreditation, while still maintaining their unique campus identity and culture.

Let me set a few parameters on how I envision this:

- I do not envision a future for the medical schools where one is ever subordinate to the other.
- I do not envision a scenario that results in the loss of jobs (union or otherwise) among the faculty or staff, at either school; rather I see growth and investment in clinical care, research, and educational opportunities.
- I do not envision a scenario where either school will be expanding its student body, since the inpatient clinical capacity could not sustain that.
- I do see that each campus will benefit from the hands-on presence of a local dean working collaboratively with a colleague similarly situated 26 miles away.
- I do see a scenario where we can offer new tertiary and quaternary services at Robert Wood Johnson University Hospital in New Brunswick and University Hospital in Newark to meet more of our patients' needs within the State of New Jersey.

Exhibit II – Chancellor's Charge to the Committees (continued)

My hope is that our medical students will be able to take advantage of the best educational opportunities that each school can offer and pursue their interests and ambitions seamlessly across schools without undue impediments. How can we achieve this and maintain our high admissions standards across the two schools, and enroll classes that reflect our state's diversity? How can we provide a thorough and comprehensive curriculum to meet the needs of our future physicians and their patients? How can we retain the unique and valuable contributions and culture that distinguish and enhance the faculty, staff, student, and patient experience at each school, which is and will continue to be reflective of their principal teaching hospital?

If you can, contemplate these questions with the hypothetical construct that NJMS and RWJMS will in some way integrate their operations and activities more closely than we do today.

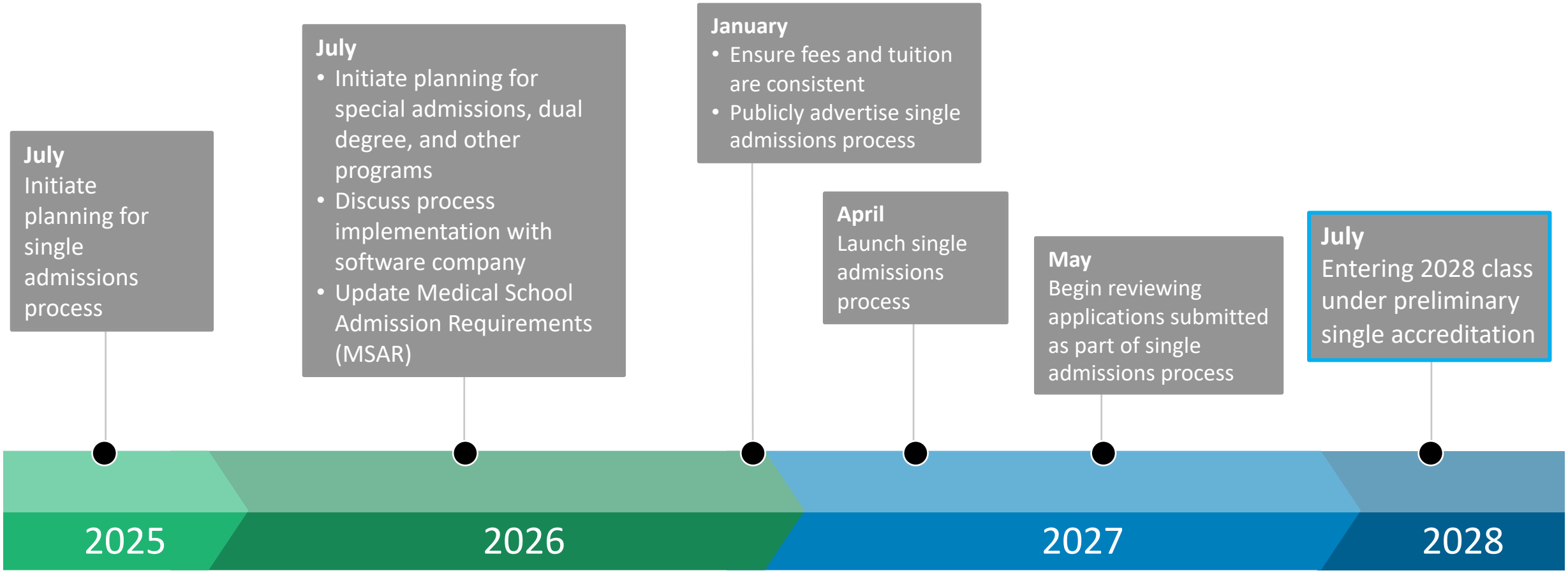
Next Steps

Dean Johnson, Dean Murtha, and I will also be developing responses to those questions that are administrative in nature, and we will be working with the RBHS Office of Research to answer those questions particular to research. In addition, we will be setting up a web-based survey instrument to collect comments from across the medical schools and across the state.

ECG will collect and distribute all the responses and we will share this document with you, our medical schools, the community, and the University Senate for their review. We plan some forums in each city to obtain input from our host communities and local leaders. Following the Senate review a formal proposal will be drafted for President Holloway and the Boards to review.

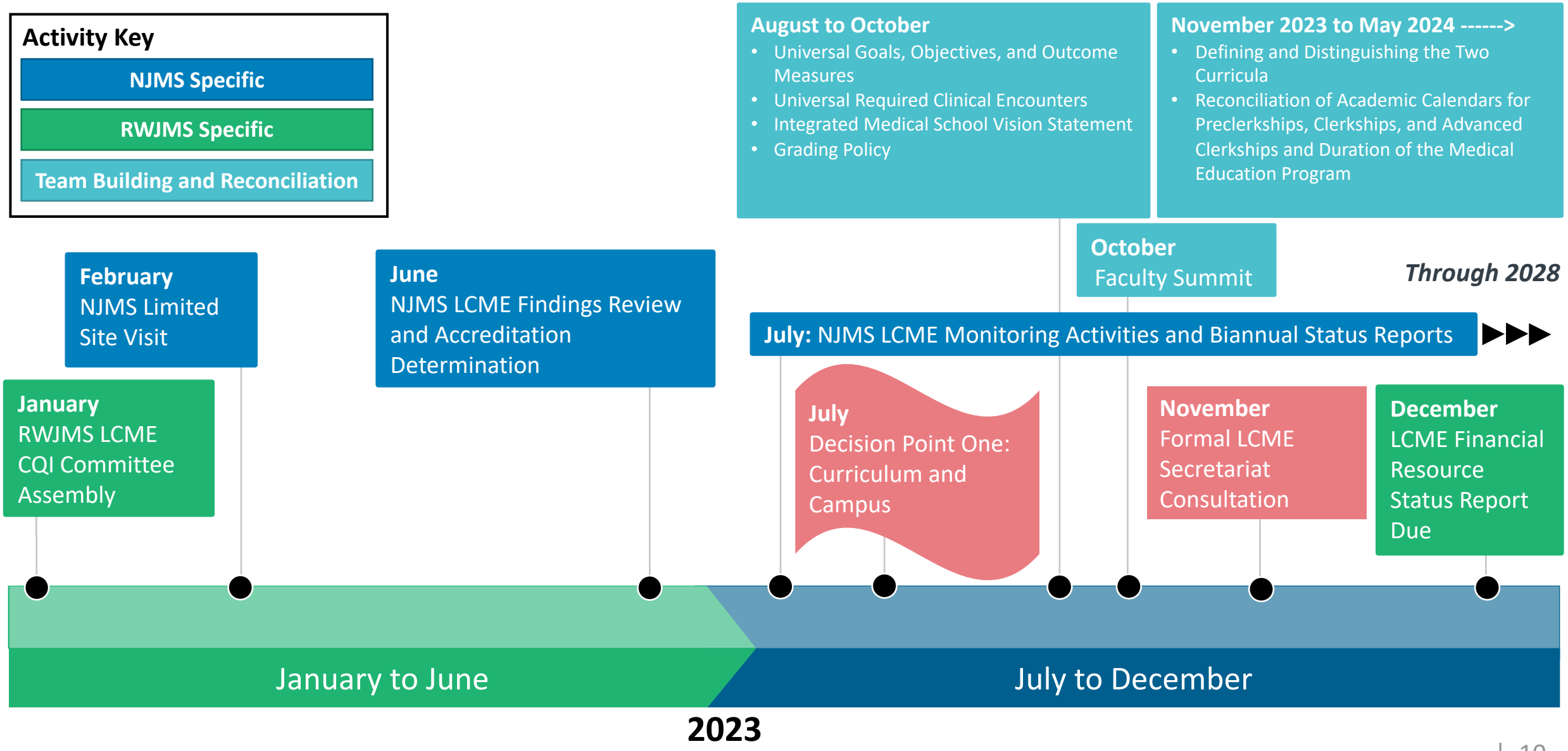
We all seek a medical education program that best delivers on the promises made to our communities, the people of New Jersey, our professions, and our patients. I welcome your thoughts, perspectives, experience, and knowledge as we contemplate a structure that will optimally deliver on our missions.

Exhibit III – Potential Framework and Timeline with Key Milestones for Admissions Process under Single LCME Accreditation

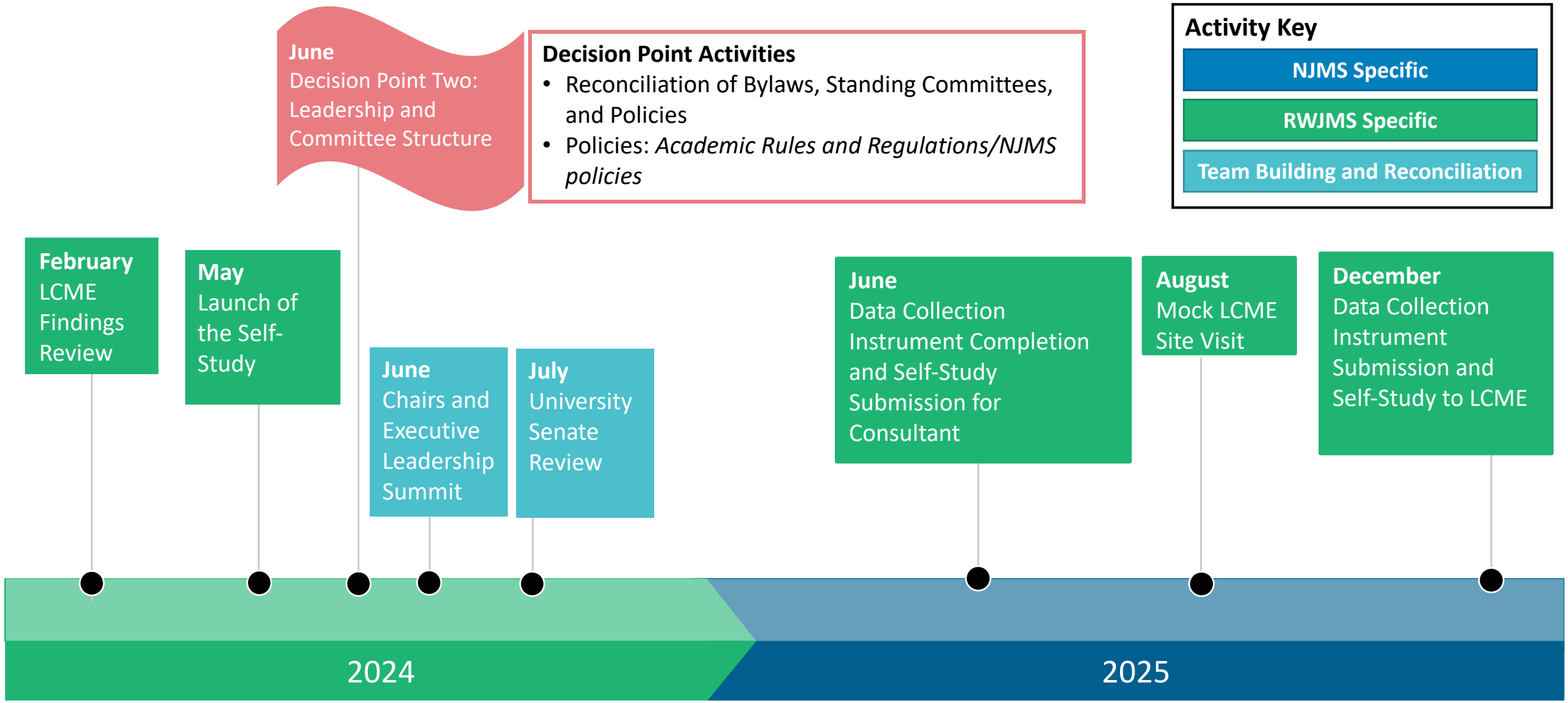


Entering classes of 2025, 2026, and 2027 graduating in 2029, 2030, and 2031 continue under separate RWJMS and NJMS accreditations.

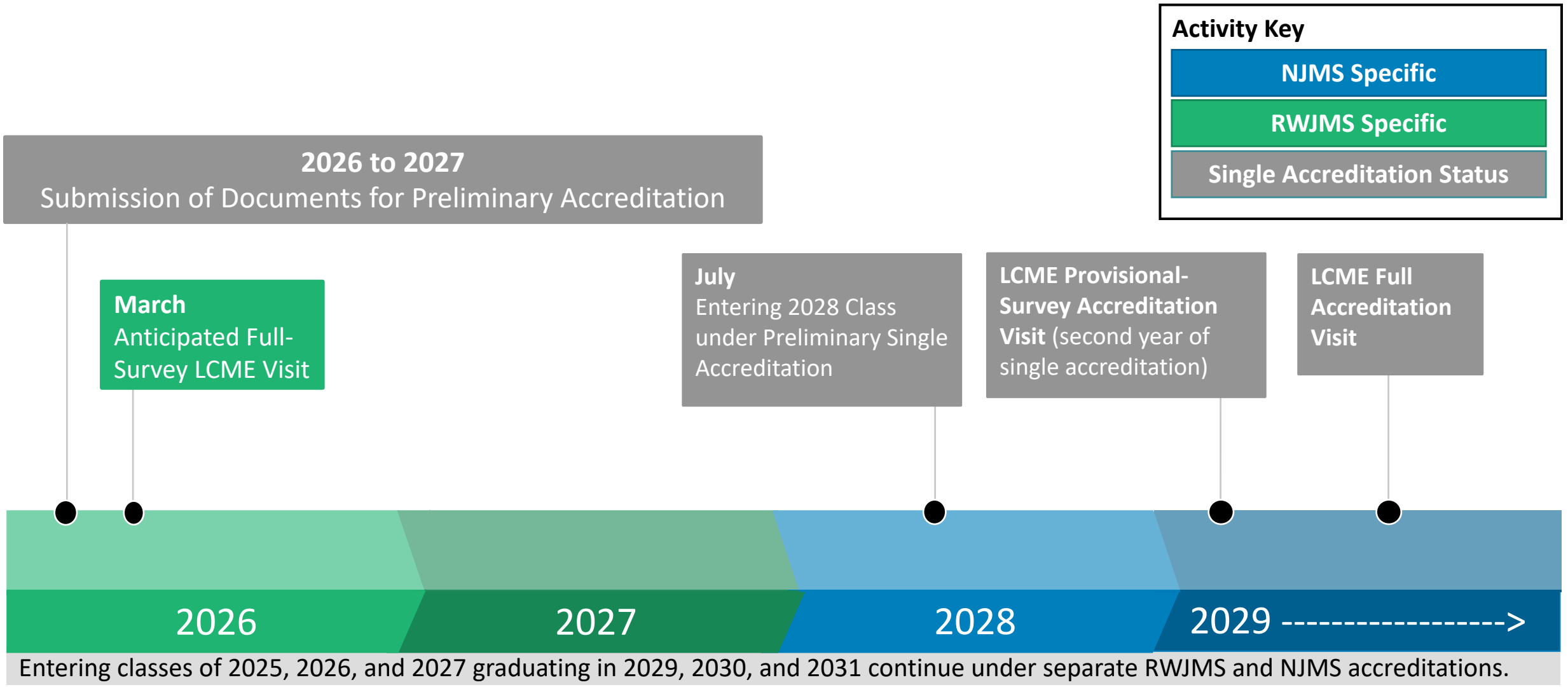
Potential Framework and Timeline with Key Decision Points



Potential Framework and Timeline with Key Decision Points *(continued)*



Potential Framework and Timeline with Key Decision Points *(continued)*



Appendix A
Applicant, Matriculant, Enrollment, and Graduate Profiles and Trends

Data Comparison across Schools: Applicants and Matriculants

Metric	NJMS	RWJMS
Total Applicants (class of 2022–2023)	5,904	5,524
Total Matriculants (class of 2022–2023)	176	165
Total MD/PhD Applicants (class of 2022–2023)	155	218
Total MD/PhD Matriculants (class of 2022-2023)	2	4
Applicant Gender Profile (class of 2025)	42% men/58% women	41% men/59% women
Out-of-State Applicants (class of 2025)	74%	72%
Matriculant Gender Profile (class of 2025)	44% men/56% women	40% men/61% women
Out-of-State Matriculants (class of 2025)	22%	22%
Matriculants Underrepresented in Medicine (class of 2025)	26%	28%

Note: "Underrepresented in medicine" means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population. Refer to Underrepresented in Medicine Definition | AAMC.

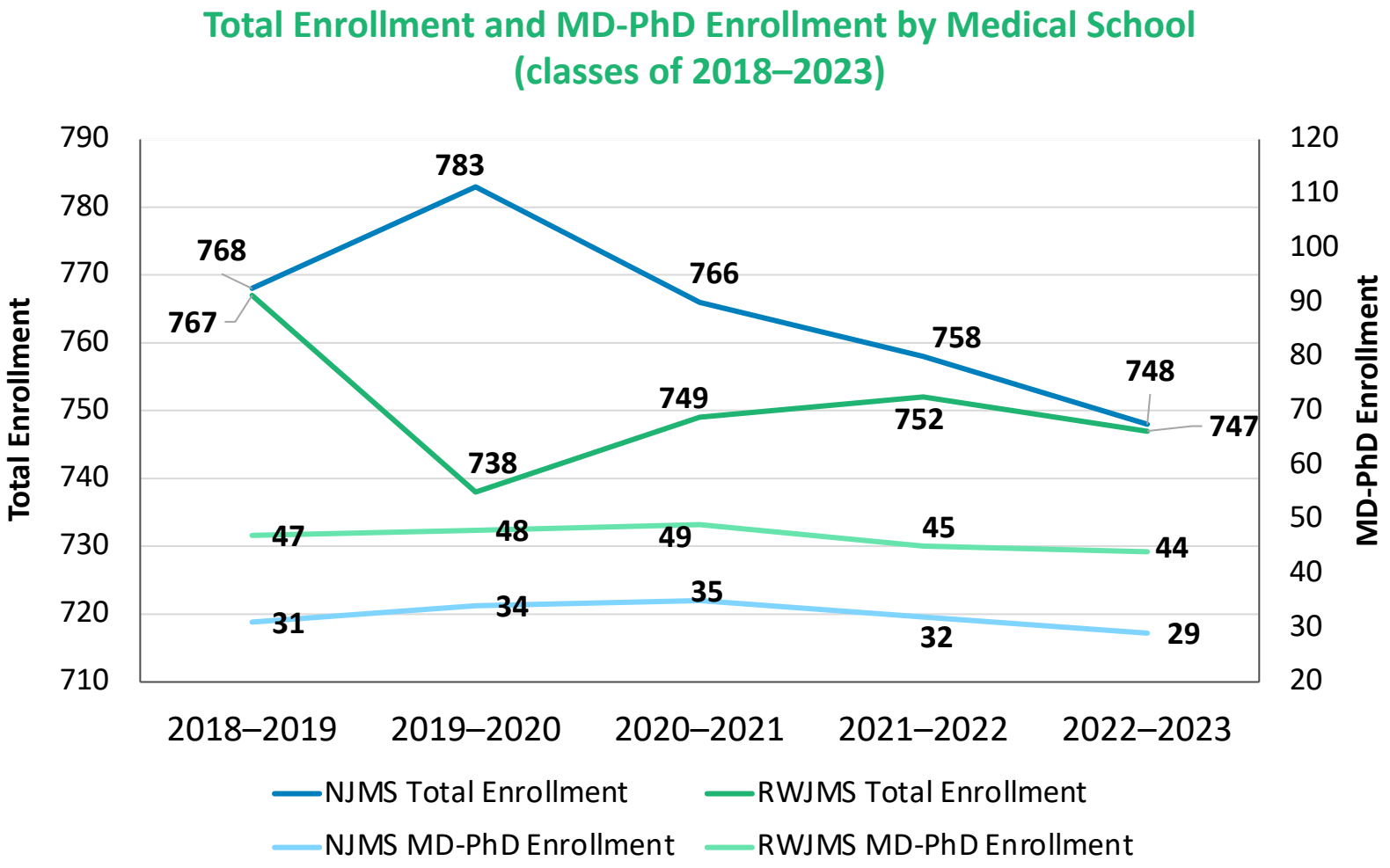
Sources: AAMC FACTS Data Table A-1 U.S. MD-Granting Medical School Applications and Matriculants by School, State of Legal Residence, and Gender, 2022–2023
AAMC FACTS Data Table B-8 U.S. MD-Granting Medical School MD-PhD Applications and Matriculants by School, State of Legal Residence, and Gender, 2022–2023.
AAMC FACTS Data B-2.2: Total Graduates by U.S. MD-Granting Medical School and Gender, 2017–2018 through 2021–2022.
NJMS Matriculants URIM statistic provided by curriculum committee co-chair.
Rutgers New Jersey Medical School Admissions Guide (available AdmissionsInformation.pdf (rutgers.edu)).

Demographics for NJMS and RWJMS Enrollees (2022–2023)

	NJMS	RWJMS
Enrollment	748	747
Percentage Breakdown by Race/Ethnicity	**NJMS**	**RWJMS**
Asian	41.3%	36.4%
Black or African American	10.7%	10.2%
Hispanic, Latino, or of Spanish Origin	9.5%	7.4%
White	24.5%	32.3%
Multiple Race/Ethnicity	8.4%	8.8%
Other	3.9%	3.2%
Unknown Race/Ethnicity	1.6%	1.1%

Note: Less than 1% of each school's total enrollment identifies as a non–US citizen or non–permanent resident.
Source: AAMC FACTS Data Table B-5.1 Total Enrollment by U.S. MD-Granting Medical School and Race/Ethnicity (Alone), 2022–2023.

Enrollment Trends



Key Takeaways

- The enrollment period immediately prior to COVID-19 (2019–2020) shows the greatest annual variance in total enrollment for both schools:
  - NJMS = 2% increase
  - RWJMS = 4.8% decrease
- Both NJMS and RWJMS show a slight (2.5%) decrease in total enrollment since AY 2018–2019.
- MD-PhD enrollment has remained stable over the last five academic years at both medical schools.

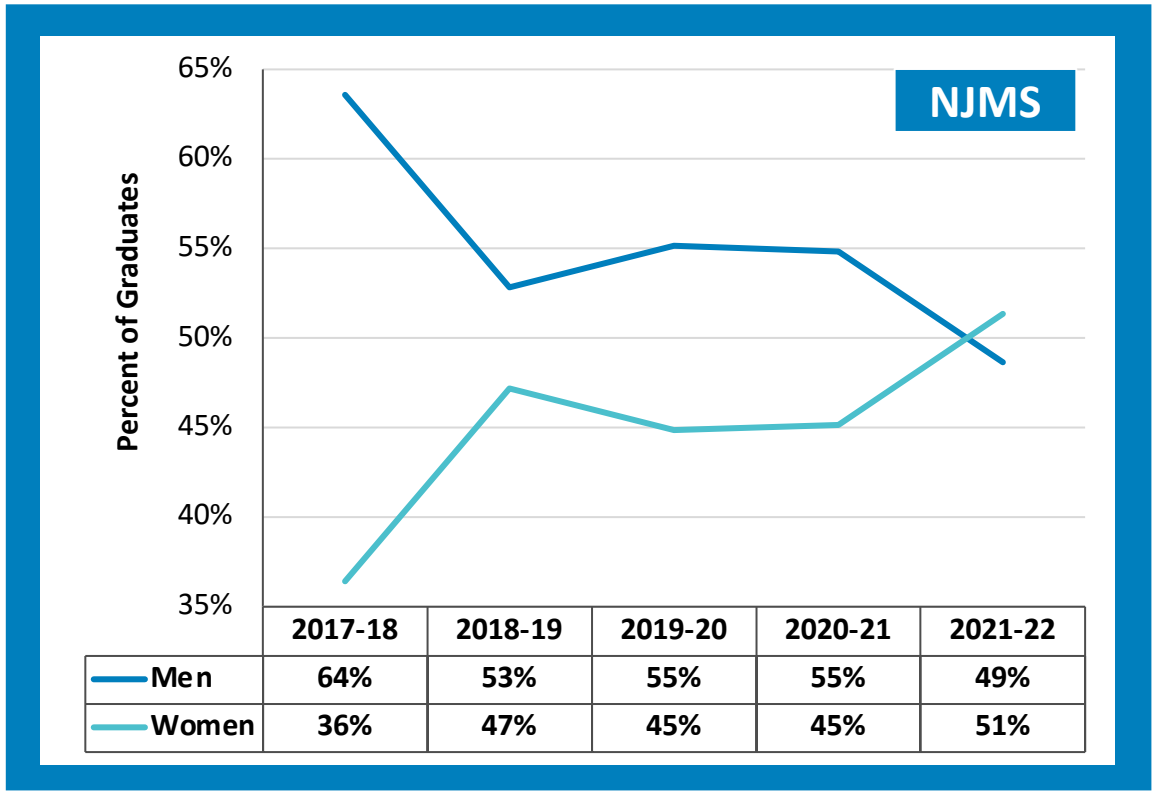
Source: AAMC FACTS Data B-1.2 Total Enrollment by U.S. Medical School and Sex, 2018–2019 through 2022–2023.

Demographics for NJMS and RWJMS Graduates (2021–2022)

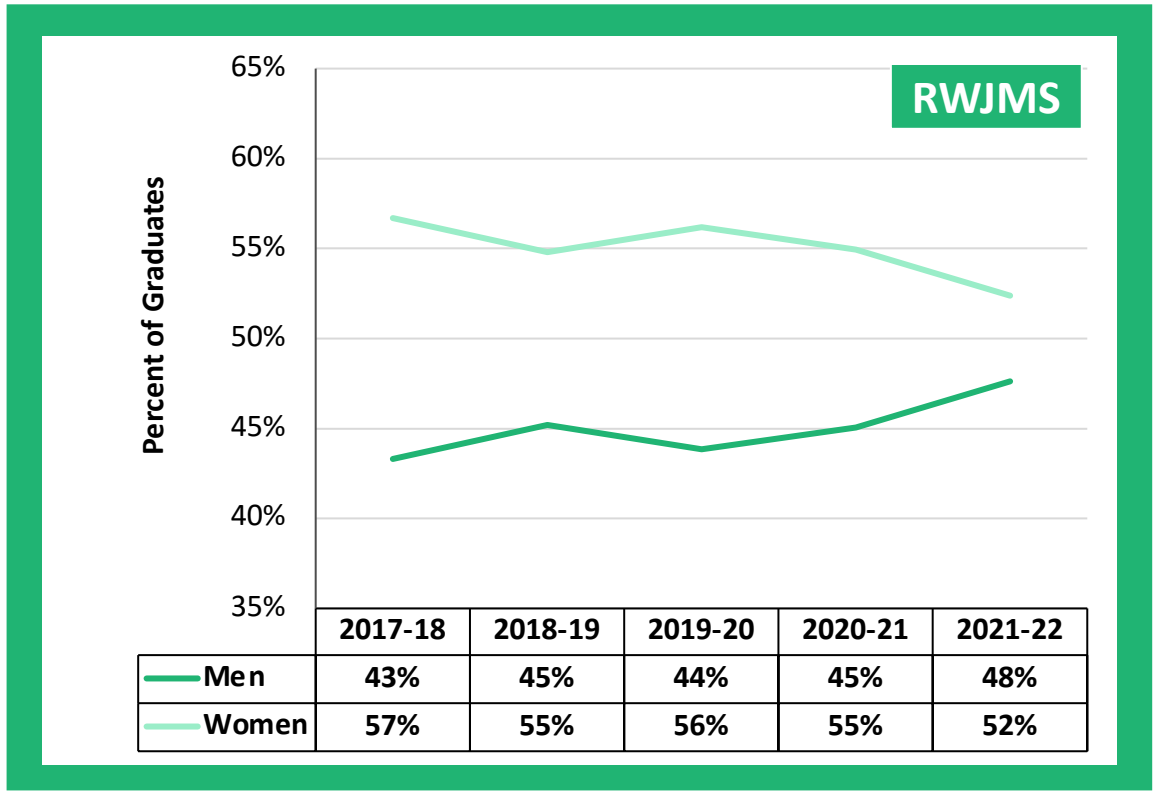
	NJMS	RWJMS
Graduates	185	168
Race/Ethnicity	**NJMS**	**RWJMS**
Asian	38.4%	33.3%
Black or African American	8.6%	13.1%
Hispanic, Latino, or of Spanish Origin	8.6%	5.4%
White	31.4%	35.7%
Multiple Race/Ethnicity	7.6%	6.0%
Other	5.4%	3.6%
Unknown Race/Ethnicity	0%	1.8%
Non–US Citizen and Non–Permanent Resident	0%	1.2%

Source: AAMC FACTS Data Table B-6.1 Total Graduates by U.S. MD-Granting Medical School and Race/Ethnicity (Alone), 2021–2022.

Medical School Graduates by Gender



	2017-18	2018-19	2019-20	2020-21	2021-22
Men	64%	53%	55%	55%	49%
Women	36%	47%	45%	45%	51%



	2017-18	2018-19	2019-20	2020-21	2021-22
Men	43%	45%	44%	45%	48%
Women	57%	55%	56%	55%	52%

Source: AAMC FACTS Data B-2.2: Total Graduates by U.S. MD-Granting Medical School and Gender, 2017–2018 through 2021–2022.

Appendix B
Faculty Hiring and Turnover

Data Comparison across Schools: Faculty and Department Chairs

Metric	NJMS	RWJMS
Three-Year Average Faculty New Hires per Year (AY 2017–2018 through AY 2020–2021, N and percentage of total)		
Men	28.5 (54%)	48.3 (53%)
Women	23.8 (46%)	43.0 (47%)
Three-Year Average Faculty Departures per Year (AY 2017–2018 through AY 2020–2021, N and percentage of total)		
Men	42.5 (62%)	32.0 (57%)
Women	26.3 (38%)	24.0 (43%)
Department Chair Demographics		
Basic Sciences: Men	2	0
Basic Sciences: Women	1	3
Clinical Sciences: Men	14	13
Clinical Sciences: Women	2	1

Sources: AAMC Data Table A: Average Full-Time Faculty New Hires and Departures by Medical School and Gender, Academic Years 2017–2018 through 2020–2021.
AAMC Data Table D: Department Chairs by Medical School, Department Type, and Gender, 2021 (reflects both interim and permanent positions).

Data Comparison across Schools: Faculty New Hires and Departures

		AY 2015–2016 through AY 2018–2019	AY 2016–2017 through AY 2019–2020	AY 2017–2018 through AY 2020–2021	Percentage Change
NJMS	Three-Year Average Faculty New Hires per Year	51.3	54.5	52.3	1.9%
	Three-Year Average Faculty Departures per Year	55.8	74.6	68.8	23.3%
RWJMS	Three-Year Average Faculty New Hires per Year	89.0	91.3	91.3	2.6%
	Three-Year Average Faculty Departures per Year	67.8	63.0	56.0	-17.4%

Sources: AAMC Data Table A: Average Full-Time Faculty New Hires and Departures by Medical School and Gender, Academic Years 2017–2018 through 2020–2021.
AAMC Data Table A: Average Full-Time Faculty New Hires and Departures by Medical School and Gender, Academic Years 2016–2017 through 2019–2020.
AAMC Data Table A: Average Full-Time Faculty New Hires and Departures by Medical School and Gender, Academic Years 2015–2016 through 2018–2019.

Appendix C
Summary of Combined Program Offerings and Clinical Affiliations

Combined Program Offerings

NJMS

MD/MBA: Collaboration between NJMS and Rutgers Business School

- Provides students with healthcare management background

MD/MPH: Five-year program in partnership with Rutgers School of Public Health

MD/PhD: Seven-year interdisciplinary experience with emphasis on full-time research in years three through five to fulfill PhD

MD with Thesis Program: Geared toward students with career ambitions in academic medicine

- Additional year of learning is dedicated to independent research in area of choice

Source: Rutgers New Jersey Medical School.

RWJMS

MD/MPH: Five-year program in partnership with Rutgers School of Public Health

MD/PhD: Joint program with Princeton and Rutgers Business School–New Brunswick

MD/MBAL: Collaboration with Rutgers Business School–New Brunswick

MD/JD: Collaboration with Rutgers Law

MD/MSCTS: MS degree awarded by Rutgers Graduate School of Biomedical Sciences

PharmD/MDL: Partnership with the Ernest Mario School of Pharmacy

- PharmD students are directly admitted to RWJMS without MCAT requirement.

Source: Dual Degree Programs.

Major Clinical Affiliates by School

NJMS

- **Principal Hospital: UMDNJ–University Hospital**
- Hackensack University Medical Center
- Cooperman Barnabas Medical Center
- Newark Beth Israel Medical Center
- St. Joseph's Regional Medical Center
- St. Joseph's University Medical Center
- East Orange VA Medical Center

Source: Rutgers New Jersey Medical School

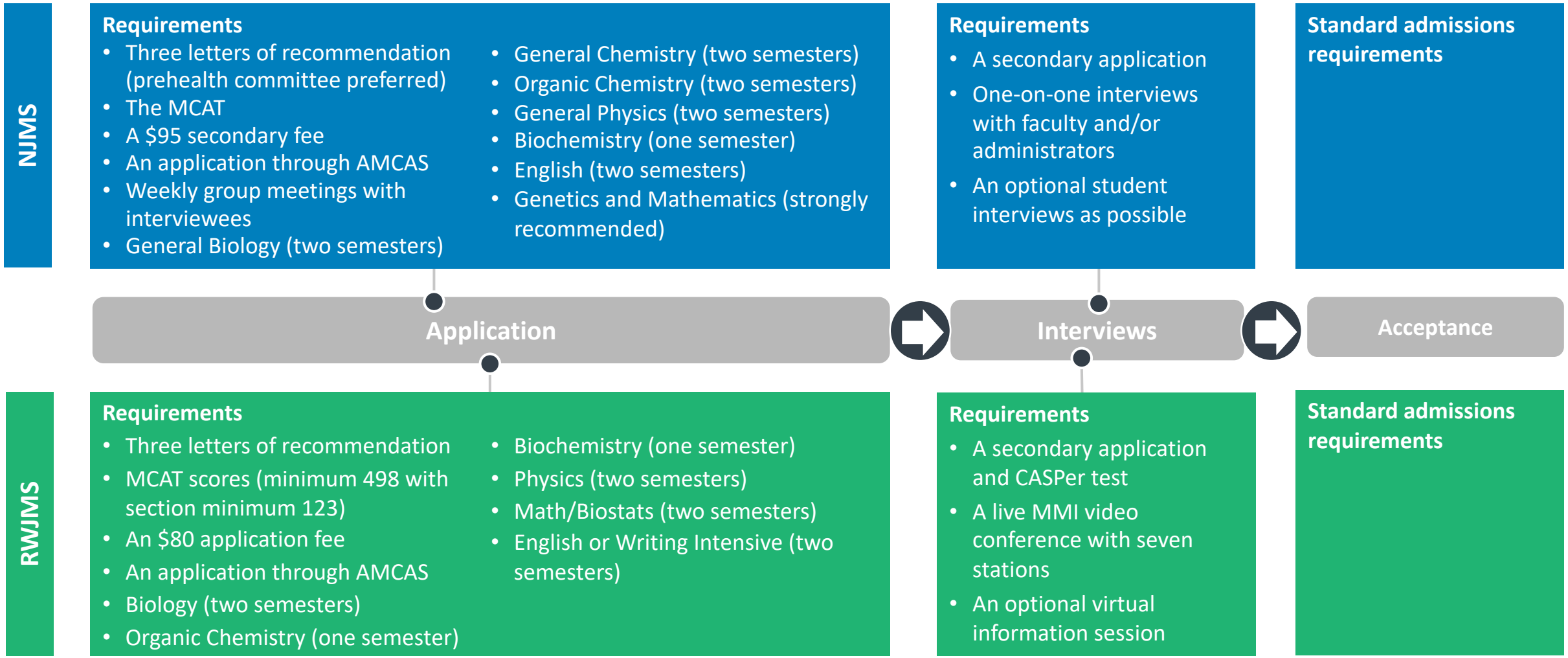
RWJMS

- **Principal Hospital: Robert Wood Johnson University Hospital–New Brunswick**
- Monmouth Medical Center
- Robert Wood Johnson University Hospital Somerset
- University Medical Center of Princeton at Plainsboro
- Saint Peter's University Hospital
- JFK University Medical Center
- Raritan Bay Medical Center

Source: Affiliated Hospitals and feedback from committee cochair

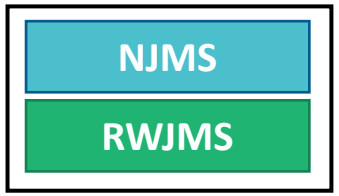
Appendix D
Comparisons of Admissions Process, Tuition, and Fees

Admissions Processes



Sources: NJMS Source: The New Jersey Medical School Office Of Admissions (rutgers.edu).
RWJMS Source: Applying to RWJMS (rutgers.edu) and information provided by the committee cochair.

Admissions Processes



	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.
AMCAS Application Available									
Secondary Application Available									
Early Decision Interviews Begin	5/3	Starts 6/28		8/1					
Early Decision Acceptances Begin			7/8		Begins 9/1				
Early Decision AMCAS Application Deadline									
Regular Decision Interviews Begin				All month					
Early Decision Supporting Materials Due				8/1					
AMCAS Application Deadline, Regular and Joint Decision Programs									
MCAT Scores									
Secondary Application Deadline								12/1	
Letters of Recommendation Deadline						10/31		12/15	1/5

Sources: NJMS Source: Applying to NJMS (rutgers.edu).
RWJMS Source: Applying to RWJMS (rutgers.edu) and Rutgers RWJMS–Education (rutgers.edu) and feedback from committee cochair.

Tuition Comparisons (academic year [AY] 2022–2023)

State	School of Medicine (SOM)	Ownership Type	Tuition	
			Resident	Nonresident
New Jersey	NJMS	Public	$44,435	$68,564
	RWJMS	Public	$44,435	$68,564
	Cooper Medical School of Rowan University (CMSRW)	Public	$42,505	$67,452
New York	Jacobs SOM and Biomedical Sciences (University of Buffalo)	Public	$43,670	$65,160
	SUNY Upstate Medical University–Norton College of Medicine (COM)	Public	$43,670	$65,160
	SUNY Downstate Health Sciences University COM	Public	$43,670	$65,160
Connecticut	University of Connecticut SOM	Public	$43,156	$74,367
Maryland	University of Maryland SOM	Public	$38,573	$68,249
Virginia	Eastern Virginia Medical School	Public	$34,442	$57,510
	University of Virginia SOM	Public	$46,044	$57,792
	Virginia Commonwealth University SOM	Public	$34,427	$57,710
Ohio	Northeast Ohio Medical University	Public	$41,687	$83,374
	Ohio State University COM	Public	$30,124	$55,044
	University of Toledo COM	Public	$33,966	$65,971
	University of Cincinnati COM	Public	$32,318	$51,176
	Wright State University Boonshoft SOM	Public	$37,837	$57,979
	Median Tuition (excluding Rutgers)		$40,130	$65,160
	Average Tuition (excluding Rutgers)		$39,006	$63,772

Source: AAMC Tuition and Student Fees Report for first-year students, AY 2022–2023 (AAMC tuition and student fees questionnaire).

Student Fees Comparisons (AY 2022–2023)

State	SOM	Ownership Type	Student Fees	
			Resident	Nonresident
New Jersey	NJMS	Public	$3,070	$3,070
	RWJMS	Public	$2,202	$2,202
	Cooper Medical School of Rowan University (CMSRW)	Public	$2,290	$2,290
New York	Jacobs SOM and Biomedical Sciences (University of Buffalo)	Public	$3,258	$3,258
	SUNY Upstate Medical University–Norton COM	Public	$1,543	$1,543
	SUNY Downstate Health Sciences University COM	Public	$733	$733
Connecticut	University of Connecticut SOM	Public	$2,660	$2,660
Maryland	University of Maryland SOM	Public	$2,925	$2,925
Virginia	Eastern Virginia Medical School	Public	$3,843	$5,672
	University of Virginia SOM	Public	$4,990	$4,534
	Virginia Commonwealth University SOM	Public	$3,843	$4,534
Ohio	Northeast Ohio Medical University	Public	$5,213	$5,213
	Ohio State University COM	Public	$957	$957
	University of Toledo COM	Public	$2,938	$2,938
	University of Cincinnati COM	Public	$2,064	$2,064
	Wright State University Boonshoft SOM	Public	$2,415	$2,415
		Median Fees (excluding Rutgers)	***$2,793***	***$2,793***
		Average Fees (excluding Rutgers)	***$2,834***	***$2,932***

Source: AAMC Tuition and Student Fees Report for first-year students, AY 2022–2023 (AAMC tuition and student fees questionnaire).

Appendix E
Residency Match Trends

Comparison of Match Data across Schools

	NJMS and RWJMS Student Matching by Program									
	2018		2019		2020		2021		2022	
	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS
Montefiore Medical Center–Albert Einstein COM										
Anesthesiology			2	1			1	2		
Emergency Medicine							1	1		
Internal Medicine					2	1			6	1
Neurology			1	1						
Pediatrics	2	1	2	1					4	1
NewYork-Presbyterian (NYP) Columbia University Irving Medical Center										
Anesthesiology									4	1
Family Medicine										
Internal Medicine			1	1						
Pediatrics							1	1		
Psychiatry									1	1
Icahn SOM at Mount Sinai										
Anesthesiology			1	1					1	1
Internal Medicine	1	1	2	4	4	2	4	1	2	2
Neurology					1	2				
OB/GYN							1	1		
Pediatrics	1	1							2	1
Radiation - Diagnostic					1	1				

Source: Committee cochairs.
Note: Rutgers programs with overlap are excluded here.

Comparison of Match Data across Schools *(continued)*

	NJMS and RWJMS Student Matching by Program									
	2018		2019		2020		2021		2022	
	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS
NYP/Weill Cornell Medical Center										
Anesthesiology			1	1						
Internal Medicine	2	2	2	2	2	1	1	1		
NYU Grossman SOM										
Anesthesiology					1	1				
Emergency Medicine							1	1		
Orthopedic Surgery					1	1				
Pediatrics					1	2				
Icahn SOM at Mount Sinai Morningside-West										
Anesthesiology							1	1	1	1
Morristown Medical Center										
Emergency Medicine					1	2				
Icahn SOM St. Luke's-Roosevelt										
Emergency Medicine			1	1						
Maimonide Medical Center										
Emergency Medicine			1	1			1	1		
University of Chicago Medical Center										
Emergency Medicine					1	1				

Source: Committee cochairs.
Note: Rutgers programs with overlap are excluded here.

Comparison of Match Data across Schools *(continued)*

	NJMS and RWJMS Student Matching by Program									
	2018		2019		2020		2021		2022	
	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS
NYP Brooklyn Methodist Hospital										
Emergency Medicine							1	1		
Thomas Jefferson University										
Family Medicine			1	1						
Internal Medicine			1	5			2	1	2	2
Radiation–Diagnostic					2	2				
Hunterdon Medical Center										
Family Medicine			1	1					1	2
Ocean University Medical Center										
Family Medicine					1	1				
Boston University Medical Campus										
Internal Medicine			1	2						
CMSRU/Cooper University Hospital										
Internal Medicine									2	1
Emory University SOM										
Internal Medicine					1	1				
Hospital of the University of Pennsylvania										
Internal Medicine	1	2							1	2
Stanford University Programs										
Internal Medicine			1	1						

Source: Committee cochairs.
Note: Rutgers programs with overlap are excluded here.

Comparison of Match Data across Schools *(continued)*

	NJMS and RWJMS Student Matching by Program									
	2018		2019		2020		2021		2022	
	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS
Temple University Hospital										
Internal Medicine	3	1	1	1			2	1		
OB/GYN							1	1		
Tufts Medical Center										
Internal Medicine	1	1			1	1				
University of Maryland Medical Center										
Internal Medicine			2	1					1	1
University of Southern California										
Internal Medicine	1	1								
University of Washington Affiliated Hospitals										
Internal Medicine									1	1
Westchester Medical Center										
Internal Medicine							2	1		
Orthopedic Surgery							1	1		
St Luke's University Hospital–Bethlehem Campus										
OB/GYN									1	1
Jackson Memorial Hospital										
Orthopedic Surgery	1	1								

Source: Committee cochairs.
Note: Rutgers programs with overlap are excluded here.

Comparison of Match Data across Schools *(continued)*

	NJMS and RWJMS Student Matching by Program									
	2018		2019		2020		2021		2022	
	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS	NJMS	RWJMS
St. Christopher's Hospital for Children										
Pediatrics	1	1								
UT Southwestern Medical Center										
Pediatrics									1	1
Zucker SOM at Hofstra/Northwell–Cohen Children's Medical Center										
Pediatrics	1	1	2	2	1	1	1	2		
Burke Rehabilitation Hospital										
Phys. Med/Rehab							1	1		
Icahn SOM at Mount Sinai Beth Israel										
Psychiatry							1	1	2	1
Rhode Island Hospital–Brown University										
Urology					1	1				

Source: Committee cochairs.
Note: Rutgers programs with overlap are excluded here.

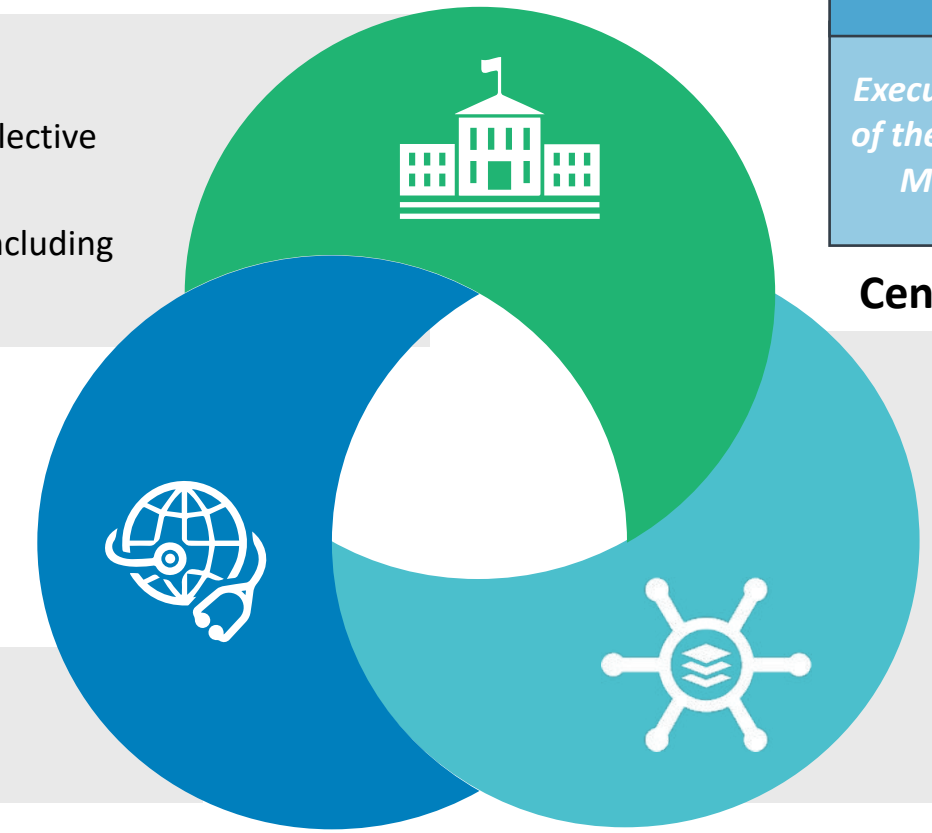
Appendix F
Case Studies

Multicampus SOM Case Study: Medical College of Wisconsin

"Three Campuses, One Community of Learning"		
Executive Dean of the School of Medicine	*Shared admissions process for applicants*	*Discovery curriculum utilized across all campuses*

Milwaukee Campus

- Flagship campus
- Four-year curriculum program (more elective courses, rotations, and internships)
- Widest variety of education options, including several dual degree programs



Central Wisconsin (Wausau) Campus

- Accelerated three-year curriculum training PCPs and psychiatrists
- Regional campus dean appointed
- No research labs; not suited to train in complex specialties
- Focused on training community providers and emphasizing the need for physician retention in northern Wisconsin post-graduation

Green Bay Campus

- Accelerated three-year curriculum
- Regional campus dean appointed

Campus preferences are designated on the secondary application. If admission is offered, it is for a specific campus and is not transferrable.

Source: Campuses | Medical School | Medical College of Wisconsin (mcw.edu).

Multicampus SOM Case Study: University of Minnesota (UMN)

Twin Cities Flagship Campus: MD-PhD dual degree offered, biomedical research experience, and 100+ faculty available for thesis mentorship	**Duluth Campus Mission:** "Be a leader in educating physicians dedicated to family medicine, to serve the needs of rural Minnesota and Native American communities."

A renewed systems-based, three-phase curriculum is to be introduced in fall 2023 across both campuses. The three phases are Foundations, Clinical Immersion, and Specialty-Specific Transitions. The Foundations phase will be identical for all UMN Medical School students with the goal of unifying the curriculum between both campuses.

Application and Admissions Process

1. Submit AMCAS Application

Prospective students submit primary AMCAS application prior to proposing a desired campus.

2. Select Campus Preference

- Instructions to submit campus preference will automate prior to UMN supplemental application.
- Applicants can apply to either campus for a $100 nonrefundable fee.

☐ **Twin Cities campus**
☐ **Duluth campus**
☑ **Either campus**

3. Campus Placement

- Placement for applicants who select "either" is based on capacity and possible preferred ranking (if requested).
- All MD-PhD selected applicants are placed at the Twin Cities campus.

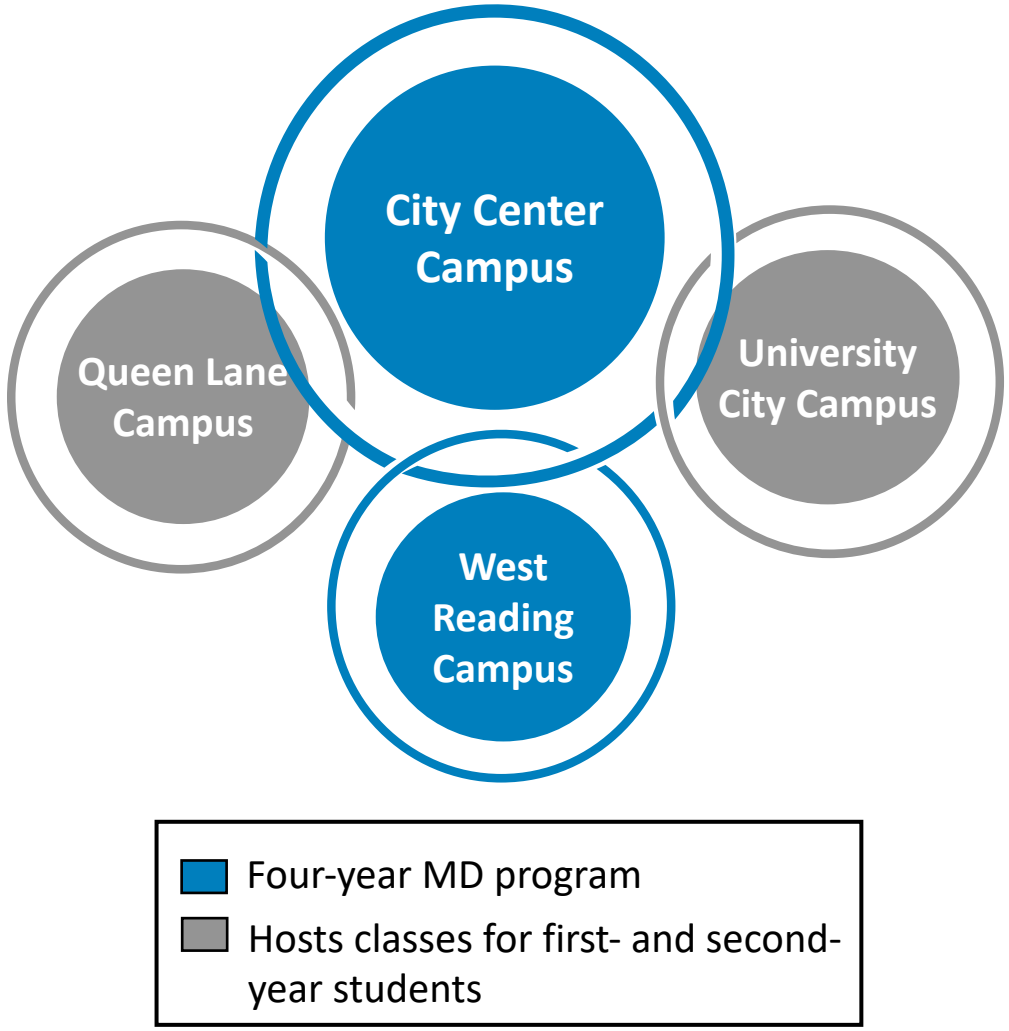
Source: Admissions | Medical School - University of Minnesota (umn.edu).

Multicampus SOM Case Study: Drexel University

All Drexel campuses utilize a uniform admissions process.

1. Accepted students are admitted to Drexel College of Medicine without consideration of campus preference
2. Campus preference is requested after final acceptance to the MD program
3. Deposit required prior to campus assignment
4. Campus assignments are shared via the applicant portal after March 30 or on a rolling basis for applicants accepted after March 30
5. Students accepted after June 15 receive a campus assignment with their acceptance letter
6. Campus reassignment requests can be submitted for consideration until June 10. Reassignments are not guaranteed.

Source: MD Program Admissions - Drexel University College of Medicine



Appendix G
Overview of Strategic Plans

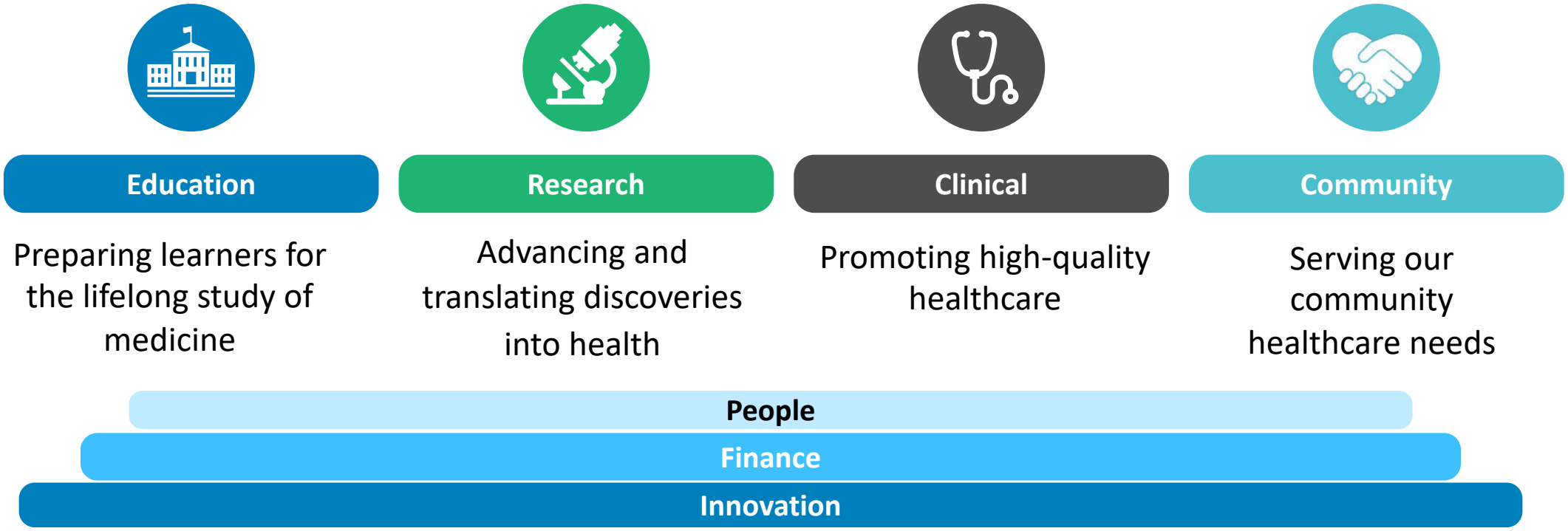
Mission, Vision, and Values

	NJMS	RWJMS
Mission	To prepare humanistic leaders in global healthcare and pioneering science by building upon our strengths of diversity, educational innovation, immersive clinical training, and transformative research	Robert Wood Johnson Medical School is dedicated to transforming healthcare for New Jersey and the nation through innovation and excellence in education, research, patient- and family-centered care, and addressing the health of our diverse community.
Vision	NJMS aspires to optimize health and social well-being by: • Providing cutting-edge tertiary and quaternary medical care of distinction and serving all patients. • Enhancing our position as the top biomedical research institution in the state of New Jersey. • Creating a culture of intellectual curiosity and lifelong learning in a welcoming and inclusive environment. • Advancing the health, education, and care of all people whom we serve, including underserved and vulnerable populations, by preparing an educated and diverse workforce.	Robert Wood Johnson Medical School will become the academic engine driving a new healthcare paradigm in New Jersey—the state's first and largest academic high-value healthcare system.
Values	In pursuit of our mission and vision, we value: • Integrity and professionalism. • Diversity and inclusion. • Humanism and equity. • Leadership and collaboration. • Innovation and intellectual rigor. • Wellness and balance.	**R:** Respect, dignity, and humanism for the diverse population we serve **W:** Wellness and resilience **J:** Joining learners hand-in-hand with care delivery **M:** Making patients first with safe, compassionate, high-quality care **S:** Science to advance human health

RWJMS Strategic Plan

"[RWJMS] will become the academic engine driving a new healthcare paradigm in New Jersey and the state's first and largest academic, patient-centered, high-value healthcare system."

The core of RWJMS's strategic plan is composed of four pillars and supported by three cornerstones. Each pillar includes three to five strategic aims to serve as the focus for strengthening each cornerstone of the school's success.



Source: *RWJMS Strategic Plan 2016–2021*.

RWJMS Strategic Aims Associated with Each Pillar

Education

- Pursue novel approaches to teaching and experiential learning.
- Integrate tenets of Triple Aim curriculum into the educational mission, and fully integrate learners in clinical care.
- Enhance the academic learning environment.

Research

- Increase federal, state, foundation, philanthropic, and institutional investment in research with a focus on our environment and innovation.
- Increase academic stature through programmatic development, team science, and scholarly activity.
- Advance basic, clinical, and translational research through improved infrastructure and research resources, as evidenced by an increase in our research activity and investment in support for grants and contracts

Clinical

- Increase patient satisfaction.
- Improve quality.
- Increase practice efficiency.

Community

- Expand access to culturally effective healthcare.
- Support the community health/global health education of health professionals and the community, both nationally and internationally.
- Expand programming to improve the overall health of communities.
- Expand RWJMS community and global health capacity to engage in population health initiatives around patient-centered outcomes, practice-based dissemination, and implementation and translational research.
- Expand the reach of global health activities.

Source: *RWJMS Strategic Plan 2016–2021*.

NJMS Strategic Priorities

Education

Goal: To be a nationally recognized medical education program that prepares diverse students and trainees to be:

1. Competent and collaborative practitioners of medicine
2. Participants in lifelong learning
3. Users of evidence-based medicine as a guide to clinical practice
4. Prepared educational leaders with an understanding of the health of underserved and vulnerable populations

Research

Goal: To build on our prominence in biomedical research to promote progress and innovation in basic and translational science through core research services and infrastructure

Clinical

Goal: To improve access and provide high-quality, cost-effective, high-value medical care to members of the local community and to partner with RWJBH, University Hospital, and others to expand services and promote health equity, diversity, and inclusion and wellness

Community

Goal: To provide education and service to Newark, the surrounding communities, and globally with a focus on diverse populations, including vulnerable and marginalized people, through an integrated approach to education, career awareness, development, recruitment and retention of primary care providers, and interdisciplinary efforts and programs to increase workforce diversity

Source: *Rutgers New Jersey Medical School Strategic Plan 2019–2024*.

NJMS Strategic Initiatives to Support the Strategic Priorities

Education

1. Pursue novel approaches to teaching and experiential learning.
2. Promote methods to attract, develop, and advance diverse and inclusive trainees and faculty in order to maintain an optimal learning environment.

Research

1. Improve CORE research services and infrastructure for basic, clinical, and translational research.
2. Optimize regulatory processes for research work.
3. Optimize research and sponsored programs and grants administration services to increase revenue from collaborative clinical, basic science, and translational research.

Clinical

1. Continually improve the quality of services provided by our clinical programs.
2. Improve patient satisfaction.
3. Optimize patient access to medical services.

Community

1. Cultivate community service and engagement.
2. Improve the health of the community through primary care initiatives and workforce diversity.
3. Increase philanthropic funding and branding of our programs.

Source: *Rutgers New Jersey Medical School Strategic Plan 2019–2024*.

Appendix H
Marketing and Branding Analyses

Marketing and Branding Analyses

Simpson Scarborough

***Rutgers–New Brunswick & Rutgers Health Brand & Marketing Research*, January 2020**

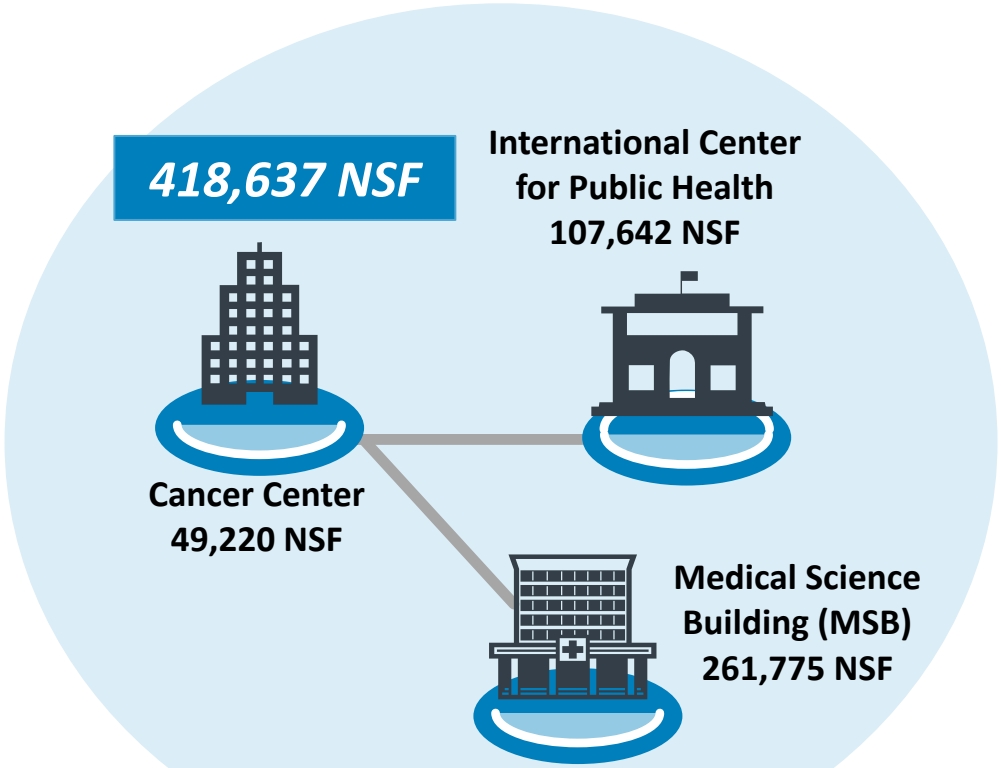
"Familiarity with academic health systems (73%) and with Rutgers Health (65%) is strong, but only one in three general public respondents have used this type of facility or know someone who has used this type of facility."

"While one in four general public respondents consider the 'conducts extensive research, including clinical trials, to develop new ways to prevent, detect, and treat illness,' statement a strength of Rutgers Health, nearly one in three don't know."

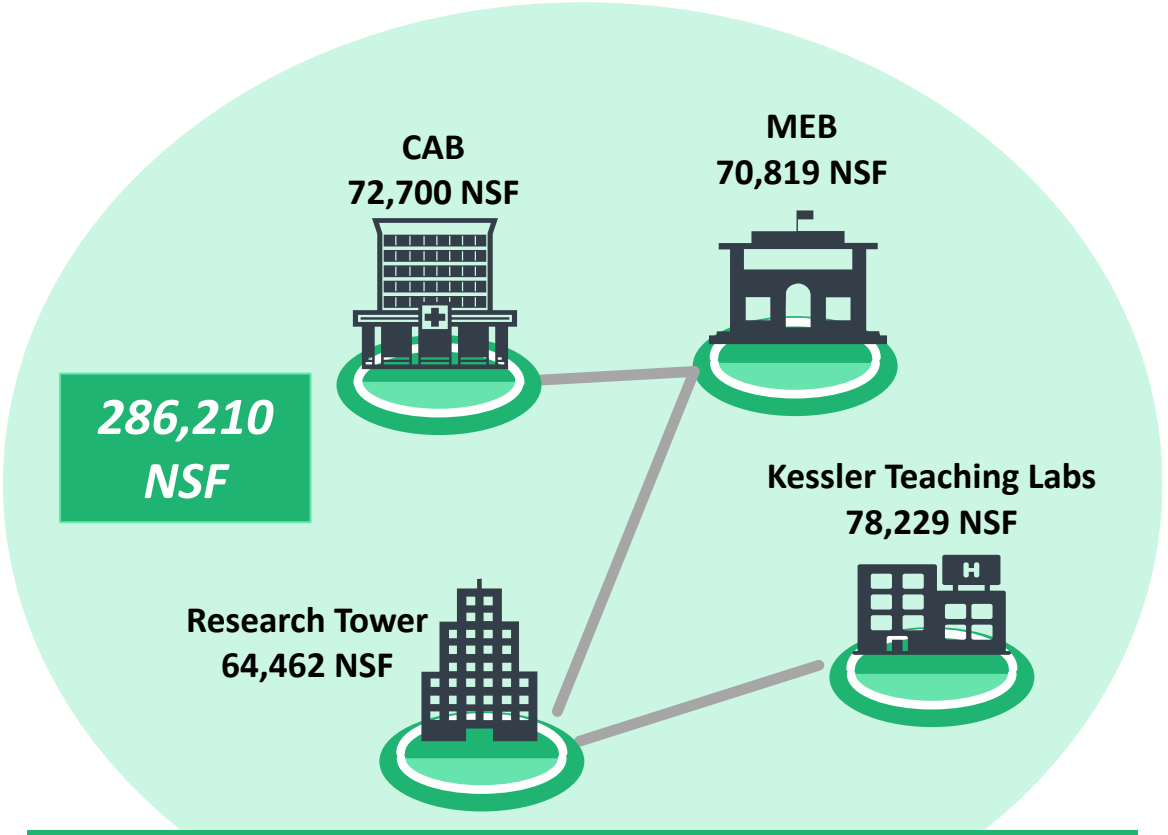
Respondents ages 20 to 39 are more likely to say Rutgers Health "provides all levels of care to patients" and "uses cutting-edge technologies, resources, and therapies."

Appendix I
Overview of Key Buildings

Overview of Key Buildings



NJMS Buildings	Net Square Footage
MSB	261,775
International Center for Public Health	107,642
Cancer Center	49,220
Total	**418,637**

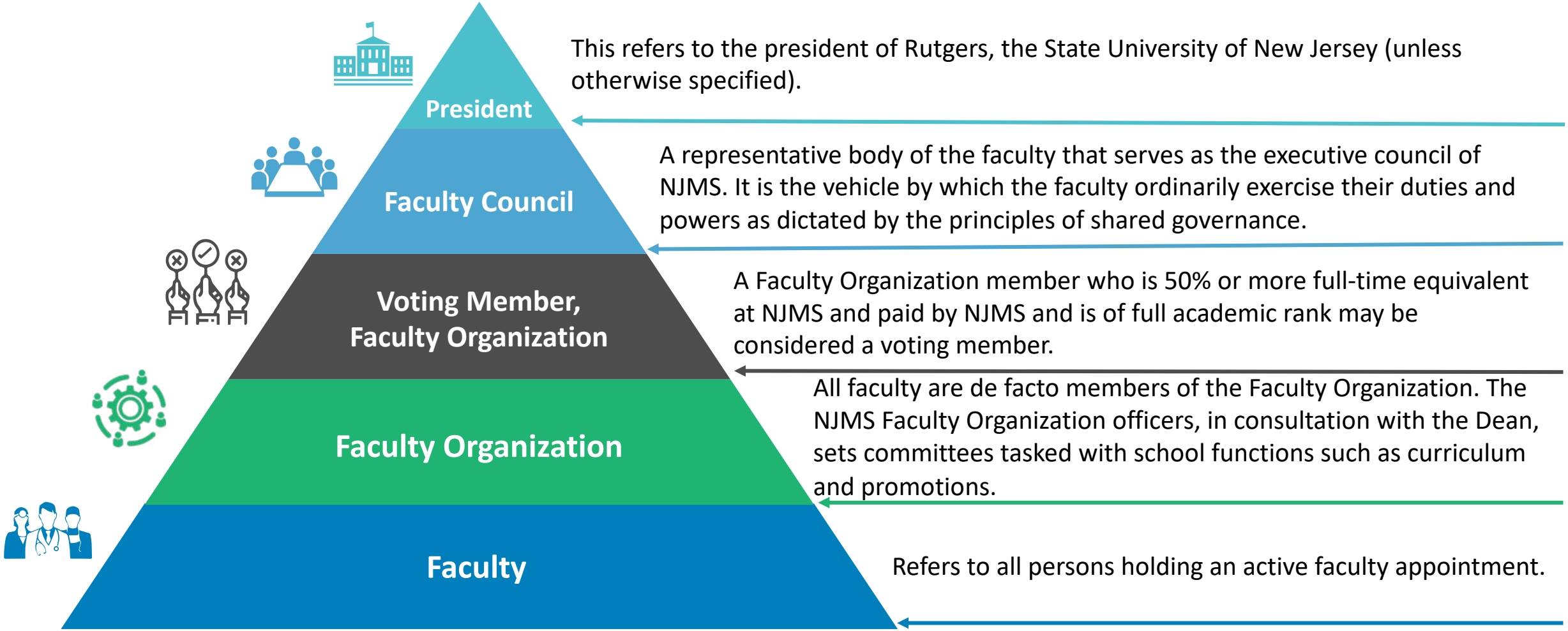


RWJMS Buildings	Net Square Footage
Clinical Academic Building (CAB)	72,700
Medical Education Building (MEB)	70,819
Kessler Teaching Labs	78,229
Research Tower	64,462
Total	**286,210**

Notes: Figures may not be exact due to rounding. Includes buildings on each campus greater than ~50,000 square feet.
Source: Client-provided data.

Appendix J
Faculty Governance Structures

NJMS Faculty Governance



Source: NJMS Bylaws (provided by client).

RWJMS Faculty Governance

Executive Committee

The major leadership committee of the school that advises the dean and makes recommendations and votes on matters affecting the business, operations, and policies of the medical school

- Academic Standing Committee
- Admissions Committee
- School-Wide Advisory on Appointments and Promotions
- Curriculum Committee
- Committee of Review
- Continuing Medical Education Committee
- Research Committee
- Nominations and Electives Committee
- Graduate Medical Education Committee
- Professionalism Committee

Source: RWJMS Bylaws (provided by client).

Appendix K
Relevant LCME Accreditation Standards – Culture and Identity Committee

Notable LCME Accreditation Requirements

Strategic Planning and Continuous Quality Improvement

A medical school engages in ongoing strategic planning and continuous quality-improvement processes that establish its short- and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

Functional Integration of the Faculty

At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, data sharing).

Learning Environments and Professionalism

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

Source: LCME accreditation standards, 2023–2024.

Appendix L
Summary Results from Key Surveys

Mentoring Program Survey

NJMS

Response N = 93 (2016), 24 (2022)

- Mentorship rate has increased from 11% in 2016 to 59% in 2022
- Satisfaction with mentoring arrangements and availability of mentors have decreased
- Faculty want protected time to do research, more experienced mentors, grant-writing skill development, and research infrastructure
- 100% of NJMS respondents said they are familiar with appointments and promotion guidelines, up from 69% in 2016
- Job satisfaction has decreased overall, from 77% moderately, slightly, or extremely satisfied in 2016 to 54% in 2022
- Clinical Scholar and Clinical Educator tracks are less satisfied overall than other tracks

RWJMS

Response N = 100 (2016), 66 (2022)

- Mentorship rate has increased from 23% in 2016 to 47% in 2022
- There is a need for more experienced mentors and opportunity for mid-level and senior faculty to mentor junior colleagues
- Mentors want more recognition, credit, incentive, and dedicated FTE time
- Job satisfaction has decreased overall, from 75% moderately, slightly, or extremely satisfied in 2016 to 45% in 2022
- Clinical Scholar and Clinical Educator tracks are less satisfied overall than other tracks

Source: Mentoring Program Survey for RBHS Faculty, 2022 – NJMS Report; Mentoring Program Survey for RBHS Faculty, 2022 – RWJMS Report

RBHS Translational Research Barriers Survey: Key Findings

1. Obtaining timely IRB approval of the protocol and study materials was ranked as a moderate to major barrier by 65% of respondents.

2. Recruiting adequately trained research staff was ranked as a moderate to major barrier by 77% of respondents.

3. Lack of institutional infrastructure to assist with required reports and administrative tasks was ranked as a moderate to major barrier by 77% of respondents.

Source: NJ ACTS Barriers in Translational Research Survey Collated Data

AAMC Standpoint Survey: RWJMS

Summary Score	Appointment Status		Department Type		Rank		Gender		Race/Ethnicity		Administrative Title	
	Full-Time	Part-Time	Basic Science	Clinical	Senior	Junior	Male	Female	Majority	Minority	Admin Title	Non-Admin Title
My Job	69.0%	69.6%	86.6%	66.9%	67.8%	69.7%	68.4%	69.8%	69.4%	71.5%	71.1%	68.3%
Focus on Medical School Mission	57.8%	66.1%	65.4%	57.4%	52.0%	64.0%	55.7%	61.4%	58.0%	63.1%	57.9%	59.2%
Workplace Culture	48.8%	54.9%	50.6%	48.9%	41.8%	55.8%	48.3%	50.0%	49.1%	52.6%	47.2%	51.0%
Department Governance	59.0%	66.9%	81.4%	56.6%	57.3%	61.4%	60.7%	57.8%	59.8%	53.5%	59.1%	59.5%
Medical School Governance	31.2%	35.3%	25.7%	32.2%	25.1%	38.9%	30.6%	32.5%	30.8%	39.9%	32.6%	31.2%
Relationship with Supervisor	71.4%	84.4%	89.6%	69.8%	69.2%	74.3%	69.2%	75.8%	72.5%	71.2%	72.7%	72.0%
Growth Opportunities	53.9%	53.7%	52.3%	54.0%	52.3%	54.3%	54.3%	53.3%	53.5%	60.7%	57.7%	51.8%
Promotion and Tenure Requirements	43.1%	53.3%	46.6%	43.3%	43.6%	43.9%	42.0%	45.6%	42.9%	51.5%	43.7%	44.0%
Promotion Equality	60.4%	48.5%	67.7%	58.8%	58.6%	61.0%	64.2%	54.2%	60.2%	59.7%	61.3%	58.7%
Collegiality and Collaboration	68.7%	72.7%	74.1%	68.2%	66.6%	71.1%	68.6%	69.3%	69.2%	69.1%	71.3%	67.5%
Compensation and Benefits	57.7%	59.3%	57.4%	57.8%	56.7%	58.1%	54.0%	62.7%	56.3%	74.5%	58.9%	57.2%
Faculty Recruitment and Retention	39.9%	48.8%	34.8%	41.1%	34.1%	47.1%	37.7%	43.8%	39.7%	52.3%	43.1%	39.1%
Faculty Diversity and Inclusion	62.9%	69.8%	43.4%	65.8%	57.7%	69.1%	65.0%	61.0%	63.1%	65.9%	64.5%	62.8%
Clinical Practice	48.9%	58.5%	N<5	49.4%	43.5%	54.6%	49.3%	49.6%	47.8%	65.6%	49.4%	49.4%

Source: 2019 AAMC StandPoint Survey: Faculty Executive Summary Report, Rutgers, Robert Wood Johnson Medical School

Table includes summary scores for the overall top two response options (e.g., strongly agree or agree)

AAMC Graduation Questionnaire: NJMS

Strengths

- Science relevance and integration were 50th-75th percentile
- Pediatrics clerkship experiences were primarily rated 50th-75th or 75th-90th percentile
- "The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds" was 90th percentile
- Office of the Dean for Educational Programs/Curricular Affairs rated >90th percentile for awareness of and responsiveness to student problems

Areas of Opportunity

- Basic sciences:
  - Gross anatomy was 10th-25th percentile
  - Many other sciences were 25th-50th percentile
- Family Medicine and Surgery clerkship experiences mostly rated 10th-25th percentile
- Psychiatry clerkship experiences mostly rated 25th-50th percentile
- Elective participation rated 25th-50th percentile for many options
- Most faculty professionalism categories ranked 25th-50th percentile
- Student satisfaction with library resources ranked <10th percentile

Source: 2022 AAMC Graduation Questionnaire Summary of Major Findings, NJMS Report

AAMC Graduation Questionnaire: RWJMS

Strengths

- Basic science education was >90th percentile
- Basic sciences as preparation for clinical clerkships and electives was primarily 75th-90th+ percentile
- Quality of educational experiences in clinical clerkships
  - Most rotations were 75th-90th+ percentile
- Effective resident teaching
  - Most rotations were 75th-90th+ percentile
- "The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds" was >90th percentile
- Student-faculty interaction was >90th percentile
- Most learning environment questions were 75th-90th+ percentile

Areas of Opportunity

- Psychiatry quality of educational experiences was 50th percentile
- OB/Gyn, pediatrics, psychiatry, and surgery observed history and physical were between <10th and 10th-25th percentile
- Facilities and other student services satisfaction scores were below the national average
  - Computer resource center/IT resources was 80% compared to 86% nationally
  - Student relaxation space 61% was compared to 65% nationally
- Some behavior occurred more frequently than the national average:
  - Never subjected to unwanted sexual advances was 95% vs 96% nationally (25th percentile)
  - Never received lower evaluations based solely on race or ethnicity was 94% vs 96% (25th-50th percentile)
  - Those who did not report incidents due to a fear of reprisal was 43% compared to 33% nationally

Source: 2022 AAMC Graduation Questionnaire Summary of Major Findings, RWJMS Report

Appendix M
Interview Synopsis

Synopsis of Interview between Committee Member and Senior Faculty Member/Administrator at Rutgers Law School

- "The Law School merger is 7 years in and is still very controversial. It has met almost none of its stated goals and has preoccupied administrators, faculty and staff over the whole time. There is a sense that if it could be done over, a majority of the faculty would want to unwind it."
- Recommendation based on their experience is to do the most limited merger possible to achieve specific functional goal(s), preserving the sovereignty and integrity of both schools. Limit the merger just to the operations that will function better as merged.
- Specific issues/outcomes of the law school merger include:
    - Trying to operate the two schools as a single unit has proven to be extraordinary time consuming and "conflict intensive."
    - The projected benefits were illusory. The merger was billed to help improve ratings and the quality of students and administrative efficiency, but, in reality, it has done none of these. Administrators are more overloaded, and there is an inefficient reporting structure. The co-dean structure is problematic as deans have different needs for their schools and have to check with each other in order to move things forward. The administrations at each school need independence to move the school forward.
    - Products of the merger have been "resentment, competition and inefficiencies."
        - Everyone failed to anticipate how damaging the resentment would be.
        - Some of the competition for resources has been brutal, generating resentment on both campuses.
    - Faculty governance has suffered significantly. It is very hard for faculty to have a voice when hundreds of faculty from these disparate campuses are all trying to work through a single meeting.
    - Staff are frustrated having to travel back and forth 80 miles between the two campuses.
    - Alumni are very unhappy.

Synopsis of Interview between Committee Member and Senior Faculty Member/Administrator at Rutgers Law School (continued)

Other comments:

- Recommendation to speak with John Farmer, a former Dean who became General Counsel for the university, to share his view of what happened.
- The fact that two chancellors were involved has little bearing on these problems with the merger. There are issues about the budgets and competition, but the major issues are not because of the schools spanning two chancellors.
- Accreditation has not been an issue. The accreditation visits have been quite straightforward and a chance to highlight problems to administration. The accreditation process seems to be unlike the medical schools for which the LCME's demands for equality at both campuses may be a significant constraint imposed by an external pressure that we can only guess at.

How to do it if we move forward with medical school integration:

- Careful analysis of what are the functions that should be shared and will be advantageous to share, for which economics of scale are convincing and all will see.
- Need to have an eye on how to attract and retain talent, both faculty and administration. Law schools have lost a lot of staff who were overwhelmed.
- Do the most minimal merger and focus on the most obvious functions that leads to greater efficiency. Preserve as much sovereignty, faculty governance, and discretion.
- After I (committee member) described issues with hospitals, the response was: "The questions won't be resolved later! The chasm will only grow. Questions that are not addressed will become an obsession and will annoy everyone and there will be attrition, as people think 'this is not what I signed up for'."

Synopsis of Interview between Committee Member and Senior Faculty Member/Administrator at Rutgers Law School (continued)

Overall recommendations:

- Try to achieve the maximum gain of goals with minimum integration, and a presumption of sovereignty.
- Only those functions that justify integration should be integrated, which will avoid some conflicts.
- Change as few fundamental aspects as possible. You can always add more later.
- Think creatively about fail-safe mechanisms in the event problems can and do arise. Put these in place ahead of time. How will conflicts between the schools be managed? Don't try to do it on the fly after the conflicts arise. Build in crisis avoidance mechanisms ahead of time, e.g., requiring a super majority for some changes, or having an empowered Task Force already in place.
- "To do less is to do more and have fail safe mechanisms."

Appendix N
Overview of Medical Student Curricula and Learning Objectives

NJMS and RWJMS Year One Curriculum

NJMS	Phase I: Core Biomedical Curriculum					
	Foundations of Body Systems (19 weeks)	Musculoskeletal and Integumentary (6 weeks)	Cardiovascular (6 weeks)	Pulmonary (5 weeks)	Renal (3 weeks)	Year One EPA OSCE
	Patient-Centered Medicine Thread and Longitudinal Health Equity and Social Justice Course					
	Service Learning, Humanism, Culturally Competent Quality Care, Interprofessional Education, Healthcare Systems and Prevention Threads					

RWJMS	M1 Block	Physicianship/ Physician Development and Practice (PDP) (4 weeks)	Foundations in Medical Sciences (16 weeks)	Intersession (1 week)	Foundations in Medical Sciences (4 weeks)	Integrated Systems and Disease 1 (3 weeks)	Intersession (1 week)	Integrated Systems and Disease 1 (5 weeks)	Intersession (2 weeks)	Integrated Systems and Disease 1 (5 weeks)
	Course	Physicianship	• Cells to Structure • Principles of Pharmacology, Disease, and Defense	PDP	Mechanisms of Disease and Defense	Metabolism and the Cardiovascular System	PDP	Metabolism and the Cardiovascular System	PDP	Pulmonary and Renal Systems

Source: Curricula provided by committee cochairs.

NJMS and RWJMS Year Two Curriculum

NJMS	Phase I: Core Biomedical Curriculum					
	Digestive (5 weeks)	Genitourinary/Endocrinology (8 weeks)	Neuro/Psych/Biostats (14 weeks)	Year Two EPA OSCE	USMLE Study Time	Transition to Clerkships
	Patient-Centered Medicine Thread and Longitudinal Health Equity and Social Justice Course					
	Service Learning, Humanism, Culturally Competent Quality Care, Interprofessional Education, and Healthcare Systems and Prevention Threads					

Transition block at the end of the year is continuous.

Clerkships start at the end of the second year.

First Clerkship

RWJMS	M2 Block	Integrated Systems and Disease 2 (5 weeks)	Intersession (2 weeks)	Integrated Systems and Disease 2 (5 weeks)	Intersession (2 weeks)	Clinical Neurology and Behavioral Science (10 weeks)	Intersession (2 weeks)	End of Preclerkship Curriculum Preparation for USMLE Step 1 (6 weeks)	Clerkship Transition (1 week)	Women and Children (W&C) (13 weeks)
	Course	Endocrinology and Reproduction	PDP	GI	PDP	• Head & Neck • Clinical Neuro • Behavioral Science	PDP			• OB/GYN • Pediatrics • W&C Intercession

Source: Curricula provided by committee cochairs.

NJMS and RWJMS Year Three Curriculum

NJMS	Phase II: Core Clinical Clerkships and Clinical Electives						
	Ambulatory Primary Care (5 weeks)	Medicine (10 weeks)	Pediatrics (6 weeks)	Surgery (8 weeks)	OB/GYN (6 weeks)	Neurology (4 weeks)	Psychiatry (4 weeks)
	Six weeks of electives; two integrative weeks with year three EPA OSCEs (midyear and end of year)						
	Service Learning, Humanism, Culturally Competent Quality Care, Interprofessional Education, and Healthcare Systems and Prevention Threads						

Electives are spread out between other blocks.

RWJMS	M3 Block	Family and Behavioral Health (FBH) Intersession and Integrated Systems and Disease 2 (12 weeks)	Hospital Med. (12 weeks)	Rapid Diagnosis, Challenging Differentials, and Critical Learning (12 weeks)	Career Exploration Personalization (4 weeks)	Transition to Advanced Clinical Experiences (4 weeks)	Critical Care Selective (4 weeks)	Subinternship (4 weeks)
	Clerkship/ Selectives/ Electives	• Family Medicine • Psychiatry • FBH Intersession	• Surgery • Medicine	• Emergency Medicine • Neurology	Electives	Step Two CK	Adult or Pediatric	Inpatient Disciplines

Source: Curricula provided by committee cochairs.

NJMS and RWJMS Year Four Curriculum

NJMS					
	Phase III: Acting Internships and Clinical Immersion Electives				
	Emergency Medicine (4 weeks)	Acting Internship (20 weeks)	Physical Medicine and Rehabilitation (2 weeks)	Electives (20 weeks)	Transition to Residency
	Year Four Graduation OSCE				
	Service Learning, Humanism, Culturally Competent Quality Care, Interprofessional Education, and Healthcare Systems and Prevention Threads				

NJMS has mandatory clerkships in the fourth year.

RWJMS			
	M4 Block	Career Exploration, Enrichment, and Personalization (40 weeks)	Transition to Residency (4 weeks)
	Selectives/ Electives/ Boot Camp	Electives	Specialty-Specific Boot Camps

Source: Curricula provided by committee cochairs.

Three-Year Curricula Options

RWJMS's three-year PACCE program places students in affiliated Family Medicine residency programs or the Pediatrics program, while NJMS's MD PC students are offered conditional acceptance into an affiliated Internal Medicine, Med/Peds, or Pediatrics residency following completion of their three-year curriculum.

<table>
<tr><td rowspan="6">NJMS</td><td colspan="7">Phase I: Core Biomedical Curriculum</td></tr>
<tr><td rowspan="3">Year One
Clinical Immersion and Population Health
(52 weeks)</td><td>Foundations of Body Systems</td><td>Musculoskeletal and Integumentary</td><td>Cardiovascular</td><td>Pulmonary</td><td>Renal</td><td>Year One EPA OSCE</td></tr>
<tr><td colspan="6">Longitudinal Preceptorship</td></tr>
<tr><td colspan="6">Patient-Centered Medicine Thread and Longitudinal Health Equity and Social Justice Course</td></tr>
<tr><td colspan="7">Service Learning, Humanism, Culturally Competent Quality Care, Interprofessional Education, and Healthcare Systems and Prevention Threads</td></tr>
<tr><td rowspan="3">Year Two
Ambulatory Primary Care/Clinical Elective/Population Health
(44 weeks)</td><td>Digestive</td><td>Genitourinary/ Endocrinology</td><td>Neuro/Psych/ Biostats</td><td rowspan="2">Year Two EPA OSCE</td><td rowspan="2">USMLE Study Time</td><td rowspan="2">Transition to Clerkships</td></tr>
<tr><td colspan="3">Longitudinal Preceptorship</td></tr>
<tr><td colspan="4">Patient-Centered Medicine Thread and Longitudinal Health Equity and Social Justice Course</td><td colspan="3">Service Learning, Humanism, Culturally Competent Quality Care, Interprofessional Education, and Healthcare Systems and Prevention Threads</td></tr>
</table>

Source: Curricula provided by committee cochairs.

Three-Year Curricula *(continued)*

NJMS	Phases II and III: Core Clinical Clerkships, Acting Internships, and Clinical Electives (55 weeks)								
	Emergency Medicine	Pediatrics	Surgery	OB/GYN	Neurology	Psychiatry	Physical Medicine and Rehabilitation	Acting Internship	Emergency Medicine
	Longitudinal Preceptorship								
	Two weeks of elective; year three EPA OSCEs and graduation OSCE								
	Service Learning, Humanism, Culturally Competent Quality Care, Interprofessional Education, and Healthcare Systems and Prevention Threads								

RWJMS	Introduction to Clinical Experience (1 week)	Internal Medicine Clerkship (6 weeks)	Surgery Clerkship (6 weeks)	PACCE Orientation (1 week)	Neurology Clerkship (3 weeks)	PACCE Clinical Experience (7 weeks)	OB/GYN Clerkship (4 weeks)	Elective (2 weeks)	Pediatrics Clerkship (3 weeks)	Psychiatry Clerkship (3 weeks)	PACCE Clinical Experience (12 weeks)	Transition to Fourth Year (1 week)

Sources: NJMS: Curricula provided by committee cochair; RWJMS: FAM Report

Appendix O
LCME Accreditation Requirements Related to Curriculum

Notable LCME Accreditation Requirements

Program and Learning Objectives

The faculty of a medical school define medical education program objectives in outcome-based terms that enable the assessment of medical students' progress in developing the competencies the profession and the public expect of a physician. The medical school makes these objectives known to all medical students and faculty. In addition, the medical school ensures the objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

Elective Opportunities

The faculty of a medical school ensure the curriculum includes elective opportunities that supplement required learning experiences and permit medical students to gain exposure to and expand their understanding of medical specialties and to pursue their individual academic interests.

Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, in graduate and professional degree programs, and in clinical environments where there are opportunities for interaction with physicians in graduate medical education and continuing medical education programs.

Source: LCME accreditation standards, 2023–2024.

Notable LCME Accreditation Requirements *(continued)*

Curricular Management

A medical school has an institutional body (i.e., a faculty committee) that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Use of Medical Educational Program Objectives

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure the medical curriculum uses formally adopted medical education program objectives to guide the selection of curriculum content and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education program objectives.

Curricular Design, Review, and Revision/Content Monitoring

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.

Source: LCME accreditation standards, 2023–2024.

Notable LCME Accreditation Requirements *(continued)*

Evaluation of Educational Program Outcomes

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. This data is collected during program enrollment and after program completion.

Comparability of Education/Assessment

A medical school ensures the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

Source: LCME accreditation standards, 2023–2024.

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BIOMEDICAL AND
HEALTH SCIENCES

ECG MANAGEMENT CONSULTANTS
A Savaria Healthcare Company

LEADING HEALTHCARE FORWARD

September 21, 2022

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Steven Andreassen, JD
Vice Chancellor and Chief of Staff
Rutgers Biomedical and Health Sciences
89 French Street
New Brunswick, New Jersey 08901-1935

Dear Steve:

We are pleased to present this statement of work for ECG to provide Rutgers Biomedical and Health Sciences ("RBHS") with project management and advisory support associated with exploring and answering questions about the potential further integration of New Jersey Medical School (NJMS) and Robert Wood Johnson Medical School (RWJMS). We understand that the University Senate has issued a series of questions regarding this initiative, and that RBHS leadership has charged a series of committees with responding to the questions to inform the optimal structure for NJMS and RWJMS, examine key issues, and ultimately develop a proposal for what further integration may entail. RBHS is seeking consulting support to provide project management oversight and to facilitate meetings for these committees with the goal of bringing back recommendations to the University Senate in late January. We appreciate this opportunity to partner with RBHS again, and we believe you will find that in addition to our familiarity with Rutgers from past engagements, we have unmatched experience and expertise to assist you on this critical project. The remainder of this document outlines our project approach and scope of work, relevant ECG experience, project team, budget and timeline.

Approach and Scope of Work

ECG will work closely with RBHS executive leadership and committee chairs to develop a detailed work plan to expeditiously address questions from the University Senate, gather input from a range of stakeholders, and support development of a proposal that can be brought forward for review in January. We understand that a number of work streams and corresponding committees have already been identified, including but not limited to:

- Curriculum
- Admissions
- Culture and campus environment
- Others, as needed

ECG will support each work stream lead/committee chair to develop meeting agendas, prepare meeting materials, facilitate discussion with stakeholders, summarize takeaways and next steps, and develop report-outs to RBHS leadership and the University Senate. ECG will help to ensure that this is an objective process and will work with RBHS leadership to make opportunities available for a cross-sectional group of stakeholders to be represented and to be heard throughout the process – faculty, staff, clinical partners, community members, and others. In addition, ECG will support appropriate communication throughout the process to keep stakeholders informed on progress and key issues.

Deliverables

- Detailed project work plans for each committee
- Meeting materials for each committee meeting (e.g., agendas, meeting documents, recaps)
- Facilitate all committee meetings in coordination with committee chairs
- Recommendation/proposal for University Senate
- Ad hoc communications materials and support, as requested

This engagement is anticipated to conclude with the presentation of a recommendation or proposal to the University Senate in January. Should RBHS desire ongoing advisory or implementation support to move forward with the resultant recommendations, we will be available to do so and will work with you to develop a detailed work plan at that time.

Relevant ECG Experience

ECG is appreciative to have had a long working relationship with RBHS, and we are confident that our experience and familiarity will reduce the need for a drawn-out fact finding process or getting up to speed on organizational structures and the nature and impacts of the integration and affiliations that have been accomplished in the past decade. ECG has familiarity with many senior administrators and faculty leaders in RBHS and a strong foundational knowledge of the current organizational model that

will allow us to begin providing value-added support immediately. Over the past decade, ECG has partnered closely with RBHS on the following initiatives:

- Rutgers Health Group design and implementation (2014-2018)
- Managed care contracting support (2015-present)
- Faculty compensation planning (2016-2017)
- RHG interim leadership support (2016-2018)
- RWJB affiliation planning (2016-2017)
- Epic implementation support (2016-2018)
- Clinical incentive program (2017-2020)
- CINJ performance improvement (2017-2019)
- Fair market value analysis of faculty compensation (2017-current)
- RWJMS finance/budget support (2017-2018)
- RHG patient access (2018-2020)
- GME integration support (2018-2020)
- NJMS/UPA integration (2018-2020)
- RBHS strategic planning (2021-2022)

Project Team

We recognize the importance of this initiative and have identified a project team with an exceptional depth and breadth of experience in and knowledge of this type of project as well as deep familiarity with RBHS and its medical schools and faculty. This team will be supported by additional consultants and subject matter experts as needed.

Leah Gassett

Project Officer

Principal

Leah heads ECG's Boston office and leads the firm's Academic Healthcare Division. She has spent the past 20 years helping academic healthcare organizations fulfill their missions through her expertise in university–health system affiliations; strategic planning; retreat facilitation; medical education programming across the continuum, including undergraduate, graduate, and continuing medical education; and organizational design that supports the integration of learning, discovery, and care delivery. Clients appreciate how Leah takes a genuine interest in getting to know them and their organizations in order to develop partnerships grounded in mutual understanding and respect. She is a self-aware communicator who appreciates the importance of both how she listens and what she contributes.

Since joining ECG's Academic Healthcare Division in 2006, Leah has facilitated complex projects for AMCs and their component entities. Recent examples of projects led by Leah include assisting one of the largest nonprofit health systems in the Southwest in selecting a top-ranked medical school partner and negotiating a major academic-clinical affiliation; designing the necessary organizational structure to successfully integrate a major health system and university within a newly established AHS; and advising on the transformation of a large community hospital into a major teaching hospital. In addition, Leah has renegotiated multiple long-standing university–health system affiliations and developed strategic plans for numerous highly ranked medical schools across the country. Leah led strategic planning efforts for RBHS in 2020.

For this engagement, Leah will serve as the project officer. In this role, she will participate in key meetings, be available as needed to RBHS leadership, and ultimately ensure the ECG project team's work meets or exceeds the high expectations of RBHS and our firm.

Clay Tellers

Senior Adviser

Principal

For more than 20 years, Clay has worked closely with the leadership of AMCs and health sciences centers (HSCs) to assess and improve the operational and financial performance of their organizations and align the investment of institutional resources with strategic objectives. Clay's clients rely on his deep expertise to guide them through some of their most highly complex initiatives, such as the development and implementation of contemporary affiliation and funds flow arrangements, resource allocation methodologies for supporting the tripartite mission, turnaround and sustainability plans, revised administrative organizational models, and strategic and business plans, including start-up requirements and projections for new SOMs and regional medical campuses. He has also served in interim financial and operational leadership positions for multiple SOMs and HSCs, providing stability and guidance in times of institutional transition. Clay is a regular speaker at national conferences for specialty-specific professional societies related to academic healthcare, as well as for the AAMC and MGMA.

For this engagement, Clay will serve in an advisory role and provide expertise for all things related to medical school organizational design.

Evan Lynch-Throne

Senior Adviser

Associate Principal

Evan is a senior member of ECG's Academic Healthcare Division and leads ECG's Children's service line. Over his 15-plus years in healthcare, Evan has worked closely with AMCs, children's hospitals, and community health systems on a wide variety of strategic and business planning initiatives. His diverse healthcare experience in and outside of consulting enables him to win the trust and confidence of health system and university executives and physician leaders, and Evan regularly assists organizations with complex and politically charged initiatives. His primary areas of expertise include hospital-physician integration, partnerships and affiliations, and strategic financial planning. He has led

engagements focused on developing hospital-to-hospital partnerships, strategic plans, and faculty compensation plans; crafting academic affiliation agreements; designing and implementing integrated physician organizations; and negotiating multispecialty professional services agreements. Evan led a range of work streams with RBHS from 2015 through 2019 and has in-depth working knowledge of the organizational structure, and is currently supporting RBHS with work related to valuation of faculty compensation.

For this engagement, Evan will serve in an advisory role and provide recommendations and expertise on the implications of potential recommendations within the RBHS organizational environment.

ECG will assign a dedicated seasoned project management who will be primarily focused on this work to ensure timeline expectations are met.

Budget and Timing

We are prepared to begin work on this engagement immediately upon receiving your authorization to proceed. We charge for our services based on the professional fees and project-related expenses incurred. In developing project budgets, we estimate hours required by each team member multiplied by our standard hourly rates. Our standard hourly rates are summarized in table 1. Based on the proposed scope of work and timeline of approximately three and half months, we estimate that the monthly professional fees associated with this engagement will be between $80,00 and $100,000 per month and will not exceed $350,000 in total without your prior authorization.

TABLE 1: ECG Standard Hourly Rates

Description	Rate
Partner	Competitive Disadvantage
Principal	
Associate Principal	
Senior Manager	
Manager	
Senior Consultant	

Project-related expenses are billed in addition to professional fees. These expenses include (1) direct out-of-pocket expenses such as travel, meals, and lodging and (2) a charge of 5% of professional fees for all other expenses, including document production and indirect administrative expenses such as technology, research and benchmarking databases, and communications. In total, project-related expenses are estimated to be approximately 8% to 12% of professional fees. If the majority of this engagement is conducted virtually, travel expenses will be minimal, and project-related expenses will be accordingly lower (however, ECG is prepared to be on site as frequently as necessary).

During this engagement, we will bill Rutgers monthly for our services based on the actual fees and project-related expenses incurred, including the actual number of hours spent. Monthly payments are expected within 15 business days of receipt of invoice.

Invoices will be sent to:

Kathleen Bramwell, MBA
Senior Vice Chancellor, Finance and Administration
Rutgers Biomedical and Health Sciences
Child Health Institute of New Jersey, Room 4103
89 French Street
New Brunswick, New Jersey 08901-1935

Terms and Conditions

This agreement ("Agreement") outlines the services to be provided by ECG ("Services") and shall be subject to ECG's standard terms and conditions, as set forth below.

- Any changes to the Agreement must be confirmed in writing by ECG and the client. Notwithstanding the foregoing, ECG's hourly rates are subject to adjustment annually on October 1 and upon a particular consultant's promotion in rank.
- The Services are not a work for hire. ECG retains full ownership of its data and information, including, without limitation, playbooks, pricing information and commercial strategies, technical know-how and trade secrets, supplier information, notes, analyses, compilations, forecasts, studies, work product, data, and other materials prepared by ECG ("ECG Data"). ECG grants the client a limited, revocable, nonexclusive, nontransferable, nonsublicensable license to use any of the ECG Data provided by ECG to the client as part of the Services.

- The Services are intended solely for the client's internal use and may not be used externally nor included in or referred to in any offering statement, purchase or financing agreement, or other document without ECG's written approval. Depending on the proposed use, such approval may require additional work and associated expenses.
- The client acknowledges that, in the course of this engagement, ECG may provide third-party data that is used under license by ECG. No sublicense is created by the inclusion of this data in ECG documents, and the client agrees that this data is for the client's internal use only, in connection with the Services, and may not be used for any other purposes or shared with third parties.
- ECG will maintain as confidential all data and other information, either written or verbal, the client provides to ECG in connection with the Services ("Client Data") and will not disclose it to any third party without the client's prior approval, except in response to a subpoena or court order.
- If ECG is required to respond to any subpoena, reply to any request for production of documents or interrogatories, or appear for deposition in any hearing or civil proceeding arising from matters pertaining to the Agreement, the client shall reimburse ECG for all expenses and professional time at ECG's standard rates.
- ECG may use Client Data for research and internal business purposes, including as a source for or contribution to benchmarking tools or reports developed by ECG. Certain benchmarking tools and reports developed by ECG may be shared with third parties, including other clients of ECG. If any Client Data is utilized in a benchmarking tool or report shared with third parties, it will be deidentified or aggregated with data from other sources (including, but not limited to, other ECG clients, surveys, and third-party products and tools purchased by ECG) such that the confidentiality of the Client Data will be maintained.
- To the extent the Services require the Disclosure of Protected Health Information (as those terms are defined in HIPAA) to ECG, the client shall limit such Disclosures to the minimum amount of Protected Health Information necessary for the Services. In addition, the client shall ensure any electronic Protected Health Information it discloses to ECG has been encrypted.
- For the term of the Agreement and one year after its expiration or termination, the client agrees that it will not hire any employee of ECG who worked on this engagement. In the event the client hires an ECG employee who participated in this engagement, the client agrees to pay ECG an amount equal to the employee's first-year base salary, provided that the client may

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generally advertise available positions and hire ECG employees who either respond to such advertisements or who come to the client on their own initiative without direct or indirect encouragement from the client.

- Any disputes that may arise in connection with the Agreement that cannot be mutually resolved shall be submitted to binding arbitration under the rules and procedures of the American Arbitration Association.
- ECG's liability for damages relating to or arising from the Services provided under this Agreement will be limited to gross negligence, fraud, or willful misconduct and shall not exceed the total amount paid for the Services described herein. Furthermore, the client agrees that ECG will not be liable for any lost revenue or for any claims or demands against the client by any other party. In no event will ECG be liable under any legal theory for any indirect, incidental, punitive, or consequential damages, even if ECG has been advised of the possibility of such damages. No action, regardless of form, arising out of the Services may be brought by either party more than three years after the date of the last Services provided under the Agreement.

* * * * * *

We appreciate the opportunity to work with you on this important project. We will follow up with you after you have had a chance to review this document. Please contact us if you have any questions in the meantime.

Very truly yours,
ECG MANAGEMENT CONSULTANTS

Leah M. Gassett

Leah Gassett
Principal and Academic Healthcare Division Leader

0100.109\637549

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Please sign and return a copy indicating your acceptance of this proposal.

Acknowledged and Accepted By:

RUTGERS BIOMEDICAL AND HEALTH SCIENCES

DocuSigned by:
Nimish Patel
7B45CFDF34ED483...

10/20/2022 | 4:08:14 PM EDT

Signature | Date

Nimish Patel | AVP Procurement and CPO

Name (print) | Title

Acknowledged and Accepted By:

ECG MANAGEMENT CONSULTANTS

Leah M. Gassett | September 21, 2022

Signature | Date

Leah Gassett | Principal

Name (print) | Title

RUTGERS

STATEMENT OF WORK

THIS FORM SHOULD BE COMPLETED BY THE DEPARTMENT AND SUBMITTED WITH AN RU MARKETPLACE SERVICE REQUEST FORM AS AN EXTERNAL ATTACHMENT

Provide the details regarding the proposed Statement of Work (SOW). If all or part of the details are provided on Supplier's letterhead, indicate "see attached" in each appropriate section below, and attach the documentation hereto, which shall be incorporated herein.

Name(s) and contact information for the Rutgers' personnel responsible for accepting the deliverables:	**Name(s) and contact information for the Supplier's personnel responsible for performing the services:**
RUTGERS BUSINESS UNIT: RBHS **CONTACT NAME:** Ragini Darshan **PHONE:** (732) 235-9117 **EMAIL:** darshara@rbhs.rutgers.edu	**SUPPLIER NAME:** James Orlowski **CONTACT NAME:** James Orlowski **PHONE:** (202) 297-6149 **EMAIL:** [redacted]
Start Date of Engagement: 10/19/2022	**End Date of Engagement:** 01/31/2023

Detailed description of the services to be performed, including location (attach additional sheets, if necessary):

In a September 21, 2022, message to the RBHS community, Chancellor Strom outlined a process to envision the future of academic medicine at Rutgers University and assess and make recommendations related to the optimal structure for Rutgers' two medical schools.

By mid-fall, a series of committees will be appointed and charged to develop responses to questions posed by the University Senate and explore the possibilities for integration in at least three key areas: admissions, curriculum, and campus identity/culture. The target for completion, to meet the Senate's schedule, is the end of CY22.

To complete this review RBHS requires an expert consultant with experience and in the structures and functions of medical schools and their core missions throughout the United States, LCME accreditation standards, and medical education curriculum design.

Detailed list of deliverables (e.g., report, presentation, data analysis, drawings, etc.), including any milestones:

The content expert list of deliverables listed below: Attend all meetings of the admission and curriculum committees. Respond to technical questions; Advise the medical school deans and chancellor on the state of the art in medical school administrative structure, cutting edge medical school curriculum technology and design, admissions trends; Research and respond to technical questions from committee members, project facilitator, deans, and chancellor; Provide expert advice on admissions, curriculum design, mission fulfillment, and current administrative structures; and Assist with development and editing of committee work product and deliverables.

FEES & EXPENSES

Rutgers agrees to pay Supplier a fee, detailed below, the total amount due upon completion of all Services and acceptance of all deliverables, unless the Parties agree to a payment schedule detailed *below*. If all or part of the details are provided on Supplier's letterhead, indicate "see attached" in each appropriate section below, and attach the documentation hereto, which shall be incorporated herein.

TOTAL FEE TO BE PAID:	**$** 58,800.00

Payment Schedule (if applicable)		
Payment 1	Due Date	$
Payment 2	Due Date	$
Payment 3	Due Date	$

☐ Rutgers DOES NOT AGREE to separately reimburse Supplier for any expenses.

OR

☑ Rutgers agrees to reimburse Supplier for the reasonable expenses. If Rutgers agrees to pay for reasonable expenses, Supplier shall provide Rutgers with the expense detail, including original receipts for reimbursement of actual expenses incurred, in accordance with applicable Rutgers travel and business expense policies. Detail expense type(s) (e.g., transportation, hotel, meals, etc.) and estimated amount(s) *below*:

Travel and expenses related to the project.