**Section 1070.701 Meeting Health Manpower Needs**

a) The medical schools in Illinois should meet their current enrollment projections. In particular, by 1980 or as soon as is possible,

1) The Southern Illinois University School of Medicine should plan to graduate about 100 physicians per year;

2) The University of Illinois College of medicine should plan to graduate about 500 physicians per year in its regional network of medical schools;

3) The private medical schools should plan to graduate about 750 physicians a year, distributed approximately as follows:

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| Chicago College of Osteopathic Medicine | 100 |
| Chicago Medical School/University of Health Sciences | 120 |
| Loyola University | 130 |
| Northwestern University | 180 |
| Rush University | 120 |
| University of Chicago | 100 |

b) The three Chicago-area dental schools should meet their current enrollment projections. In particular, by 1980 or as soon as is possible,

1) The Loyola University School of Dentistry should plan to graduate about 130 dentists per year;

2) The Northwestern University School of Dentistry should plan to graduate about 100 dentists per year;

3) The University of Illinois College of Dentistry should plan to graduate about 150 dentists per year;

4) The Southern Illinois University School of Dental Medicine should expand to graduate about 64 dentists per year, as soon as possible.

c) The University of Illinois College of Veterinary Medicine should expand its class size to 100 as soon as is feasible. As the only school of veterinary medicine in the State, the College should maintain and expand its instructional, research, and public service programs to serve the needs of all of Illinois.

d) The University of Illinois College of Pharmacy should continue its planned enrollment expansion through 1980. As the only school of pharmacy in Illinois, the College should maintain and expand its programs to provide pharmacists for all parts of Illinois.

e) Master's degree nursing programs should continue to be expanded to meet the needs for nurse educators and nurse specialists.

f) No new educational programs for practical nurses, associate degree nurses, diploma nurses, or baccalaureate degree nurses should be established unless a compelling need can be demonstrated.

g) The School of Public Health of the University of Illinois should continue the development of its master's and doctoral level programs. As the only school of public health in Illinois, it should strive to meet the needs of students and employers throughout the State in those disciplines it offers.

h) Several health administration programs in public and private universities should be supported.

i) The regionalization of medical education should continue to be supported. The medical schools should expand their clinical affiliations into health-service-poor areas of the State. The medical schools should provide leadership in cooperative efforts to regionalize clinical education in the other health professions, particularly nursing and allied health.

j) Each medical school in Illinois should be responsible for a network of clinical affiliations to enable the development of residency programs with the following characteristics;

1) By 1980 each medical school should have educational responsibility for at least as many first-year residency positions as it will have graduating physicians. The number of post-first year positions should be adequate to permit sufficient opportunity for all first-year residents to complete their residency training;

2) The medical school should assume responsibility for recruiting new physicians to its residency programs. Emphasis should be placed first on recruiting graduates of Illinois medical schools and then graduates of other American schools;

3) At least one-half of all the first-year residency positions should be in the specialties of family practice, internal medicine, and pediatrics;

4) At least one-half of the first-year residency positions should be offered in institutions and facilities, affiliated with the medical school, which provide predominantly primary and secondary health care to their communities.

k) The two public medical schools should explore means of expanding the geographic distribution of their residency programs. Such programs might include rotation of residents to remote hospitals or clinics or may include several free-standing programs under the auspices of the schools of medicine. The Health Education Commission should work closely with the Comprehensive State Health Planning Agency (and its successor agency) in considering health manpower needs.

l) Affirmative action efforts in health professions programs should be continued and expanded. These programs should attempt to enroll and retain a student mix which racially and geographically reflects population base from which institutions draw their students.