

RATING MEDICAL SCHOOLS ON THEIR SOCIAL MISSION

New York State is rich in medical resources, but the resources are mal-distributed and the outcomes of spending are not always what one would hope or expect. This is particularly true for medical education in New York State. We are rich in resources as we have twelve (12) medical schools in the state, but questions need to be raised about whether or not they have a social mission that is contributing to the overall health of the residents of our state. A recent study, published in the *Annals of Internal Medicine*, *The Social Mission of Medical Education: Ranking the Schools* (June 2010, Vol. 152:No. 12) ranks the 141 medical schools in the country that graduated students between 1999 and 2001. These years were chosen so that the graduates could be tracked to determine if they are in primary care practice and if their practice is in a Health Professional Shortage Area (HPSA) designated community. The other measure chosen was the percent of students trained who are Underrepresented Minorities (URM). Federal funding programs were developed to address these three critical areas: primary care; HPSA practice; and underrepresented minority (African-American, Hispanic, and Native American). A follow-up article summarizes the issues raised (<http://medicinesocialjustice.blogspot.com/2010/06/new-way-of-ranking-medical-schools.html>)

An interesting point raised by the authors is the inverse relationship between National Institute of Health (NIH) funding and social mission ranking. More research funding appears to go hand in hand with lower social mission ranking. Further study of funding sources and amounts for the New York State Medical Schools could provide this information. Osteopathic schools were found to train more primary care physicians but did not do well on their overall social mission score because of low numbers of underrepresented minority students.

New York has a lot of work to do and it becomes even more important as we move forward with hopes of federal funding under a Medicaid demonstration waiver. The waiver documents identify the need for 400 additional primary care doctors as 2.3 million people live in HPSA designated communities. It also identifies the need to train more health professionals that “look like the people in the communities that they serve.” But the waiver does not mention recommendations or programs to change the way that medical schools do business: what they train students for, and who they accept as their student body.

New York’s medical school rankings on these social mission factors, is very poor. Of the 141 U.S. medical schools that were ranked, New York’s schools are listed below, along with their ranking and their overall score which is a blended rate and the school may have done better on one or another of the three factors:

School	Ranking	Score
Mount Sinai School of Medicine	83	-0.62
New York COM	91	-0.80
Rochester University	92	-0.82

University of Buffalo	105	-1.38
New York Medical College	112	-1.52
Weill Cornell Medical College	113	-1.54
State University – Downstate	118	-1.75
State University – Upstate	121	-1.89
Columbia University	126	-1.98
Albany Medical College	127	-2.00
Albert Einstein College of Medicine	132	-2.13
Stony Brook University	133	-2.21
New York University	137	-2.65

The study is worth reading. It is disturbing to see the New York schools do so poorly and rank so low on these important criteria. We have the resources available but clearly they are not being used in the interest of the public. How do we turn this picture around?

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