

PLANS FOR DALHOUSIE MEDICAL SCHOOL

A reconsideration of the size of the medical class, of the dental class and of the interrelations between the two is required. On this decision will hinge many major decisions regarding the size of the Medical School Building, the number of staff members, and the financial requirements both in capital and operating expenses.

When the first plans were considered for the new building ^{in 1959 & 1960} there was very little statistical information upon which one could estimate the probable number of medical students and of dental students who might have to be accommodated. These data are now available for the period 1959-1964.

Attached is a projection of the number of applicants for admission to medicine from the four Atlantic Provinces. It is assumed that the present class of 72 will have 65 from the four Atlantic Provinces and a 96-student class will have 86 from this region. The Board of Governors decided in the post World War II period that ten per cent of the places in each class should be retained for non-residents.

Column 2 shows the number of students that have been admitted from 1959 to 1963. It is assumed that in 1967 there will be a new building which will house a class of 96 medical students.

Column 3 shows the number of applications of Atlantic Province residents. After World War II, there was a large influx of veterans and this peak continued for some years. Between 1954 and 1959 there was an abrupt drop from 85 applicants to the low point of 43. The table shows the increase since that time.

Column 3 also shows the trends in applications projected to 1970. The attached graph shows the same figures. The number of applications from the Atlantic Provinces has increased during the six-year period, 1959-1964, in a straight line almost exactly. The projection of this straight line to 1970 indicates that there may be 170 applicants by that year. The figure would reach 220 by 1975. Unless there is a decrease in the proportion of college students entering medicine, this projection will probably not be any lower. In fact, the recent introduction of a generous system of scholarships for premedical and medical students in Newfoundland is likely to increase the figures considerably.

Column 4 shows the number of students admitted from 1959-1963, who were residents of the four Atlantic Provinces, and column 5 shows the percentage. In 1959, the Admissions Committee purposely took almost all of the candidates, ninety per cent. The failure rate was high as shown in column 6. The next year, eighty per cent were accepted, and there was still a fairly high failure rate. The figure is now approximately sixty-five per cent, and it is the belief of the Committee that a few of the students who were not admitted might have been successful. It would therefore seem that approximately seventy per cent might be a satisfactory proportion of the Atlantic Province applicants to be admitted to the first year class. It is emphasized that the others are not all unsuited for admission to medicine. The remaining thirty per cent includes those who have withdrawn, who have entered graduate studies, who have gone to another medical school, or who are unable to finance their education, as well as those considered academically unsuited by the Admissions Committee.

Assuming that the new Medical Sciences Building will not be available until September, 1967, the admission of a class of 96 at that time, with 86 from the Atlantic Provinces, would still permit only sixty-three per cent of the Atlantic Province applicants to be accepted that year, instead of the desirable seventy per cent. It is estimated in the final column that 10 suitable candidates might be rejected even the year the new building is opened. The percentage that could be admitted would rapidly diminish from 63 down to 50 per cent by September, 1970, with 33 suitable candidates per year unable to obtain admission (suitable being 70% of total).

Two options should be considered. The medical school might accept no students from regions outside the Atlantic Provinces, thus allowing seventy per cent to be admitted in 1967, but there would still be 23 rejected by 1970. The alternative would be to provide for more than 96 students per class in the new Medical Building.

The second table shows similar estimates for the Faculty of Dentistry, indicating the need for facilities for a class of 60 to 70 dental students by 1970.

A teaching laboratory of 96 students could have two combined medical and dental classes operating at different times. This would provide a potential capacity for 192 medical and dental students in teaching laboratories designed for 96, if operating on a double schedule. Obviously, if this plan were adopted, the staff requirement would have to be re-estimated.

Discussions have been held with the Dean and other members of the Faculty of Dentistry to determine whether that Faculty wishes to have the dental class completely separated from the medical students in the first two years. The discussion seemed to indicate that the Faculty of Dentistry would wish to have dental and medical students taught together, at least until the enlarged School of Dentistry is available.

It seems obvious from the above figures that Dalhousie Medical School will either have to expand to a very large size or a second medical school should be planned for another center in the Atlantic Provinces.

It is suggested as a basis for discussion, that teaching laboratories for 96 students be provided in the new Medical Sciences Building but that a staff be provided to take care of a total enrolment of 160 medical and dental students. It is suggested that the Dental School facilities be increased to permit an enrolment of 64 per class by approximately 1970 and that the Dalhousie Medical School then limit its enrolment to 96. It is suggested that 30 students be admitted to dentistry and up to 34 additional medical students beyond the optimum class of 96, a total of 130 per year, be admitted until the enlarged Dental School facilities are available. It is also suggested that another center in the Atlantic Provinces be encouraged to provide a new medical school by 1970 to take this enrolment of 34 and the increase beyond that number, so that Dalhousie Medical School can then revert to a class of 96 medical students.

The above material was presented at a Faculty meeting. Following a detailed discussion it was decided that the Medical School at Dalhousie University should not be expanded beyond a class of 96 students. The clinical facilities, the number of staff members, the desirability of retaining relatively small classes ^{for} individual and group teaching, and other factors were considered. Facilities will be planned for a class of 96 medical students, and a separate class of dental students beginning at 30, and increasing, when an addition to the Dental School is provided, to 64. Provision will be made for sufficient staff in the Medical School to teach 160 medical and dental students. It would be possible for a very limited period to expand the medical class from 96 to 130, but the Faculty would prefer not to do this if another medical school can be established in sufficient time to allow Dalhousie to remain at an enrolment of 96 per class.

Office of the Dean of Medicine,
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Feb. 18th, 1964.

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ESTIMATES OF SIZE OF FIRST YEAR CLASS

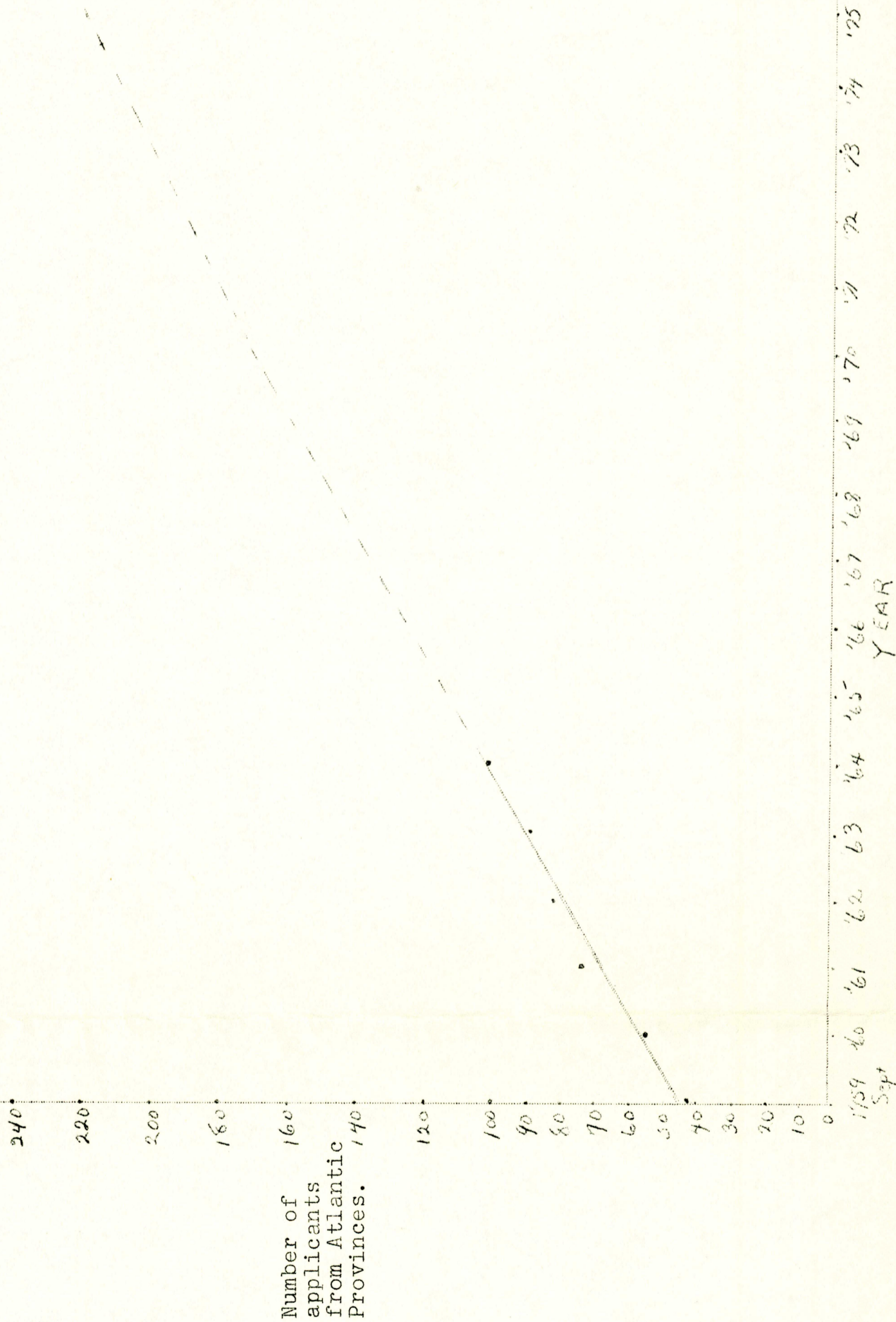
Class Entering in	Total Enrolment	Atlantic Province Residents			Academic Failures to date (excluding withdrawals)	A Estimate of Number suitable for admission.	B Estimate of Qualified Applicants Rejected
		Applications	Admissions	Percent admitted			
Sept. 1959	62	43	39	90%	11	30	-9
Sept. 1960	65	55	44	80%	8	39	- 5
Sept. 1961	65	74	53	72%	7	52	-1
Sept. 1962	61	81	53	65%	5	56	3
Sept. 1963	71	89	58	65%		62	4
Sept. 1964	72	101	(65)	(64%)		71	6
Sept. 1965	72	(115)	(65)	(56%)		80	15
Sept. 1966	72	(125)	(65)	(52%)		87	22
Sept. 1967	96	(137)	(86)	(63%)		96	10
Sept. 1968	96	(148)	(86)	(58%)		103	17
Sept. 1969	96	(160)	(86)	(54%)		112	26
Sept. 1970	96	(170)	(86)	(50%)		119	33
Sept. 1970	130	(170)	(117)	(69%)		119	2
Sept. 1975	96	* (220) at least	(86)			154	68
Sept. 1975	130	(220) " "	(117)	(53%)		154	37

* Birth rate levelled in 1955. College entry increase might level by 1975.

A- Assuming that 70% of applicants are well enough qualified to have a 95% chance of completing the medical course, this column shows the number of qualified applicants we should be able to take. Based on 1959 to 1961 experience 72% to 90% is too high and 65% in 1962-63 is slightly low.

B- The number of qualified students who should be (or should have been) admitted, but have not been or will not be.

February 18th, 1964.



A PROJECTION OF APPLICANTS FOR ADMISSION TO DENTISTRY

February 18th, 1964.

CLASS	Total Admitted	Atlantic Provinces Residents			A*
		Accepted Applications	Admissions	Percent Admitted	
1954-55	13	10	10	100	
1955-56	12	12	12	100	
1956-57	12	10	10	100	
1957-58	13	11	11	100	
1958-59	14	12	12	100	
1959-60	18	13	13	100	
1960-61	11	7	7	100	
1961-62	18	11	11	100	
1962-63	26	19	19	100	
1963-64	24	22	21	95	1
1964-65	25	27	25	93	4
1965-66	25	32	25	78	9
1966-67	25	37	25	68	14
1967-68	25	43	25	58	20
1968-69	25	48	25	52	25
1969-70	25	54	25	46	31
1975-76	25	75	25	33	52

A* The percentage of students from other provinces and other countries admitted has been approximately 20% until 1963-64 when it dropped to 8%. It is considered that each year up to 10% of the admissions should be granted to outstanding students from outside the Atlantic Provinces. Thus, the number of qualified applicants from the Atlantic Provinces who will not be admitted unless the capacity of the school is increased will be as shown in column "A".