Tripp Umbach

Turning Ideas Into Action

University of Rhode Island

Independent Feasibility Study into a Medical School at the University of Rhode Island

September 2025

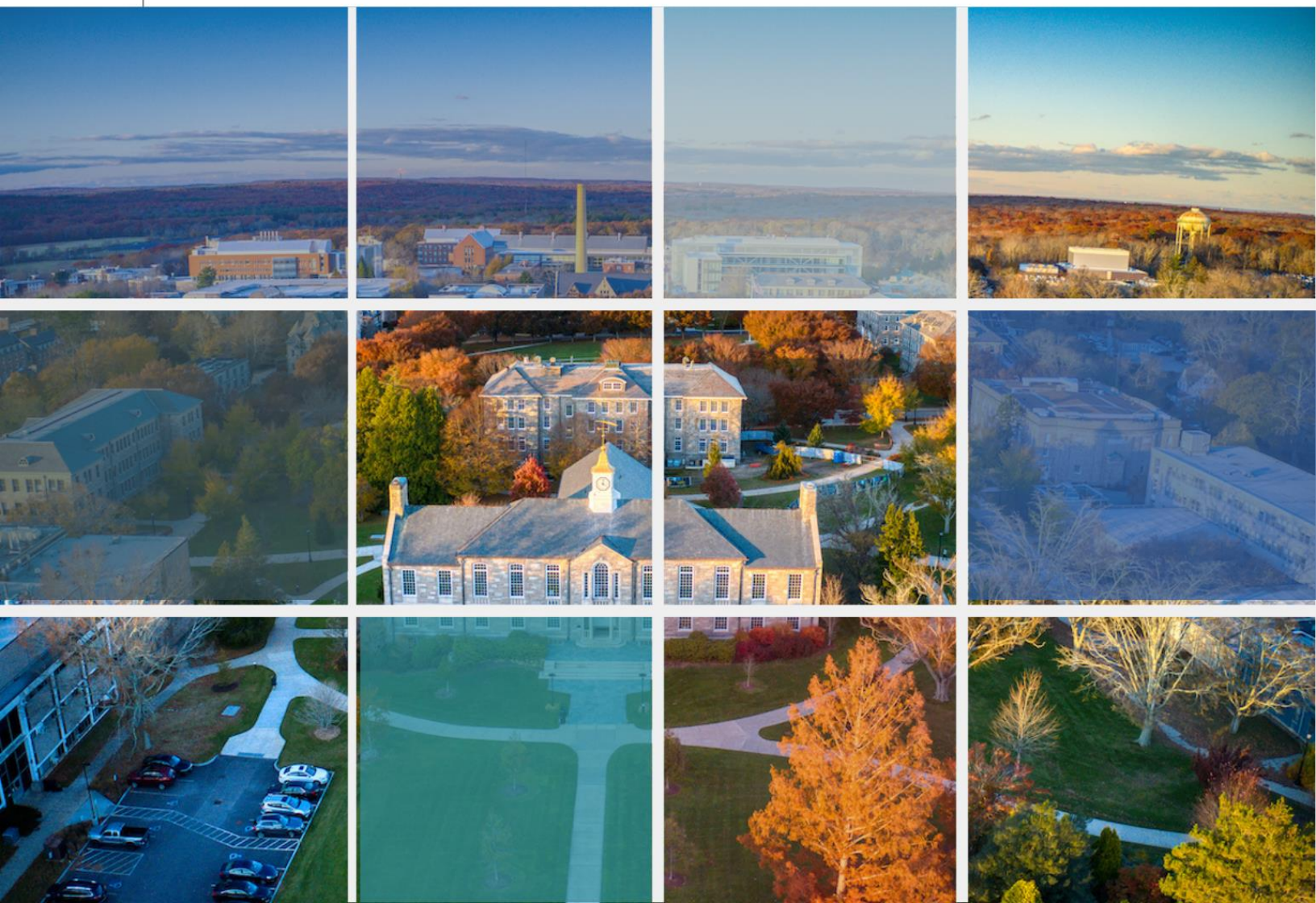


Table of Contents

Vision for a Public Medical School

Rhode Island is facing an acute shortage of physicians, particularly in primary care, as the state grapples with one of the lowest physician-to-population ratios in New England. The physician workforce is approaching retirement age, and the pipeline of new doctors is insufficient to meet current and future demand. The absence of a public School of Medicine (SOM) exacerbates this challenge, as it limits in-state opportunities for medical education and training. Most medical graduates trained in Rhode Island leave the state to pursue residency and practice elsewhere, restricting access to care in Rhode Island's communities, particularly in underserved areas.

To address this crisis, Tripp Umbach recommends establishing a public, M.D.-granting medical education program at the University of Rhode Island. Leveraging the University of Rhode Island's strong foundation in pharmacy, nursing, and health sciences, along with its research infrastructure and established clinical partnerships, a new school of medicine would expand access to care, strengthen the healthcare workforce, and retain more physicians in Rhode Island. This initiative represents a transformative opportunity to improve health outcomes, foster economic growth, and ensure that Rhode Islanders have timely access to comprehensive, high-quality healthcare.

The vision extends beyond medical education to building a statewide pipeline of future physicians, beginning with K-12 engagement and extending through expanded residency programs into practice. By cultivating local talent and expanding residency training, Rhode Island can improve physician retention and address longstanding inequities in healthcare access, particularly in underserved communities. Achieving this will require a broad coalition of URI leadership, policymakers, hospitals, community health centers, and economic development partners to work together in aligning their strategies, funding, and legislation.

Executive Summary

Tripp Umbach believes the University of Rhode Island (URI) is well-positioned to respond to Rhode Island's pressing shortage of primary care physicians by establishing a public, M.D. School of Medicine. Unlike most states, Rhode Island does not have a public medical school. As a result, Brown University's (Brown) graduates, who are primarily from outside the state, typically practice outside of Rhode Island. While Brown University has served for more than 50 years as an anchor of physician workforce development, with approximately 60 percent of Rhode Island physicians having some affiliation with the university, a public School of Medicine is needed to provide greater access for Rhode Islanders to complete medical school and residency training at a lower-cost institution.

URI has a robust academic and research foundation for a new school of medicine, anchored by its existing pharmacy, nursing, and health sciences programs, which offer infrastructure, interprofessional learning, and clinical partnerships. As a Carnegie R1 research institution, URI can attract top-tier faculty to leverage the School of Medicine to grow existing research programs. Most importantly, a new public medical education program centered on primary care and community-based training would encourage graduates to remain in the state, particularly with supportive incentives such as loan forgiveness and scholarships for Rhode Islanders. Developing robust graduate medical education (GME) concurrently with the School of Medicine is a crucial strategy for expanding the physician workforce.[1] Adding additional residency training sites where graduates from the URI School of Medicine can complete their training will maximize the state's return on investment. Therefore, graduate medical education development must be a high priority during the school's early development and beyond.

Beyond meeting the urgent demand for more doctors, a new School of Medicine at the University of Rhode Island would serve as a catalyst for economic development, expand the state's research capacity, and improve healthcare access. With strong support from stakeholders and state leaders, URI is strategically positioned to lead this transformative initiative for Rhode Island's healthcare future. The case for a public School of Medicine rests not only on the benefits of investment but also on the costs of inaction, poor health outcomes, missed research funding, and diminished long-term economic growth that other regions are already capturing.

A new URI School of Medicine, if highly integrated with hospitals, community-based clinics, and residency programs statewide, would directly address physician shortages and health inequities, particularly in those communities currently underserved in primary care, while increasing the retention of local talent. As a cornerstone of Rhode Island's healthcare and economic development strategy, it has the potential to build workforce capacity, increase per capita incomes, accelerate research, and expand access to care. Again, achieving this vision will require a broad coalition, comprising URI leadership, policymakers, hospitals, community health centers, and economic development organizations, united by a shared commitment to improving health outcomes and driving statewide prosperity.

[1] Graduate medical education refers to the residency and fellowship training that physicians complete after medical school, which prepares them for independent practice and is a critical factor influencing where they eventually work.

Rhode Island Needs A Public School of Medicine

Rhode Island faces profound demographic and healthcare challenges that underscore the urgent need for a new public School of Medicine to serve its residents. Although the state's population is growing modestly, its demographic profile is undergoing a dramatic shift. Seniors now represent the fastest-growing share of residents, and Rhode Island has both the highest percentage of residents over age 85 in New England and one of the highest disability rates in the nation.[2] One in four Rhode Islanders is already age 60 or older, and this group is living longer with multiple chronic health conditions, from hypertension and high cholesterol to complex comorbidities requiring continuous care.[3,4] Older adults need and consume more healthcare services than any other population segment, and their growing numbers are placing unprecedented pressure on hospitals, clinics, and primary care providers across the state. Compounding these trends, older Rhode Islanders face rising economic vulnerability, with more living below the poverty line, relying on food assistance, or working beyond retirement age. Together, these dynamics create urgent demand for more physicians, particularly those trained in geriatrics, chronic disease management, and primary care.

At the same time, the state is experiencing a deepening physician shortage that is evident in vulnerable communities and those underserved in primary care. Nationally, the United States is already short thousands of primary care physicians, and projections indicate the deficit could reach up to 48,000 by 2034.[5] Rhode Island will require more than 300 additional primary care providers, while nearly half of its current physicians are approaching retirement, underscoring the urgency of action.[6]

The state reflects these troubling national trends, with a net loss of primary care physicians, an aging workforce nearing retirement, and low retention of new doctors. Between 2011 and 2017, Rhode Island's two-family medicine residency programs graduated 87 physicians, but fewer than half (44%) remained in the state to practice. Although some losses were offset by the in-migration of family physicians trained elsewhere, overall capacity continues to lag demand. Feedback from physicians and stakeholders consistently underscores a workforce stretched to its limits, leaving many patients struggling to access timely primary care.[7]

As a result, many Rhode Islanders, particularly those in rural areas, low-income communities, and among populations of color, struggle to access timely, preventive, and coordinated care. Federal data confirm that only 72 percent of primary care needs are currently being met across the state's Health Professional Shortage Areas (HPSAs), with shortages concentrated in the northern and southern regions.[8] Patients in these communities often face long waits, extended travel distances, or resort to emergency departments for non-urgent needs, which increases costs and worsens health outcomes.

---

[2] Point 32 Health Foundation
[3] Healthy Aging Data Report; Rhode Island, 2025
[4] Ibid.
[5] Rhode Island Health Care System Planning; 2024 Foundational Report
[6] Rhode Island Current News Outlet
[7] Rhode Island Health Care System Planning; 2024 Foundational Report
[8] Designated Health Professional Shortage Areas Statistics, Second Quarter of Fiscal Year 2025 Designated HPSA Quarterly Summary. Bureau of Health Workforce Health Resources and Services Administration. U.S. Department of Health & Human Services.

This combination of demographic pressures and physician shortages has transformed a workforce challenge into a statewide healthcare crisis. Without sustained investment in physician education, recruitment, and retention, Rhode Island will be unable to meet the needs of its aging and increasingly complex population. Establishing a new public School of Medicine at the University of Rhode Island represents a strategic and mission-driven response to the evolving needs of the state. A public School of Medicine would expand the physician pipeline, strengthen training capacity in partnership with hospitals and community health centers, and help retain more graduates to practice locally and help ensure that Rhode Islanders, including seniors, have access to appropriate and timely primary care. By prioritizing primary care and training physicians to serve underserved communities, a URI School of Medicine would not only address current shortages but also lay the foundation for a healthier, more equitable future.

University of Rhode Island Capabilities

The University of Rhode Island demonstrates strong and comprehensive capabilities in the health sciences, providing a solid foundation for the development of a School of Medicine. The institution maintains an extensive portfolio of undergraduate, graduate, and professional programs across the health sciences, nursing, pharmacy, and related fields of science and technology. Within the College of Health Sciences, students pursue bachelor's degrees in fields such as psychology, public health, clinical neuroscience, communicative disorders, dietetics, kinesiology, and human development, supported by graduate offerings in nutrition, speech-language pathology, counseling, and psychology. URI also awards doctoral degrees in behavioral sciences, health sciences, psychology, nutrition and food science, and the Doctor of Physical Therapy, reflecting its ability to train health professionals and researchers at the highest levels of expertise.

Complementing these programs, the URI College of Nursing offers a robust continuum, ranging from the BSN and RN-to-BSN pathways to graduate-level training, including a Master of Science in Nursing, the Doctor of Nursing Practice, and a PhD in Nursing. Pharmacy is another area of distinction, anchored by the PharmD program and supported by bachelor's, master's, and PhD degrees in pharmaceutical sciences, medicinal chemistry, and related specialties. Interdisciplinary strengths in biomedical engineering, biotechnology, marine biology, chemistry, medical laboratory sciences, and neuroscience broaden URI's academic base, linking health education to science, research, and innovation. The addition of an M.D. program will strengthen all of these programs and research areas.

Degree conferral data from the university underscore the depth and scale of URI's health-related training pipeline. Between 2020 and 2024, the Health Sciences consistently produced the most significant number of total URI graduates, with annual totals ranging from 789 to 929. Psychology, public health, kinesiology, and human development were among the leading contributors, with steady growth also observed in clinical neuroscience, nutrition, and speech-language pathology. The College of Nursing conferred between 300 and 404 degrees annually, with traditional BSN output strengthening over this period. Pharmacy maintained stability, conferring 173–210 degrees per year, led by the PharmD program, which consistently produced over 100 graduates annually. Together, these data highlight URI's ability to train large cohorts of students across the health professions with established clinical partners throughout Rhode Island, a prerequisite for building the workforce and academic infrastructure needed for a School of Medicine.

Research capacity further strengthens URI's position. From 2016 to 2024, research expenditures rose from $97.9 million to $137.5 million in 2024. Most of this growth has been fueled by federal funding, which increased from $61.6 million in 2016 to more than $111.5 million in 2024. This trajectory reflects URI's ability to secure competitive federal grants, particularly in the health and biomedical fields, while institutional funds and other sources have provided additional, though more variable, support. The steady rise in federally sponsored research demonstrates both scholarly strength and the infrastructure necessary to support clinical, translational, and basic science research, all essential components of a School of Medicine.

It is worth noting that Federal research funding was significantly disrupted in 2025, with notable indirect cost rate caps and program terminations exceeding $40 million impacting URI, particularly in environmental and international projects. Tripp Umbach's feasibility study indicates that building a URI public School of Medicine would span roughly five years to launch and would have a scaled research enterprise in the mid-2030s. While Tripp Umbach believes funding conditions will improve in future decades, projections for federal research support in the 2030s are uncertain. However, the historical growth of NIH funding provides some assurance that a new School of Medicine will be able to participate in new Federal funding streams.

Taken together, URI's broad and growing academic programs, its steady pipeline of health sciences graduates, and the university's research base all point to significant institutional capacity. These assets not only prepare URI to educate physicians but also position the university to integrate medical education into its existing ecosystem of health professions, science, and research programs, thereby addressing Rhode Island's workforce needs and expanding its role in academic medicine.

Tripp Umbach compared URI with the most recent public universities that have launched a new medical school over the past decade.[9] We found that URI has a solid institutional foundation for developing a new public medical school when compared with other public universities that have recently launched M.D. programs. As a Carnegie R1 institution, URI has experienced significant growth in research expenditures, reaching approximately $144 million in FY23, placing it ahead of several peers, such as the University of Nevada, Las Vegas (UNLV) and the University of Central Florida, when they opened their medical schools. It is well-established that Colleges of Pharmacy and Health Sciences provide a strong academic foundation, giving URI a deeper health sciences base than many of the newer medical schools had when they launched.

Financially, URI's endowment has surpassed $200 million, which is modest compared to larger peers such as Washington State University (Washington State) or the University of Houston, but is larger than the endowment at the University of Texas Rio Grande Valley and the University of Texas, Tyler (UT Tyler).

From a governance standpoint, URI functions as a stand-alone flagship rather than part of a larger university system, similar to those in Texas and Florida. This structure can provide nimbleness in

[9] Tripp Umbach evaluated the following public institutions that opened a medical school within the past decade: UT Tyler 2023, University of Houston 2020, UNLV 2017, Washington State 2017, UT Austin 2016, and UT Rio Grande 2016.

decision-making, but it lacks the pooled capital and system-wide political strength that accelerated the launch of schools in Texas, which benefited from the University of Texas System's resources and advocacy. Furthermore, the Texas A&M system has recently approved a new medical school at Tarleton State, a much smaller institution compared to URI. Similar institutions to URI, such as UNLV and the University of Houston, relied heavily on private donors, including a named donor and significant state matching funds.

Taken together, URI's profile places it in the middle tier of recent public founding institutions: stronger in research productivity and academic depth than many, but smaller in financial capacity and without the system-level backing of others. With strategic commitments from the state and philanthropy, Tripp Umbach believes that URI's platform is sufficiently strong to support the successful launch and long-term sustainability of a public medical school.

A Transformational School of Medicine for Rhode Island

Tripp Umbach, based on experience developing 20 new public medical programs over the past 30 years, believes that the University of Rhode Island can build a transformational School of Medicine that directly addresses the health needs of Rhode Islanders and contributes to a more prosperous Rhode Island. Rather than replicating traditional private medical school models with a focus on subspecialty care, URI can design an M.D. program that emphasizes community-based training grounded in population health improvement and health equity, directly helping to ensure that all Rhode Islanders can access the primary care services they need.

A central feature of the proposed University of Rhode Island School of Medicine will be a technology-driven approach to primary care, preparing future physicians to lead in a rapidly evolving healthcare environment. Students will be trained in telemedicine, artificial intelligence, assisted diagnostics, and wearable health technologies, equipping them to deliver efficient, patient-centered care in both traditional and virtual settings. The curriculum will integrate predictive analytics and population health tools, enabling learners to leverage big data to identify disease trends, assess patient risk, and design targeted community interventions. Additionally, hands-on training in remote patient monitoring and home-based care will ensure graduates are skilled in using digital health platforms to deliver proactive, preventative treatment. By integrating these innovations into the medical education model, URI's School of Medicine will cultivate a physician workforce capable of meeting the healthcare needs of Rhode Islanders while establishing a new standard for modern, technology-enabled primary care.

URI's proposed curriculum is envisioned in three integrated phases that reflect both the best national practices and Rhode Island's pressing workforce needs. Phase I, spanning the first 15–18 months, would utilize case-driven, systems-based learning blocks that incorporate health equity, epidemiology, and interprofessional training within URI's Nursing, Pharmacy, and Health Sciences programs. From the outset, students would work in teams on simulations of chronic disease management, behavioral health integration, and medication safety. Phase II would replace the outdated "rotation carousel" with longitudinal integrated clerkships based in Federally Qualified Health Centers (FQHCs) and community hospitals throughout the state.

Each student would follow a patient panel across family medicine, internal medicine, pediatrics, women's health, behavioral health, and surgery for 9–12 months, supplemented by short, high-intensity clinical "bursts" in tertiary care. Phase III would emphasize advanced clinical responsibility alongside quality improvement, health equity, and population health projects linked to Rhode Island's Health Equity Zones and statewide primary care stabilization priorities. Capstone scholarly work would connect students to clinical and translational research platforms. This curriculum not only educates excellent physicians but also prepares them to practice where Rhode Island needs them most, namely, in community-based, primary care-driven environments.

Applicant Supply

Tripp Umbach believes that demand for medical education is strong enough to support a public M.D. program at URI with an ultimate class size of 100 students. In the most recent admissions cycle, 102 Rhode Island residents applied to U.S. M.D. programs. Only 16 matriculated in-state at Brown University, 37 enrolled elsewhere, and nearly 50 did not secure an M.D. seat, clear evidence of unmet local demand.[10] It is worth noting that only a handful of students matriculating at Brown completed high school in Rhode Island, as most Rhode Island medical students achieved in-state status while attending Brown University as undergraduate or graduate students.

New and expanding schools routinely draw thousands of applications annually, and Tripp Umbach believes that URI can expect similar results. For example, Wake Forest University's new Charlotte campus drew more than 12,800 applications for just 49 inaugural seats. The Alice L. Walton School of Medicine in Arkansas received over 2,000 applications for 48 available seats. Other programs show the same trend: Charles R. Drew University's first class of 60 students was chosen from nearly 1,000 applicants; the California University of Science and Medicine received more than 2,400 applications for 64 inaugural seats and later over 5,000 annually as its program grew; FIU's Herbert Wertheim College of Medicine drew 3,247 applicants for its 43 inaugural seats and now sees over 6,000 annually.[11]

Taken together, these examples suggest that even a modest inaugural class of 50 students at URI could realistically expect 2,000 applicants in its first year. The precise number would depend on factors such as branding, mission, and marketing. Still, the evidence is clear: demand for a new School of Medicine is robust, and a URI program designed around primary care, community health, and public service would likely draw thousands of applicants each cycle from Rhode Island and neighboring states.

The real opportunity lies in attracting and retaining Rhode Islanders who choose a public School of Medicine option and remain in the state for residency training. Evidence shows that while 57% of physicians nationally practice where they complete residency, the rate rises above 68% when both medical school and residency are completed in-state.[12] Today, Rhode Island retains only about 14% of its

[10] Association of American Medical Colleges
[11] Association of American Medical Colleges
[12] Association of American Medical Colleges

medical graduates.[13] A URI M.D. program, coupled with expanded GME positions, could elevate long-term retention into the 60% range, thereby transforming the state's workforce pipeline.[14]

Collaborations with Existing Institutions

Brown and Lifespan have recently strengthened their alignment as Brown University Health, anchoring the state's tertiary and specialty care. URI should complement this training footprint by expanding community-based training capacity, developing clerkships in ambulatory and FQHC settings, and co-creating complementary statewide clerkship training to prevent site conflicts. Collaboration with Brown's GME programs is essential to expand family medicine, internal medicine, psychiatry, OB-GYN, and select hospital-based residencies. On the research front, URI can leverage existing collaborations with the Brown Innovation and Research Collaborative for Health (BIRCH) to align medical student scholarly work with neuroscience, public health, and translational science initiatives.

By embracing a mission-driven, community-anchored model, URI can expand medical education in Rhode Island without limiting the size and scope of the existing private medical school. A public M.D. program designed around primary care, equity, and local workforce retention would not only address unmet demand but also strengthen statewide health outcomes, expand residency training, and amplify existing partnerships with Brown University and the hospital systems. Through purposeful collaboration with Brown and the State of Rhode Island, URI can help secure a healthier future for Rhode Island, one in which more physicians are trained, retained, and inspired to serve the communities where they are most needed.

Financial Summary

Tripp Umbach recommends a financial model for a new public School of Medicine at the University of Rhode Island that meets accreditation standards rooted in the experience of nearly every newer M.D. program in the United States over the past 30 years. Tripp Umbach recommends an initial launch investment of approximately $175 million, supported through a phased strategy of early philanthropic gifts, institutional contributions, and long-term public commitments. While start-up deficits are anticipated for any new medical school, they are offset over time by tuition revenue, clinical partnerships, research growth, and operational efficiencies. The model assumes $20 million in initial state support and an annual state investment of $22.5 million beginning in 2029 when the first students arrive and continuing in the future to sustain operations at full maturity with 100 students per class. It is important to remember that the funds are in addition to appropriations provided to URI for other programs. Also, the funds are allocated for the medical education program and do not include support for GME, loan repayment programs, or other incentives.

To place this amount into context, the U.S. average for annual state support per medical student is $275,000, with Connecticut being $189,565 and Massachusetts at $97,975; therefore, Rhode Island's $52,250 per student request within the feasibility study is approximately half as much per student as in

[13] Association of American Medical Colleges
[14] Tripp Umbach estimates based on AAMC data.

Massachusetts, almost four times less than in Connecticut, and nearly five times less than the U.S. average.

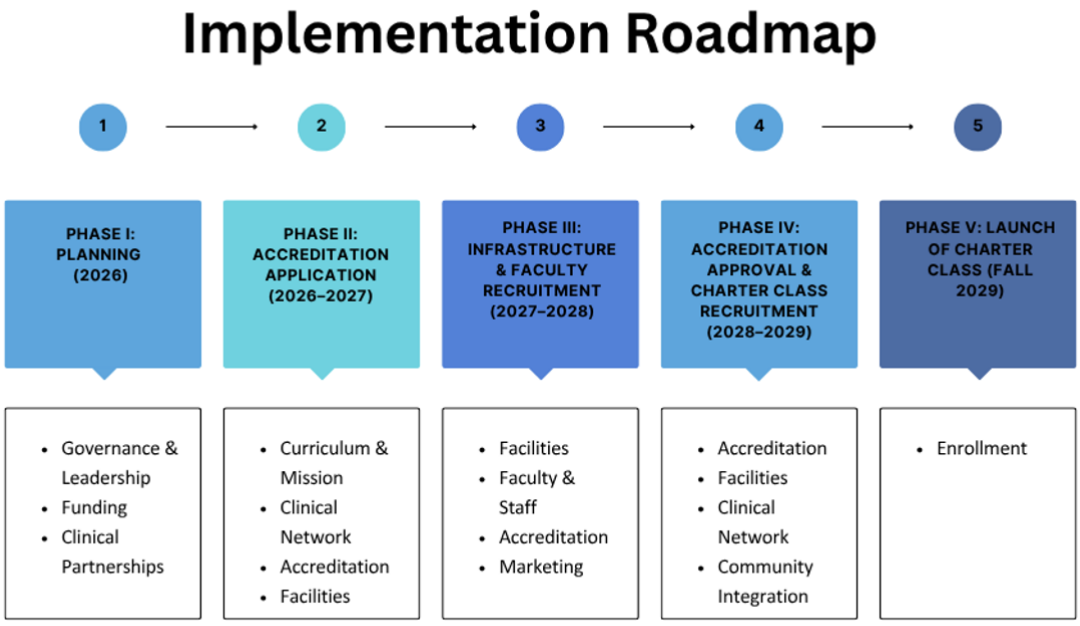
Total revenues by the URI School of Medicine are projected to increase from $28.7 million in 2029 to more than $77.0 million by 2037, while expenses are expected to rise from $22.9 million to over $61.0 million during the same period. Assuming $175 million in start-up funding can be secured within three planning years, financial stability is achieved by the third year of operation, with consistent surpluses reaching $16 million by 2037, thereby ensuring the long-term viability required by the accreditor.

Economic Impact

The proposed University of Rhode Island School of Medicine represents both a healthcare necessity and an economic catalyst for the state. Tripp Umbach projects that once fully operational, the school will generate $196 million in annual economic activity from its operational spending, support approximately 1,335 jobs, and contribute $4.5 million in annual state and local tax revenues. Beyond economic growth, the School of Medicine will enhance URI's competitiveness for federal and private research funding, thereby reinforcing the university's R1 research status. The URI School of Medicine will also serve as a partner to the state and local government in tackling public health disparities, rural healthcare access, and population health. Framing the School of Medicine around both its health and economic benefits will help build a broad coalition of policymakers, business leaders, and healthcare partners committed to sustaining support. Just as important, advocacy must highlight the risks of inaction, including worsening physician shortages, more Rhode Islanders lacking the health care services they need, heavier reliance on out-of-state providers, and the continued loss of local talent and research funding to peer regions.

Implementation Roadmap

Tripp Umbach recommends that the University of Rhode Island follow a roadmap designed to launch the state's first public School of Medicine as early as 2029 but no later than 2030. This phased strategy aligns governance, funding, accreditation, and partnership development to ensure the school is mission-driven, financially sustainable, and fully prepared to address Rhode Island's physician workforce needs. By building capacity step-by-step, URI will establish the institutional foundation, foster statewide partnerships, and secure the necessary financial commitments for long-term success.



Phase I: Planning and Financial Support (2026). The initial phase will establish governance and leadership structures, secure funding commitments, and initiate the development of clinical partnerships. A School of Medicine Steering Committee, supported by advisory boards, will guide the process, while a dedicated Liaison Committee on Medical Education (LCME) readiness task force will prepare the accreditation application. After the special legislative commission submits its findings and recommendations to the RI Senate in early 2026 to proceed with planning, URI's leadership will advance through various university and state approvals to offer the M.D. degree.[15] A founding dean, selected through a national search, will be appointed by mid-2026, allowing a full three years for the dean to secure preliminary accreditation through the Liaison Committee on Medical Education required to admit the first 50 students.

On the financial side, URI will pursue the state support necessary to enable the launch and sustained success of a School of Medicine, including $20 million in state start-up funds, $22.5 million in recurring annual state support starting when the school enrolls its first students in 2029. At the same time, URI will engage hospitals and community health centers to establish anchor training sites and secure public–private partnerships across Rhode Island.

Phase II: Accreditation Application (2026–2027). With leadership in place, the founding dean and faculty will design a community-based, primary care-focused curriculum and establish new academic pipelines, such as BS/M.D. and early assurance programs. Formal agreements with hospitals and federally qualified health centers will expand the clinical training network, and partnerships will be

[15] A special legislative commission will submit to the RI Senate by January 2, 2026, a comprehensive study of Rhode Island's healthcare workforce related to educating and retaining primary care physicians and establishing a state medical school at the University of Rhode Island.

developed to grow in-state residency opportunities. Accreditation milestones will include submission of the LCME "Applicant" status in 2026, followed by a self-study and attainment of "Candidate" status in 2027. Faculty recruitment and facilities planning will also begin during this phase.

Phase III: Infrastructure & Faculty Recruitment (2027–2028). This phase will focus on constructing and expanding academic and simulation facilities, as well as hiring department chairs, faculty, and core staff. URI will submit its LCME "Pre-Accreditation" application in late 2027 and host its first site visit in 2028. At the same time, URI will launch a marketing and admissions campaign, focusing on recruiting and providing scholarships to Rhode Island students committed to serving in underserved communities, supported by a loan forgiveness program.

Phase IV: Accreditation Approval & Charter Class Recruitment (2028–2029). By fall 2028, URI will seek LCME "Preliminary Accreditation," paving the way for student recruitment. Admissions will open for an inaugural class of 50 students, supported by new academic and simulation facilities. Clinical clerkships will be operationalized across hospitals and community health centers, and partnerships with residency programs will ensure alignment between medical education and GME opportunities. Concurrently, URI will launch faculty research initiatives and statewide community health programs to deepen its role as a partner in addressing Rhode Island's healthcare needs.

Phase V: Launch of Charter Class (Fall 2029). URI will welcome its first 50 M.D. students into a mission-driven, community-based curriculum emphasizing primary care and service to underserved populations with unmet primary care needs in Rhode Island. The school will also position itself as both a healthcare and economic engine, generating hundreds of millions of dollars in economic impact and billions in long-term social benefits. Beyond the inaugural class, URI will be guided by a strategic plan to continue to plan for the expansion of class size, research, and residency programs into the 2030s, ensuring a durable pipeline of physicians for Rhode Island.

Consultant Recommendations

To ensure that the proposed University of Rhode Island School of Medicine is both feasible and transformative for the state, Tripp Umbach developed a series of strategic recommendations that address Rhode Island's urgent physician workforce needs while positioning URI as a future national leader in community-based public medical education. These recommendations focus on building a mission-driven program that prioritizes primary care and underserved populations, creating a distributed clinical training network across the state, securing diversified and sustainable funding, strengthening local talent pipelines with retention incentives, and framing the school as both a healthcare and economic engine.

Build a Mission-Driven, Community-Based Medical Education Model

Tripp Umbach recommends that URI move forward with the development of a public M.D.-granting School of Medicine, opening in 2029. URI's School of Medicine will differentiate itself by aligning its mission with Rhode Island's most pressing workforce needs, such as primary care, community health, and equitable access. This requires a distributed model of medical education, including large tertiary hospitals, community hospitals, and health centers. URI should integrate its existing academic strengths, pharmacy, nursing, public health, and allied health sciences into interprofessional team-based training. A central feature of the proposed University of Rhode Island School of Medicine will be a technology-driven approach to primary care, preparing future physicians to lead in a rapidly evolving healthcare environment.

The curriculum should embed longitudinal primary care clerkships in FQHCs, rural clinics, and hospitals across the state, reflecting Rhode Island's unique demographics. Admissions policies should prioritize instate candidates, people from communities underserved in primary care, and applicants committed to practicing in primary care and underserved communities. By aligning student selection, curriculum, and financial incentives with this mission, URI can directly address the fact that fewer than 15% of residency graduates currently remain in Rhode Island to practice, and even fewer to practice in primary care.16 The URI School of Medicine will thereby provide Rhode Island with a distinct complement to Brown University's research-focused private medical school.

By aligning student selection, curriculum, and financial incentives with this mission, URI can directly address the fact that fewer than 15% of residency graduates currently remain in Rhode Island to practice, and even fewer to practice in primary care.[16] The URI School of Medicine will thereby provide Rhode Island with a distinct complement to Brown University's research-focused private medical school.

Establish a Comprehensive Clinical Training Network

Securing broad clinical partnerships statewide is the most immediate and vital step for implementation, as URI must negotiate binding clerkship agreements with large tertiary and smaller community hospitals, as well as FQHCs. Based on Tripp Umbach's assessment, Rhode Island has sufficient training capacity to support an annual M.D. class size of approximately 100 students, if placements are diversified across the state and various specialty rotations can be developed for URI students at Brown

[16] Association of American Medical Colleges

University Health facilities. Early and sustained partnership building will be essential to ensuring clinical training relationships, critical to achieving LCME accreditation timelines, are met.

To support the full spectrum of specialties, GME affiliations must be established with a wide range of facilities, including Kent County Memorial, Our Lady of Fatima Hospital, Landmark Medical Center, South County Hospital in Wakefield, and Westerly Hospitals. URI should also adopt shared faculty models with hospital partners to reduce start-up costs while ensuring quality teaching and clinical supervision. This distributed network will enable URI to place students across a range of urban, suburban, and rural sites, thereby relieving pressure on Brown University Health, which has a clinical training relationship with Brown's private medical school.

Secure, Robust, Diversified, and Sustainable Funding

Tripp Umbach's feasibility study documents the need for approximately $175 million in start-up funding over the early program development. Initially, a total of $62.5 million must be raised by URI to advance the project. To accomplish this, URI must develop a diversified funding strategy that extends beyond its current resources to ensure long-term sustainability.

Tripp Umbach recommends the following funding sources:

1. $30 million in seed funding over the next two years to be raised by the URI Foundation,
2. $20 million in seed funding from the state of Rhode Island, and
3. $50 million in endowment to be raised from private donations over the next 10 years to provide support for scholarships and ongoing operations.
4. $75 million in private funds over a three-year period starting in 2026, to cover start-up costs. This amount can be reduced if the state can provide general obligation bonds to cover $62.5 million in anticipated facilities costs. Under this scenario, $37.5 million will be needed from a named donor.
5. $22.5 million is needed annually beginning in 2029, when the first class is expected to arrive. Additional state funding will be required for GME and educational incentives, such as loan forgiveness and scholarships, to retain graduates in the state.
6. After start-up, URI will also need to leverage public-private partnerships with health systems, generating shared revenue through clinical practice plans and research grants. Other new medical schools have secured significant resources from health system partners, including Meridian Health System (Hackensack, NJ), Carle Health System (Urbana-Champaign, IL), HCA (Nashville, TN), and Meritus Health (Hagerstown, MD).

Tripp Umbach's pro forma represents the ideal situation where funds are secured and facilities are in place before the first students arrive. While the LCME prefers to see all funding and facilities in place, there are many examples of institutions that were able to accommodate their first class in temporary facilities on campus and without a fully funded endowment. However, the LCME recommends that a portion of a university's endowment or foundation be allocated to support the medical school.

A detailed business plan is needed in early 2026 to move the project forward, including hiring a founding dean and securing the required resources. Any delay in 2026 can result in the first class not arriving until 2030.

Create Local Talent Pipelines and Retention Incentives

To ensure Rhode Island derives long-term benefit from URI's investment, the school must prioritize recruitment and retention of local students. A "grow your own" model should begin with partnerships with Rhode Island high schools, expanding STEM pipeline programs, and developing early assurance tracks for URI undergraduates. Admissions policies should favor Rhode Islanders and applicants committed to practicing locally, particularly in primary care.

Financial incentives must be tied to service commitments, including in-state tuition guarantees, loan forgiveness, and repayment programs for graduates who practice primary care in Rhode Island for a minimum of five years following the completion of their residency. Funding for these incentives is in addition to $20 million in seed funding and $22.5 million in annual state support recommended in the feasibility study. Such incentives will counteract the debt burden that is a major driver of physician out-migration. URI should also collaborate with state and hospital partners to expand fellowship training opportunities in psychiatry, cardiology, gastroenterology, and surgical subspecialties, ensuring graduates have viable pathways to complete advanced training without leaving the state. With 44% of Rhode Island's physician workforce nearing retirement age, retaining homegrown talent and incentivizing physicians to remain in primary care are critical to closing workforce gaps.

Overview

In January 2025, the University of Rhode Island, in partnership with the Rhode Island State Senate, commissioned Tripp Umbach to conduct an independent feasibility study focusing on establishing the state's first public School of Medicine at the University of Rhode Island. Tripp Umbach was selected for its national reputation and extensive experience, having guided more than 40 new medical school developments and completed over 2,000 consulting engagements for universities, health systems, and governments since 1990. The findings of this report represent the professional opinions of Tripp Umbach, informed by extensive experience, primary and secondary research, stakeholder input, and assumptions and conditions outlined within the study.

The study, overseen by a special legislative Senate commission co-chaired by Senator Pamela J. Lauria and URI President Marc Parlange, assessed physician workforce shortages, healthcare access challenges, and opportunities to strengthen medical education and research in Rhode Island. Tripp Umbach employed a structured methodology that combined demographic and workforce projections with community engagement and financial modeling to inform its analysis. Key areas of analysis included models for medical education delivery, clinical training capacity, URI's institutional readiness, and long-term financial sustainability. The study also measured broader economic and social impacts, including job creation, research growth, and improved access to healthcare across the state.

The analysis highlights the unique opportunity for URI to establish a public School of Medicine that directly addresses the state's critical physician workforce shortages, supports economic development, and strengthens healthcare access in underserved in primary care areas.

Key Evaluation Criteria

Tripp Umbach's feasibility analysis for establishing a public M.D.-granting School of Medicine is anchored in five core evaluation criteria outlined below. The study focuses on Rhode Island, with additional environmental scanning conducted to assess needs throughout the state. The following requirements are used to determine whether the study area possesses the foundational elements required to successfully launch and sustain a long-term, high-quality medical education program.

- **Physician Shortage** – A clear and growing need for physicians, especially in primary care and underserved areas, is a core justification for establishing a new School of Medicine. Tripp Umbach evaluated workforce trends, provider ratios, and projected demand to determine whether regional shortages align with broader challenges to healthcare access.
- **Evaluation of Medical School Models** – Identifying a viable pathway for expanding medical education in the region required careful consideration of multiple delivery approaches. Tripp Umbach evaluated both allopathic (M.D.) and osteopathic (D.O.) models, weighing their alignment with Rhode Island's healthcare needs and URI's institutional strengths. Tripp Umbach also evaluated the benefits and constraints of establishing a regional campus with public and private medical schools in neighboring states.

- **Institutional Readiness/Capacity** – Strong academic and research institutions are essential for a successful medical school. This includes sufficient infrastructure, educational leadership, faculty strength, and the ability to integrate the new program without compromising existing offerings.
- **Clinical Training Interest** – A strong foundation of clinical training sites is vital for both undergraduate medical education and residency programs. Tripp Umbach evaluated the availability, accessibility, and quality of training opportunities across hospitals, clinics, and community health providers to ensure students can gain diverse, hands-on experiences in real-world healthcare settings.
- **Community and Stakeholder Support** – Broad support from local health systems, local government agencies, academic institutions, and philanthropic partners is critical for long-term success. Tripp Umbach analysis considered the depth of engagement and alignment with community health priorities and workforce development goals.

Key Findings

Rhode Island stands at a pivotal moment in shaping the future of its healthcare system, as demographic shifts, workforce shortages, and rising demand for care converge to create both challenges and opportunities. The state's aging population, coupled with a growing physician gap, particularly in underserved communities, underscores the urgent need for innovative solutions to expand access and strengthen primary care.

Stakeholders across the healthcare landscape recognize that recruitment and retention strategies alone are not enough; Rhode Island requires a bold, sustainable approach to medical education. The feasibility study finds that a public M.D. program at the University of Rhode Island offers the most viable model, supported by committed clinical partners, the potential to expand GME infrastructure, and a clear pathway to long-term physician retention and improved access to primary care services for Rhode Islanders. Notably, financial analysis demonstrates that the School of Medicine is not only achievable but will deliver a strong return on investment for Rhode Island taxpayers, while positioning URI as a driver of healthcare, education, and economic growth across the state and beyond.

1. Changing demographics require more healthcare access

Rhode Island's population is growing modestly, but its demographic profile is changing rapidly. The most significant shift is the sharp rise in the elderly population, with seniors now representing the fastest-growing share of residents. This population requires and consumes the most healthcare services. This combination of overall growth and a rapidly aging population has far-reaching implications for the labor force, healthcare, education, and housing. It underscores the urgent need for strategic planning and investment, particularly in healthcare workforce development. Establishing a public medical school at URI directly aligns with these demographic realities, helping to address physician shortages and strengthening the state's capacity to care for an aging and increasingly complex population.

At the same time, the state's healthcare system faces mounting pressures. A growing and aging population is driving up demand for medical services, yet Rhode Island struggles with a shortage of physicians. As communities expand and residents live longer, the gap between patient needs and available providers has widened. The aging population is the primary driver of this demand, underscoring the importance of developing strategies to strengthen and sustain the physician workforce.

Rhode Island is home to more than 1.1 million residents, with one in four aged 60 or older as of 2023.[17,18] Compared with other New England states, Rhode Island reports the highest prevalence of chronic health conditions, including high cholesterol, hypertension, and multiple chronic diseases.[19] Seniors need and consume more healthcare services than any other age group, and their rapid growth has already put a strain on the state's healthcare system. This trend will continue to influence how care is delivered and resourced in the years ahead.

[17] Data USA
[18] Healthy Aging Data Report; Highlights from 2025.
[19] Ibid.

The passage of the Patient Protection and Affordable Care Act (ACA) further increased physician demand by expanding access to insurance and enabling more residents, particularly seniors, who already have the highest per-capita healthcare consumption, to seek care. An aging population presents not only financial challenges but also an increased need for physicians trained in geriatrics and the management of chronic diseases. As older adults require more care, the demand for providers who serve this population is expected to continue rising.

Another distinctive factor is Rhode Island's higher-than-average proportion of residents with disabilities, 13.0% compared to 12.0% nationally.[20] This demographic reality places additional demands on the healthcare system, requiring tailored services, specialized providers, and greater attention to and investment in accessibility. Addressing these needs is not only a matter of equity but also essential for the overall health and well-being of Rhode Islanders. Expanding the physician workforce to serve both an aging and disabled population is vital for building a healthier, more prosperous Rhode Island.[21]

Rhode Island also has the highest percentage of residents aged 85 and older in New England and the third-highest in the nation.[22] Compounding this trend, the economic stability of older adults has declined, even before the COVID-19 pandemic. From 2016 to recent years, the share of residents age 65+ living below the poverty line rose from 8.6% to 9.5%, food benefit participation among adults age 60+ increased from 11.9% to 15%, and workforce participation among adults age 65+ climbed from 16.3% to 21.9%.[23] These indicators reveal growing financial vulnerability among Rhode Island's older population.

Together, these dynamics, population growth, an aging demographic, expanded insurance coverage, and higher disability rates are creating unprecedented pressures on Rhode Island's healthcare system. To respond effectively, state policymakers should pursue strategies to strengthen the primary care workforce. Key steps include physician reimbursement reform, targeted funding for primary care GME, and debt relief programs for medical students.[24] Such efforts are essential to ensuring Rhode Island can meet the healthcare needs of its residents now and in the future.

2. The Growing Physician Gap in Rhode Island

The United States is confronting a worsening shortage of primary care physicians, driven by an aging workforce, early retirements fueled by burnout, and the lasting effects of the COVID-19 pandemic. Federal estimates from October 2024 indicate that more than 13,000 additional primary care physicians would have been required to eliminate Health Professional Shortage Area (HPSA) designations nationwide.[25] Looking ahead, the Association of American Medical Colleges projects that by 2034 the deficit could reach between 17,800 and 48,000 primary care physicians, highlighting the urgency of expanding medical education pipelines and retention strategies to meet growing healthcare demands.[26]

---

[20] Rhode Island Office of Healthy Aging
[21] Rhode Island 2030 Strategic Plan
[22] Point 32 Health Foundation
[23] Ibid.
[24] Robert Graham Center; Projecting Primary Care Physician Workforce 2010-2030
[25] Rhode Island Health Care System Planning; 2024 Foundational Report
[26] Ibid.

The pipeline of new physicians entering primary care is not keeping pace with national needs, as fewer graduates are choosing this pathway. Since 2011, the share of U.S.-trained M.D. graduates matching into primary care residencies has steadily declined, signaling a troubling trend. Nationally, from 2012 to 2020, only about one in five physicians who completed residency were still practicing primary care two years after completing their residency.[27] Geographic variation also persists, as in 2020, states such as Alaska and Maine saw higher proportions of new physicians entering primary care, while other regions struggled to recruit and retain providers in this critical field.[28]

Workforce shortages are limiting access to primary care across the United States, with underserved communities experiencing the most significant strain. Increasingly, Americans lack an ongoing relationship with a primary care provider. Between 2012 and 2021, the share of adults without a usual source of care rose from 24.4% to 28.7%, while the percentage of children without an established source of care grew from 9.4% to 13.6%. These trends highlight the widening gap in access to consistent, preventive care.[29]

By 2045, Rhode Island will require an estimated 4,100 to 4,600 practicing physicians to maintain access to care and meet the needs of an aging population.[30] Recent data highlight the growing strain on Rhode Island's primary care workforce. In 2019, the state experienced a net loss of 14 primary care physicians per 100,000 residents. Projections indicate a deficit of nearly 100 primary care providers by 2030. The problem is compounded by an aging workforce, with 44% of family physicians already over age 55 as of 2018 and approaching retirement. Retention of new doctors is a challenge. Between 2011 and 2017, Rhode Island's two-family medicine residency programs graduated 87 physicians, but fewer than half (44%) remained in the state to practice. Although some losses were offset by the in-migration of family physicians trained elsewhere, overall capacity continues to lag demand. Feedback from physicians and stakeholders consistently highlights a workforce that is stretched to its limits, leaving many patients struggling to access timely primary care.[31]

Unfortunately, Rhode Island's physician shortage has evolved into a workforce crisis, leading to significant health consequences throughout the state. In communities where access to primary and specialty care is limited, residents face higher risks of delayed diagnoses, unmanaged chronic conditions, and preventable hospitalizations.

Without consistent access to physicians, individuals are less likely to receive timely screenings, coordinated treatment, and follow-up care, all of which are essential to maintaining long-term health and preventing disease progression. This shortage is particularly pronounced in rural and vulnerable communities. In the U.S., in 2022, there were nearly 3 times as many active physicians per 100,000 population in urban areas as in rural areas (286 vs. 98 per 100,000 population, respectively), illustrating severe provider scarcity in these areas.[32] Additionally, in 2022, access to primary care varied across

[27] Rhode Island Health Care System Planning; 2024 Foundational Report.
[28] Ibid.
[29] Ibid.
[30] Rhode Island Office Attorney General; Statewide Health Care Capacity Assessment
[31] Ibid.
[32] Association of American Medical Colleges

demographic groups. Nearly one-quarter of Hispanic adults (24%), 13% of Black adults, 19% of adults in the lowest income bracket, and 21% of adults without a high school degree reported not having a usual source of care, compared with 8% of White adults, 6% of adults in the highest income category, and 9% of those with some post-secondary education.[33]

Rhode Island is confronting a deepening physician shortage, particularly in its communities that are already underserved by primary care and the existing healthcare infrastructure, transforming a workforce challenge into a pressing statewide emergency. According to the latest federal data, only 72% of primary care needs are currently being met across the state's HPSA, necessitating as many as 13 additional physicians to eliminate existing designations.[34] Rural areas fare even worse. This shortage is compounded by low physician retention, as fewer than half of medical residents trained in Rhode Island choose to practice in-state, making it difficult to sustain and grow the local physician workforce and address the rising needs for primary care services across the state.[35] These dynamics underscore an urgent need for targeted strategies, primarily through education, recruitment, and retention initiatives, to ensure equitable access to healthcare across Rhode Island, particularly for its most vulnerable communities.[36]

Table 1 shows that Rhode Island has 13 primary-care HPSA designations, resulting in the need for additional practitioners to remove the HPSA designation label. Rhode Island demonstrates a high need for primary-care physicians as measured by the number of counties in the state that are full or partial HPSAs. According to the latest federal data, only 72% of primary care needs are currently being met across the state's HPSA, necessitating as many as 13 additional physicians to eliminate existing designations.

Table 1: Designated Health Professional Shortage Areas 2024[37]

Maine	Number of Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Primary Care	13	137,033	72.13%	13
Mental Care	12	394,307	58.09%	11

Map 1 illustrates the primary care shortage throughout Rhode Island. According to Map 1, Health Professional Shortage Areas are primarily located in the northern and southern regions of Rhode Island.

[33] Rhode Island Health Care System Planning; 2024 Foundational Report

[34] Designated Health Professional Shortage Areas Statistics, Second Quarter of Fiscal Year 2025 Designated HPSA Quarterly Summary. Bureau of Health Workforce Health Resources and Services Administration. U.S. Department of Health & Human Services.

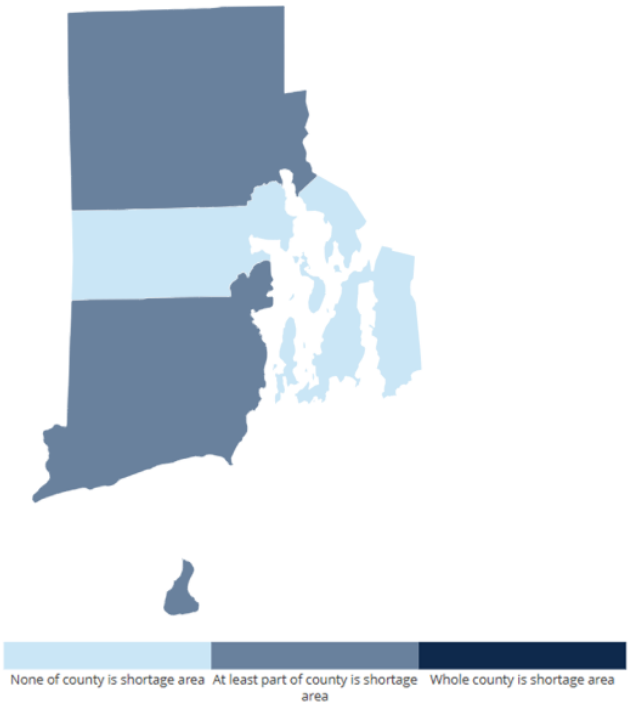
[35] American Medical Association

[36] Vulnerable populations are groups of individuals who experience greater barriers to accessing healthcare, higher exposure to health risks, and reduced capacity to achieve optimal health outcomes due to factors such as low income, advanced age, racial or ethnic minority status, rural residence, limited English proficiency, disability, or chronic health conditions.

[37] Designated Health Professional Shortage Areas-2024

(A darker HPSA shade indicates a more severe shortage of primary care physicians. As depicted on the map, the HPSAs in Rhode Island are primarily located in the northern and southern parts of the state.

Map 1: Health Professional Shortage Areas in Rhode Island [38]



Source: data.HRSA.gov, January 2025.

As a result, many residents face long travel distances, limited appointment availability, and transportation barriers, often leading them to delay care or resort to emergency departments for non-urgent needs, which drives up costs and worsens healthcare outcomes for both individuals and communities.

Preventive care and early intervention, the foundation of better health outcomes, are significantly compromised in regions with limited physician coverage. Vulnerable populations, including low-income families, older adults, and Medicaid recipients, are especially at risk as inconsistent access to care fuels disparities and contributes to fragmented, poorly coordinated treatment. Over time, these gaps deepen inequities and place increasing strain on Rhode Island's already stretched healthcare system.

Meeting this challenge will require focused and sustained investment in building and retaining the state's physician workforce. Expanding training opportunities, strengthening recruitment, and developing incentive programs, particularly in primary care and underserved areas, are essential to ensure that every Rhode Islander has access to the care they need. By closing the physician gap, Rhode Island can improve health outcomes, reduce disparities, and create a stronger, more equitable healthcare system for its communities.

[38] Data.HRSA.gov. January 2025.

3. Physician Recruitment and Retention Programs are Essential

A key strategy to address Rhode Island's physician shortage is the creation of targeted incentive programs that strengthen recruitment and retention. Such programs are essential to maintaining stability across hospitals and health systems by keeping experienced physicians in the state and reducing the risk of losing talent to other regions. They also help attract providers to underserved areas by offering financial support, loan forgiveness, or other benefits, ensuring that vulnerable communities have access to consistent, high-quality care. Beyond filling immediate gaps, incentive programs foster a more diverse healthcare workforce and reduce disparities in access and outcomes. By prioritizing these initiatives, Rhode Island can build a stronger and more sustainable physician workforce, thereby improving healthcare delivery statewide.

Rhode Island has taken significant steps to strengthen its physician workforce through a range of recruitment and retention programs aimed at addressing primary care shortages. In 2025, the state launched a $5 million Primary Care Grants Program, followed by an additional $6.7 million in awards to 85 practices, providing up to $300,000 per site to help recruit and retain physicians, nurse practitioners, and physician assistants, particularly in practices serving Medicaid patients.[39] The state also operates the Health Professional Loan Repayment Program (HPLRP), which offers loan forgiveness to healthcare providers who commit to working in areas of healthcare shortage. Historically, 91% of participants have remained practicing or licensed in Rhode Island.[40] To further encourage retention, the General Assembly recently expanded the Wavemaker Fellowship to primary care, offering tax credits of up to $6,000 annually for four years to newly graduated providers who stay in the state.[41] Additionally, the Rhode Island Department of Health introduced Primary Care Training Site Grants of up to $90,000 per year to practices hosting physician assistant, nurse practitioner, and residency training, to boost in-state training capacity by 50%.[42]

Additional efforts nationally to secure and increase the number of primary care physicians can be cited at Hackensack Meridian School of Medicine in Nutley, N.J., which launched a Primary Care Scholars Program in 2024 to address physician shortages and student debt. The program offers a 50% tuition scholarship, a $7,500 relocation stipend, and a $2,500 monthly living allowance, with full tuition forgiveness if graduates complete their residency and practice in Hackensack for the same number of funded years. Starting with five students, it expanded to 10 in 2025–26 and plans 15 next year. The initiative is designed as a cost-effective way to build a sustainable pipeline of primary care physicians while strengthening long-term retention.[43]

Hackensack's SOM initiative was directly inspired by a pioneering effort at Geisinger, which introduced a similar scholarship-for-service model several years earlier. The Abigail Geisinger Scholars Program, launched in 2019 at the Geisinger Commonwealth School of Medicine in Pennsylvania, was designed to directly address physician shortages in primary care by tying financial support to service commitments.

---

[39] The State of Rhode Island
[40] De Beaumont Foundation
[41] State of Rhode Island General Assembly
[42] Rhode Island Department of Health
[43] Becker's Clinical Leadership

Under this model, students receive full tuition coverage and living assistance throughout their medical school education. In return, they commit to pursuing a primary care specialty and agree to work within the Geisinger Health System for a minimum of four years following the completion of their residency.[44] By alleviating the financial burden of medical education, the program creates a debt-free pathway into primary care, ensuring that Geisinger develops a stable and loyal pipeline of physicians to serve its communities. The path has inspired other healthcare systems to adopt similar models as cost-effective strategies for strengthening their physician workforces.

The establishment of a public medical school at the University of Rhode Island would amplify the impact of these state-led recruitment and retention initiatives by creating a direct, local pipeline of physicians trained to meet Rhode Island's healthcare needs. Funding from the state is even more crucial in combating recent federal limits on graduate education loans, which could deter interest in attending medical school.

By embedding medical education within the state, URI could align admissions policies, curriculum design, and clinical training with the goals of existing programs such as the Health Professional Loan Repayment Program and the Wavemaker Fellowship, ensuring graduates are both incentivized and prepared to remain in Rhode Island. Furthermore, the URI School of Medicine could serve as a key partner for Primary Care Grants and Training Site Grants by expanding the number of practices that can host medical students and residents, thereby directly strengthening retention pathways.

4. A Public M.D. School of Medicine at the University of Rhode Island Emerges as the Most Viable Medical Education Model[45]

The University of Rhode Island possesses strong and comprehensive capabilities in the health sciences, providing a robust foundation for establishing a medical school. URI offers extensive undergraduate, graduate, and doctoral programs across health sciences, nursing, pharmacy, and related fields, producing large cohorts of health professionals annually. Between 2020 and 2024, the College of Health Sciences consistently graduated between 789 and 929 students per year. The Nursing program conferred 300–404 degrees annually, while the Pharmacy program maintained 173–210 degrees, led by the PharmD program. These outputs underscore URI's ability to sustain a broad pipeline of health workers. Research capacity is further enhanced, as total research expenditures increased from $97.9 million in 2016 to $144 million in 2023, with federal funding more than doubling over the period, reflecting the scholarly strength in health and biomedical sciences. Together, URI's training pipeline, research growth, and interdisciplinary programs position the university to launch a medical school that advances workforce development, healthcare access, and academic medicine in Rhode Island.

Both pathways were carefully assessed, considering Rhode Island's healthcare needs, URI's institutional strengths, and the state's position within the broader landscape of medical education. While a D.O. program would expand access to medical education, our assessment found that an M.D.-granting school would provide the most significant impact by addressing physician shortages, aligning with URI's R1 research designation, and maximizing opportunities for funding, clinical partnerships, and graduate

[44] Geisinger Health System
[45] Information in key finding #4 was supplied by the University of Rhode Island.

medical education development. In addition, an allopathic pathway best aligns with the university's strengths in teaching and medical practice, allowing for the integration of future family practice plans that expand both the quantity and quality of healthcare statewide. Placing a stronger emphasis on research will significantly enhance URI's economic impact while positioning the school as a driver of innovation and regional growth.

The M.D. model provides a strong complement to Brown University's private medical school by enabling URI to establish a mission-driven, community-based program focused on primary care, population health, and retaining graduates in Rhode Island. Unlike Brown, URI can offer a more accessible and affordable pathway into medical education, addressing barriers created by Brown's high tuition costs and limited acceptance rate.

Brown University's Warren Alpert Medical School attracts most of its students from outside Rhode Island, with only about 13 percent of matriculants coming from within the state. This enrollment pattern has significant implications for workforce retention. Data show that of those who enter primary care residency programs in Rhode Island, only about 14 percent remain to practice locally. Only 30 percent of residency and fellowship program graduates from Brown's residency and fellowship programs stay in the state.[46] Despite these positive outcomes for a subset of trainees, the broader pattern holds that most Brown medical graduates eventually leave Rhode Island to practice elsewhere. Therefore, Tripp Umbach evaluated the distinct advantages/disadvantages of both degrees for a public medical school to assist stakeholders in selecting the optimal path forward.

Table 2: Overview of Medical School Models

Allopathic (M.D.)	Osteopathic (D.O.)
Advantages	
• The M.D. degree carries the strongest prestige and visibility worldwide, enhancing URI's profile and competitiveness. • Alignment of URI's R1 Research Status supports growth in biomedical research, NIH funding, and interdisciplinary collaboration across pharmacy, nursing, and health sciences. • The output of an M.D. workforce directly addresses Rhode Island's critical physician shortages, especially in primary care and underserved communities. • A public M.D. program with in-state admissions focuses and service incentives increases the likelihood that graduates will stay and practice in Rhode Island. • Strengthens relationships with hospitals, community health centers, and health systems across the state.	• D.O. programs are recognized for producing higher proportions of graduates in primary care, directly addressing workforce shortages. • Emphasizes whole-person care, preventive health, and patient-centered practice, aligning with community health needs. • Osteopathic medicine is one of the fastest-growing fields in the U.S., with rising student interest and expanding recognition. • D.O. schools have been developed with leaner infrastructure compared to M.D. programs, which could reduce initial costs. • Strong emphasis on distributed clinical education, which may align well with Rhode Island's network of community hospitals and clinics. • Could position URI as the first public university in New England to host a D.O.

[46] Association of American Medical Colleges

Allopathic (M.D.)	Osteopathic (D.O.)
• Generates hundreds of millions in annual economic activity, creates thousands of jobs, and expands the tax base. • Attracts significant state investment, private gifts, and health system partnerships, building a diversified and sustainable financial base. • Provides a complementary alternative to Brown's private, research-focused model by emphasizing community-based, mission-driven medical education. • Creates opportunities for Rhode Islanders to pursue affordable medical education in-state, strengthening local healthcare capacity.	school, offering a unique identity in the regional education landscape. • Provides an alternative pathway into medicine for Rhode Island students who may not otherwise pursue an M.D., helping expand the overall physician pipeline.
Disadvantages	
• Requires significant upfront investment for facilities, faculty, and infrastructure. • The LCME accreditation pathway is lengthy and complex, requiring early evidence of robust clinical and financial capacity. • Brown University already has an established footprint in Rhode Island hospitals, creating potential competition for clerkship placements. • Developing an M.D. school may take longer than a D.O. program due to stricter accreditation and infrastructure standards • Stakeholders aligned with Brown or other institutions may push back against a second medical school in the state. • An M.D. program often has higher tuition, which could deter applicants or increase graduate debt without sufficient scholarship support. • Even with a public school, retention of physicians' post-residency is not guaranteed unless paired with strong pipeline and incentive programs. • Launching a medical school could divert resources, leadership attention, and state appropriations from other URI programs and priorities.	• A D.O. degree, while increasingly accepted in the U.S., has less international prestige and mobility compared to the M.D. degree. • D.O. programs generally emphasize teaching and primary care over high-level biomedical research, limiting alignment with URI's research mission and funding opportunities. • A D.O. program may attract less philanthropic interest and fewer large-scale research grants than an M.D. program. • Growth of D.O. schools nationally may saturate the market, making it harder for URI to stand out. • COCA (Commission on Osteopathic College Accreditation) may have more flexibility than LCME; it still requires a robust clinical and faculty network that could be difficult to secure in Rhode Island. • Some patients, policymakers, and international institutions remain less familiar with osteopathic medicine, potentially creating barriers. • A D.O. program may not offer a clear distinction from other new D.O. schools nationally, whereas an M.D. program in Rhode Island would be unique.

The recommended community-based medical school model is designed to train future physicians within the real-world settings where they are most needed, rather than relying solely on large academic medical centers. This approach emphasizes partnerships with a distributed network of hospitals,

community health centers, FQHCs, and rural clinics to provide diverse clinical training experiences. Students learn in small, team-oriented environments that prioritize primary care, population health, and service to communities underserved in primary care. By embedding learners directly into community settings, the model fosters strong connections between medical education and local health needs, ensuring that training is both relevant and responsive to these needs. Additionally, the model supports interprofessional collaboration by integrating medical students with nursing, pharmacy, public health, and allied health trainees, preparing graduates to work in coordinated care teams. Community-based medical schools not only expand access to medical education but also improve physician retention in the regions where they are trained, strengthen healthcare systems, and contribute to local economic and workforce development.

A public M.D. program represents a clear and strategic pathway for the University of Rhode Island to address the state's most pressing healthcare and economic challenges. As the only public flagship and R1 research institution in Rhode Island, URI is uniquely positioned to lead this effort by leveraging its established strengths in pharmacy, nursing, and health sciences and building a mission-driven, community-based model of medical education. An M.D. school not only carries the highest level of national and international recognition, but it also maximizes opportunities for state investment, federal research funding, and philanthropic support. Most importantly, it provides a sustainable solution to Rhode Island's physician shortages, ensuring that more locally trained physicians remain in the state to practice. Establishing a public M.D. school at URI is not just an academic expansion; it is an essential investment in the future health, economic vitality, and resilience of Rhode Island and its communities.

5. Clinical partners are committed to engaging with the University of Rhode Island

The development of a public M.D. program at URI will be driven by strategic partnerships with Rhode Island's hospitals, health systems, and community clinics. Every healthcare organization interviewed by Tripp Umbach expressed an interest in working with the new medical school by providing training opportunities and working with the school to develop or expand residency positions. The program will complement Brown University's Alpert School of Medicine, focusing on community education, research, and clinical care. The community-based education model ensures students receive a high-quality, consistent, and integrated clinical education from the onset. The existing strengths of URI's College of Pharmacy, College of Nursing, and School of Public Health, as well as other health-related programs, serve as critical anchors, ensuring the success of the proposed School of Medicine and providing a strong foundation for interprofessional training and collaboration. It also provides a platform for shared strategic planning, faculty development, and expansion of GME and research, making it the most efficient and impactful model for the region. Tripp Umbach deemed this model to be superior when compared to a private medical school or a regional campus of an existing institution in neighboring states.

In general, the community-based medical schools identified below have multiple healthcare training partners, including community health clinics located throughout their service regions. These public medical schools are more likely than large medical centers to produce students who enter primary care specialties and participate in community-based research and service initiatives. Most importantly, more are likely to remain in practice in community settings.

Community-Based Medical Schools:

1. Central Michigan University College of Medicine (COM)
2. Charles E. Schmidt College of Medicine at Florida Atlantic University
3. East Tennessee State University James H. Quillen COM
4. Eastern Virginia Medical School
5. Florida International University Herbert Wertheim COM
6. Florida State University COM
7. Marshall University Joan C. Edwards SOM
8. Michigan State University College of Human Medicine
9. Northeast Ohio Medical University
10. Southern Illinois University SOM
11. Texas Tech University Health Sciences Center Paul L. Foster SOM
12. Texas Tech University Health Sciences Center SOM
13. The City University of New York (CUNY) SOM
14. University of California, Riverside SOM
15. University of Central Florida COM
16. University of Hawaii, John A. Burns SOM
17. University of Houston Tilman J. Fertitta Family COM
18. University of Nevada, Reno SOM
19. University of North Dakota SOM and Health Sciences
20. University of South Carolina SOM Columbia
21. University of South Dakota Sanford SOM
22. University of Texas at Austin Dell Medical School
23. University of Texas Rio Grande Valley SOM
24. Virginia Tech Carilion SOM
25. Washington State University Elson S. Floyd COM
26. Wright State University Boonshoft SOM

R1 research universities predominantly anchor these medical schools. They go beyond addressing physician shortages to stimulating demand for housing, services, and local businesses. Based on input from community stakeholders, affordable housing for medical students is a key focus area for URI's medical school planning efforts.

Additionally, the presence of a medical education hub could foster a supportive environment for healthcare-related start-ups or biotechnology firms. Together, these elements would promote economic activity and job creation across education, healthcare, technology, and service sectors, strengthening the region's healthcare capacity while establishing a pipeline for innovation and talent development. The opening of the school of medicine will likely enhance URI's positioning. Additionally, a new medical school at URI would serve as both a cornerstone of Rhode Island's healthcare system and a catalyst for broader economic and innovation-driven growth.

6. Expanding Graduate Medical Education Infrastructure Positions URI's School of Medicine for Long-Term Physician Retention

Graduate medical education refers to the residency and fellowship training that physicians complete after medical school, which prepares them for independent practice and is a critical factor influencing where they eventually work. National data show that 57.1% of physicians remain in the state where they completed their residency**,** underscoring GME's central role in shaping the physician workforce and addressing local shortages.[47] In contrast, only 44.9% of people who complete GME in Rhode Island remain.[48] Rhode Island continues to face persistent challenges in retaining physicians trained in-state, particularly after they complete their residency. High out-migration underscores the need for GME infrastructure that provides both training and root establishment. Without formalized paths to practice locally, even students trained in Rhode Island often leave, further exacerbating provider shortages, especially in primary care and underserved regions. These gaps highlight that Rhode Island's lack of robust GME infrastructure is a significant barrier to establishing a stable, long-term physician workforce. Expanding residency programs not only builds a pipeline of locally trained physicians but also strengthens healthcare delivery, supports underserved communities, and generates economic benefits for host states and institutions.

Establishing local GME infrastructure is critical to physician retention. By building GME programs within Rhode Island, where graduates train and ultimately settle, URI is investing in a proven strategy to anchor medical professionals within the state and counteract longstanding retention challenges.

Local residency programs also offer strategic benefits to hospitals and communities. Teaching hospitals report that once residency programs are established, physician recruitment becomes easier, retention improves, and the quality of applicants increases, often resulting in reduced recruitment costs and enabling hospitals to bridge staffing gaps more efficiently.[49] Additionally, integrating residents into care teams enhances outcomes. Hospitals with GME programs experience faster patient throughput, lower risk-adjusted mortality rates, and higher patient satisfaction, creating a virtuous cycle of improved healthcare delivery and enhanced institutional reputation.[50] Developing GME capacity aligns with projected needs, as national estimates warn of a physician shortfall of up to 124,000 by 2034, with significantly larger gaps likely in underserved and rural areas.[51]

Expanding GME infrastructure at the University of Rhode Island would not only improve physician retention but also strengthen the state's healthcare and economic ecosystem. Residency programs are potent drivers of hospital performance, with teaching hospitals demonstrating improved patient outcomes, enhanced care coordination, and stronger recruitment pipelines.[52] GME expansion supports URI's R1 research status by integrating graduate medical trainees into clinical research and practice plans, fostering innovation, and attracting additional federal and philanthropic funding. By embedding

[47] Association of American Medical Colleges
[48] American Medical Association
[49] California Hospital Association
[50] Ibid.
[51] Association of American Medical Colleges
[52] California Hospital Association

residents in community hospitals, FQHCs, and rural clinics, URI could address care gaps while simultaneously fueling the state's economy through job creation and research growth. In this way, expanded GME capacity serves as both a workforce solution and a catalyst for Rhode Island's long-term healthcare and economic development.

GME infrastructure is one of the most powerful levers for ensuring physician retention, as physicians often stay in the location where they train. Residency programs strengthen hospital recruitment and expand training capacity in underserved specialty areas. Locally trained doctors are more likely to practice in the state long term. For Rhode Island, where retention rates are low and shortages acute, building URI's GME infrastructure is essential for achieving sustainable improvements in workforce stability and healthcare access.

Numerous hospitals and health systems offer strong potential for local clinical partnerships and collaborations throughout the state. Table 4 identifies these institutions, including hospitals and medical centers that could support clerkship and residency training opportunities for URI's medical students. The development of the University of Rhode Island's proposed public School of Medicine presents a chance to expand clerkship and residency opportunities across a diverse network of teaching hospitals statewide. Rhode Island already has a foundation of institutions engaged in medical education, including Kent Hospital, Landmark Medical Center, Newport Hospital, Rhode Island Hospital, Roger Williams Medical Center, The Miriam Hospital, Women & Infants Hospital, and the Providence VA Medical Center, all of which currently host clerkships and/or residency programs. Collectively, these hospitals represent over 1,000 teaching beds and span urban, suburban, and community-based settings, ensuring students and residents gain exposure to a wide range of patient populations and clinical environments.

The University of Rhode Island's School of Medicine can build on this infrastructure by formalizing statewide partnerships, diversifying training sites to include community hospitals and health centers and expanding GME capacity in critical shortage areas such as primary care, geriatrics, and behavioral health. By leveraging existing clinical assets and creating new clerkship and residency placements, URI will be well-positioned to train physicians who are more likely to remain in Rhode Island, thereby directly strengthening the state's healthcare workforce and improving access to care across the state.

Table 4: Hospitals with Clerkships and Residencies

Hospital Name	Staffed Beds	City	County	Teaching Hospital	Residency
Kent Hospital	343	Warwick	Kent County	X	X
Landmark Medical Center	131	Woonsocket	Providence County	X	X
Newport Hospital	109	Newport	Newport County	X	--
Providence VA Medical Center	73	Providence	Providence County	X	--
Rhode Island Hospital	706	Providence	Providence County	X	X
Roger Williams Medical Center	160	Providence	Providence County	X	X

Hospital Name	Staffed Beds	City	County	Teaching Hospital	Residency
The Miriam Hospital	247	Providence	Providence County	X	X
Women & Infants Hospital	247	Providence	Providence County	X	X
Our Lady of Fatima Hospital	312	North Providence	Providence County	--	--
South County Health	79	Wakefield	Washington County	--	--
The Westerly Hospital	88	Westerly	Washington County	--	--

Source: Robert Graham Center; GME for Teaching Hospitals

7. The School of Medicine is financially viable and will provide a strong return on investment (ROI) to Rhode Island Taxpayers

Financial Analysis

The financial analysis conducted by Tripp Umbach demonstrates that the proposed University of Rhode Island School of Medicine is financially viable, provided that an initial investment of $175.0 million in private and institutional funds is secured. The State of Rhode Island commits to an appropriation of $20 million in start-up funding and an annual appropriation of $22.5 million once the school is operational, in addition to funding for tuition, loan forgiveness, and retention incentives. The pro forma is built on a phased strategy that balances early philanthropic and institutional support with long-term tuition, research, clinical, and practice revenues. Tuition is recommended to begin at $50,000 annually, increasing to $63,338 by 2037, consistent with peer public medical schools and ensuring affordability for in-state and regional students.

While tuition revenue is projected to grow from $2.5 million in the first year of enrollment (2029) to more than $24 million by Year 9, diversified revenue streams, including philanthropy, endowment growth, and clinical partnerships, are essential to cover operating costs. Expenses, led by faculty and staff salaries, benefits, facilities, and student services, are expected to grow in parallel, from $22.9 million in 2029 to $61 million by 2037. It is essential to note that new medical schools typically increase their research expenses in line with available research funds. The cost for researchers is embedded in the salaries, with the assumption that 30% of the time for basic science faculty will be spent on research activities. Importantly, while modest deficits are expected in the earliest operational years, revenues begin to exceed expenses by Year 5, with surpluses expanding to nearly $16 million annually by 2037.

These surpluses will allow the School of Medicine not only to sustain high-quality academic and clinical programs but also to reinvest in research, innovation, and scholarship support. The inclusion of a scholarship endowment, projected to grow to $3.7 million annually by 2037, and state-supported tuition and loan forgiveness programs, will enhance affordability for local students and strengthen URI's mission to train physicians who remain in Rhode Island. Taken together, these projections demonstrate

a clear pathway from early start-up investment to long-term financial sustainability, positioning the URI School of Medicine as both an academic and economic anchor for the state.

Economic Impact

Tripp Umbach's national studies estimate that medical schools and teaching hospitals generate more than $600 billion annually in the U.S. economy. Academic medicine is a powerful driver at the national, statewide, and local levels, stimulating employment, investment, and innovation. The establishment of an independent M.D.-granting School of Medicine at the University of Rhode Island will likewise bring substantial economic expansion to the state's economy, while attracting further economic development through expanded health science programs, clinical and research partnerships with hospitals, and private-sector investment in healthcare-related business development.

The University of Rhode Island's School of Medicine is expected to generate significant direct and indirect economic benefits, achieving an annual return on investment of $8.70 for every dollar invested in the program at maturity. This measure is based solely on the operations of the School of Medicine and its economic impact on the state of Rhode Island. Expanded benefits related to research growth, new company formations, and the effect of new physicians significantly expand the ROI. Direct benefits will result from spending on capital improvements, ongoing operations, the hiring of new faculty and staff, and student spending in surrounding communities. Indirect benefits will flow from these expenditures as they circulate through the state's economy, creating a multiplier effect that contributes to Rhode Island's overall economic growth.

The inaugural class of 50 students is anticipated to enroll by the fall of 2029, with the school reaching full maturity with 100 students by 2033. Beyond its direct economic impact, the school's graduates will strengthen Rhode Island's physician workforce, particularly in primary care, thereby contributing to cost savings in healthcare delivery for communities across the state.

Annual impacts will include direct, indirect, and induced effects from operations, employment, student spending, visitor activity, and physician workforce contributions. Tripp Umbach's projections are based on conservative assumptions, meaning actual impacts could be greater once the school is fully operational. Not included in this analysis are additional economic benefits tied to more patients staying in-state for care, patients being attracted to Rhode Island due to expanded services, or the growth of medical education at affiliated hospitals.

Economic contributions will scale with the school's growth. By 2030, annual operations are expected to generate $88 million in impact, support 655 jobs, and contribute $2 million in tax revenues. By 2035, the impact is projected at $147 million annually, supporting 910 jobs and generating $3.5 million in state and local revenues. By 2040, the total annual impact is expected to reach $196 million, supporting 1,335 jobs and generating $4.5 million in revenues.

The long-term contribution of URI physician graduates will be even more transformative. According to the American Medical Association, physicians nationwide generate $2.3 trillion in direct and indirect economic output. Each physician supports an average of $3.2 million in economic impact, 17 jobs, and $126,129 in state and local tax revenues. Based on these benchmarks, by 2035, each graduating class of 100 new physicians, with 60 newly graduated physicians who remain in Rhode Island to practice after

residency, will generate an estimated $160 million annually in economic activity, support 850 jobs, and generate $6.3 million in state and local taxes. In addition, $90 million in cost savings to the healthcare delivery system is attributed to an estimated 25 primary care physicians who remain in Rhode Island and practice annually.

Over time, these impacts will grow dramatically, as by 2045, after 10 classes of medical students complete their residencies and remain in Rhode Island (assuming a 60% retention rate), the total economic impact of practicing physicians is expected to exceed $1.1 billion annually. This projection reflects both the state's stable population base and the increased demand for healthcare services as a large portion of the current physician workforce approaches retirement. Against this backdrop, the University of Rhode Island's School of Medicine is poised to have a dramatic and measurable impact.

Over the next two decades, the school is projected to produce more than 500 physicians who will complete their residency training and choose to practice in the state. The medical school and the additional physicians are expected to support over $10 billion in economic impact, create more than 5,000 total jobs, and generate $63 million in total state and local taxes. In sum, the school will contribute to increasing household incomes and drive economic growth, thereby contributing to a more prosperous Rhode Island.

Return on Investment (ROI)

By 2045, the University of Rhode Island's new medical school will generate a transformative return on the state's $22.5 million annual investment (not including $20 million in start-up), when these payments begin as students enter the first class in 2029.

Over the next 20 years (2026-2045), the state is expected to invest a total of at least $382.5 million in supporting Rhode Island students at the URI public medical school. This investment is expected to result in 564 new URI physicians practicing in Rhode Island, with 169 of them specializing in primary care, by 2045. Therefore, every $1 invested by Rhode Island taxpayers in the new medical school will generate nearly $30 in economic activity, tax revenue, and healthcare cost savings for the state.

Table 5: ROI in 2035 and 2045

Metric	Economic, Fiscal Impact, & Cost Savings Impacts 2035	ROI 2035[53]	Economic, Fiscal Impact, & Cost Savings Impacts 2045	ROI 2045[54]
Total Economic impact of the URI SOM and 564 physicians in practice	$982.5 million	$1: $7.28	$10.7 billion	$1: $28.03
Total State Taxes Generated by URI SOM and new Drs.	$22.1 million	$1: $0.17	$155.1 million	$1: $0.41

[53] Based on $135 million in total investment by the state of Rhode Island.
[54] Based on $382.5 million in total investment by the state of Rhode Island.

Metric	Economic, Fiscal Impact, & Cost Savings Impacts 2035	ROI 2035[53]	Economic, Fiscal Impact, & Cost Savings Impacts 2045	ROI 2045[54]
Healthcare Cost Savings to the State over the 20 years	$-	$-	$575.3 million	$1 $1.50
Total	**$1.0 billion**	**$1: $7.45**	**$11.5 billion**	**$1: $29.94**

Note: $0 state investment until students arrive in 2009

While this number alone will not fully close the projected physician gap, it represents a full 15 percent of the total workforce Rhode Island is expected to need by 2045. These locally trained physicians will not only expand the supply of healthcare providers but also improve retention, as graduates with strong regional ties are significantly more likely to practice in the communities where they receive their training. The addition of 500 physicians over twenty years will therefore make a meaningful contribution to Rhode Island's long-term physician workforce capacity, strengthening the healthcare system and ensuring more residents have access to high-quality care close to home.

Expanding medical education through the University of Rhode Island's School of Medicine will also bring broader societal benefits. The school will help address pressing workforce needs by producing more doctors with regional connections, stimulate the development of a healthcare innovation economy through research and commercialization, and improve health outcomes for Rhode Island residents by aligning physician training with community health needs.

Economic Impact of Graduate Medical Education

Graduate medical education programs affiliated with the school will further magnify these benefits. Each resident physician in training generates approximately $450,000 in annual economic impact, as funding for residency training primarily comes from outside sources and represents new dollars entering the state's economy. Residency programs strengthen hospitals financially, improve access to care, and enhance clinical quality. Expanding residency positions in Rhode Island, particularly in primary care and specialties with shortages, such as pediatrics, psychiatry, and general internal medicine, will be crucial to meeting the state's healthcare needs.

The benefits of residency programs are far-reaching. They increase physician recruitment, save hospitals approximately $5 million annually in uncompensated care, and reduce recruitment costs by an average of $100,000 per physician. Hospitals with residency programs offer a broader range of services, have higher quality scores, and experience lower utilization of emergency departments, thanks to resident-staffed outpatient clinics. Residents who remain in the community after training bring an intimate knowledge of Rhode Island's healthcare landscape, ensuring continuity of care and strong community ties.

The establishment of an independent M.D.-granting School of Medicine at the University of Rhode Island represents a transformative opportunity for the state's economy, workforce, and healthcare

system. With conservative projections indicating nearly $1.5 billion in cumulative economic impact within the first decade, the project offers significant long-term returns for Rhode Island residents, hospitals, businesses, and policymakers.

Conclusion and a Path Forward

Tripp Umbach's feasibility analysis demonstrates that establishing a public, M.D.-granting School of Medicine at the University of Rhode Island is both viable and necessary to meet the state's pressing healthcare needs. By enhancing workforce development and postsecondary education and increasing per capita personal income, a medical school will help build a more prosperous Rhode Island. A new school of medicine would not only expand physician training capacity but also create a pathway for Rhode Island students to enter the field of medicine and remain in-state as practicing physicians. A public School of Medicine at the University of Rhode Island represents an unprecedented opportunity to address physician shortages, retain local talent, and strengthen the state's healthcare and economic future. With coordinated leadership and commitment from the university, the state, and the community, URI can achieve this vision and matriculate its first class of future Rhode Island physicians within the next four years.

By embedding community partnerships, rural and underserved training experiences, and expanded graduate medical education through collaborations with Rhode Island healthcare organizations, URI can launch a truly transformational program that strengthens the healthcare system while advancing economic development.

Rhode Island hospitals, community health centers, and regional partners in Massachusetts and Connecticut have the capacity and interest to host clinical clerkships and residencies. URI can attract local students by offering B.S./M.D. pathways, early assurance programs, tuition incentives, and service-based loan repayment tied to in-state practice. Financially, the model is achievable with an estimated $175 million in private and state contributions for start-up and facilities, as well as ongoing state support of approximately $22.5 million (not including $20 million in start-up funds), with separate state funding for tuition and loan forgiveness retention programs. A new School of Medicine at URI is projected to contribute more than $196 million annually to the state's economy, while creating high-paying jobs in healthcare and higher education. These investments align with successful benchmarks from other public medical schools launched over the last two decades and can be scaled strategically through phased construction and clinical faculty partnerships.

This report offers strategies to address the physician shortage by developing a program that produces 100 graduates annually. It emphasizes the importance of securing commitments from Rhode Island's healthcare organizations, finalizing a sustainable business plan, and investing in medical education facilities. This approach aims to produce a steady pipeline of physicians prepared for residency programs, improve healthcare quality by encouraging graduates to remain in the state, and stimulate economic growth across Rhode Island, benefiting the community and its residents.

The timeline for implementation is realistic and achievable within a four-year period. With planning and accreditation preparation in the first two years, leadership recruitment and LCME application submission in year three, and student recruitment in year four, URI can welcome its inaugural medical class by year four. A multi-year funding strategy anchored by private philanthropy, state appropriations, and matching gifts will provide the resources needed for launch and long-term stability.

Over the next two decades, the school is projected to produce approximately 500 physicians who complete their residency training and choose to remain in the state to practice. These approximately 500 additional physicians will support a $1.1 billion economic impact, resulting in 5,000 total jobs and $63 million in total state and local taxes.

Without action, Rhode Island risks falling further behind in physician supply, workforce retention, and healthcare access, especially in primary care and underserved areas. Rooted in a deep partnership between URI, the State of Rhode Island, healthcare organizations, and private donors, URI can create a School of Medicine that is not only financially sustainable but also mission-driven, community-centered, and aligned with statewide health equity and economic development goals.

Appendices

Tripp Umbach

Turning Ideas Into Action

Appendix A: Project Overview

Project Facilitation

In January 2025, the University of Rhode Island engaged Tripp Umbach to conduct a feasibility study regarding the establishment of a new medical school in Rhode Island. The study examined the state's capacity to support expanded medical education and provided strategic recommendations based on healthcare needs, physician workforce gaps, and community priorities. As part of this process, Tripp Umbach analyzed market conditions, reviewed demographic and workforce data, and gathered feedback from key stakeholders to evaluate the viability of developing a medical school at URI.

Throughout the project, Tripp Umbach monitored progress, reviewed data as it was developed, and provided feedback on the report structure. Tripp Umbach valued the interactive collaboration and incorporated suggestions and additions to the analysis as needed. Regular conference calls were held to ensure ongoing communication, engagement, and alignment on deliverables.

Feasibility Analysis

To evaluate the need and feasibility of establishing a medical education program in Kingston, Rhode Island, Tripp Umbach collected, updated, and analyzed both primary and secondary data through several approaches. More than 30 targeted stakeholder interviews were completed with senior academic leaders, health science program directors, affiliated hospital administrators, community health leaders, and local and state officials to gather insights on curriculum requirements, student recruitment, faculty needs, clinical training capacity, community health priorities, funding opportunities, residency expansion, and potential partnerships. An environmental scan assessed demographic trends, population health data, and physician workforce needs across Rhode Island and the region, while also inventorying teaching hospitals, training sites, residency programs, research institutes, and reviewing other regional medical school development plans. In addition, a review of recent community health needs assessments completed by regional health systems and public health organizations provided context on local health priorities within the framework of federal healthcare reform and population health initiatives. Lastly, Tripp Umbach developed a 10-year financial model for the proposed medical school, including preliminary estimates of revenues, expenses, faculty and staff needs, start-up and operating costs, escrow requirements, and capital investments.

Economic Impact Analysis

Tripp Umbach will conduct an economic impact analysis to assess the benefits a URI medical school could generate for the state. The analysis will examine:

- **Construction Impacts:** Direct effects of campus development, including spending on labor, materials, and services, and the resulting economic ripple effects.
- **Operational Impacts:** Ongoing benefits once the school is established, including job creation for faculty, researchers, and staff, as well as indirect and induced impacts on local businesses, property values, tax revenues, and community investment.

- **Long-Term and Social Impacts:** The role of the school in attracting healthcare professionals, researchers, and students; expanding the healthcare workforce; advancing research; and improving public health outcomes through education, outreach, and community engagement.

Planning Session/Meeting and Final Feasibility Analysis Report

Before finalizing the report, Tripp Umbach facilitated an in-person planning meeting with URI to present findings from the interviews, environmental scan, financial modeling, and community needs assessment. Input from URI was incorporated into the recommended program and financial model.

Tripp Umbach prepared an independent report with detailed findings and recommendations. The report also presented the rationale, financial model, and economic benefits. The report will provide URI with a framework to continue to build stakeholder support among higher education, healthcare providers, physicians, government leaders, and community representatives.

B. Community Stakeholder Findings

Tripp Umbach extends sincere appreciation to the key stakeholders who generously shared their time, insights, and experiences during the interview process. Their thoughtful input was invaluable in shaping the depth and quality of this study, ensuring that the findings reflect the perspectives and priorities of those most closely connected to medical education in Rhode Island. Key stakeholders are listed in alphabetical order by last name.

Amy Albert, Director, Workforce Development at Rhode Island Free Clinic

Meredith Armstrong, Director of the Center for Career and Experiential Education

Representative Jacquelyn Baginski (District 17, Cranston)

Abby Benson, Vice President for Administration and Finance

Margo Cook, Chairwoman, University of Rhode Island Board of Trustees

Susana Conklin, Chief of Staff, Providence Community Health Centers

Alison Croke, President & CEO, Wood River Health

Representative Susan R. Donovan (District 69, Bristol, Portsmouth)

Senator Alana M. DiMario (District 36, Narragansett, North Kingstown, New Shoreham)

Ashley Foley, Director, Pre-Health Professions, Center for Career and Experiential Education

Dr. Michael Fine, Author, Organizer, and Speaker on Health Care and Democracy

Dr. Staci Fischer, Transplant Infectious Disease Specialist and Graduate Medical Education Leader

John Fernandez, President and CEO, Brown University Health - Lifespan

Dr. Marie Ganim, Former RI Health Insurance Commissioner, Adjunct Faculty Member, Brown University, and Northeastern University

Christopher F. Koller, President, Milbank Memorial Fund

Joan Kwiatkowski, CEO, PACE Rhode Island

Senator Pamela J. Lauria (District 32, Barrington, Bristol, East Providence)

Kerry LaPlante, Dean of the College of Pharmacy at the University of Rhode Island

Elena Nicolella, President and CEO, Rhode Island Health Center Association

Christina Paxson, President, Brown University

Stacy Paterno, Executive Vice President, Rhode Island Medical Society

Marc Parlange, President and Co-Chair of the Commission, University of Rhode Island

Aaron Robinson, President and CEO, South County Health

Matt Roman, COO Thundermist Health Center

Mayor Maria Rivera, Central Falls, Rhode Island

Armand Sabitoni, Vice Chair, URI Board of Trustees

Representative K. Joseph Shekarchi, House Speaker

Office of Representative K. Joseph Shekarchi, Lynne Urbani

Office of Representative K. Joseph Shekarchi, Henry Kinch

Merrill Thomas, President and CEO, Providence Community Health Centers

Danny Willis, Dean of the College of Nursing at the University of Rhode Island

Michael Wagner, President and CEO, Care New England

Patrick Vivier, Dean of the College of Health Sciences at the University of Rhode Island

Office of Senate President Dominick J. Ruggerio, Michael DeAngelis, Chief of Staff

Office of Senate President Dominick J. Ruggerio, Joe Masino, Deputy Chief of Staff

Senator V. Susan Sosnowski (District 37, South Kingstown)

Barbara E. Wolfe, Provost, University of Rhode Island

Key Findings from Stakeholder Interviews

In early spring 2025, Tripp Umbach conducted interviews with 35 healthcare and community leaders across Rhode Island to gauge support for establishing a medical school at the University of Rhode Island. Stakeholders represented a broad cross-section of the region, including healthcare, higher education, local government, economic development, and public health. Their feedback revealed strong and diverse support for a new medical school, emphasizing the critical need to expand the healthcare workforce, the potential for economic and community growth, the challenges of funding and political considerations, and the importance of building strategic partnerships to ensure long-term sustainability.

Rhode Island Faces Critical Physician Workforce Shortages

Across nearly every interview, stakeholders underscored that Rhode Island is experiencing significant physician shortages in both primary care and high-need specialties. Primary care shortages were described as “at a crisis point,” with patients waiting months for appointments. Behavioral health and psychiatry were repeatedly highlighted as urgent gaps, particularly in communities disproportionately affected by substance use disorders and mental health challenges. Women’s health, geriatrics, and rural primary care were also cited as areas of greatest vulnerability. Stakeholders warned that without intervention, shortages will intensify as the physician workforce ages and the state’s population health needs grow. Several interviewees emphasized that Rhode Island consistently loses medical graduates to other states for residency training—a pipeline issue that undermines the state’s ability to retain physicians.

A URI medical school should be designed to target the state's most urgent workforce gaps, with admissions, curriculum, and clinical training focused on primary care, behavioral health, women's health, and community-based practice. Building strong retention strategies, through GME expansion and service incentives, will be critical to ensure graduates remain in Rhode Island.

University of Rhode Island is Well-Positioned to Lead in Medical Education

Stakeholders consistently pointed to the University of Rhode Island's strengths in nursing, pharmacy, biomedical sciences, and public health as an unmatched foundation for a new medical education program. URI's established reputation for health sciences, combined with its role as the state's flagship public institution, positions it to develop an interprofessional education model that integrates across disciplines. URI offers accessibility and affordability that could help diversify the physician pipeline by attracting first-generation and underrepresented students who may not otherwise pursue medical education. As one stakeholder noted, "If URI doesn't lead this, no one else in Rhode Island will."

URI has a unique opportunity to serve as a public-access medical school with a mission of equity and service. Leadership should leverage URI's interprofessional strengths to design a program that differentiates itself from private models, while appealing to funders and policymakers interested in expanding opportunity and addressing disparities.

Expansion of Graduate Medical Education is Essential

Nearly all interviewees emphasized that any new medical school must be paired with a deliberate expansion of residency programs in Rhode Island. Without adequate graduate medical education capacity, graduates would be forced to leave the state, continuing the cycle of physician loss. Hospital executives and community health leaders expressed interest in collaborating with URI to expand GME but cautioned that significant investments and policy support would be required. Several stakeholders cited opportunities to align new residencies with community-based care and underserved populations, thereby strengthening the connection between medical education and Rhode Island's public health needs.

It was recommended that URI should prioritize early planning for residency expansion in partnership with hospital systems, community health centers, and state policymakers. Securing funding for new residency slots and aligning GME with community-based care will be essential for long-term workforce retention and impact.

Medical Education Expansion Must Address Community Health Gaps

Stakeholders expressed strong support for a URI medical school that prioritizes health equity, access, and community-based training. Several emphasized that Rhode Island's most pressing health needs exist among Medicaid populations, rural communities, and historically underserved groups. Interviewees stressed that URI's medical education model should embed students in community health centers, FQHCs, and safety-net hospitals, preparing them to serve where the need is greatest. One participant summarized: "If a new medical school doesn't address our disparities, it's not worth building."

The medical school should adopt a mission-driven curriculum that emphasizes social determinants of health, community engagement, and population health management. Strategic partnerships with

safety-net providers and FQHCs should be built into the core of the program to ensure alignment with Rhode Island's equity goals.

University of Rhode Island Medical School Could Drive Economic Growth and Innovation

It was viewed that the development of a medical school at URI would be a potential economic engine for Rhode Island. Anticipated benefits included attracting federal and philanthropic research funding, creating new high-skilled jobs, expanding healthcare services, and boosting the state's competitiveness in higher education and biomedical research. Some stakeholders linked the initiative to the state's ability to retain talent, arguing that Rhode Island loses many of its brightest students to medical schools and jobs in other states. By serving as both an academic and economic hub, URI's program could foster broader community development while meeting healthcare needs.

URI should highlight the dual return on investment of a medical school by addressing healthcare workforce needs while catalyzing economic development. Building an economic impact case can strengthen legislative, philanthropic, and community support for the initiative.

Political and Competitive Dynamics Must Be Managed Strategically

Stakeholders highlighted that the current legislative environment could offer opportunities to advance a new medical school if its mission is clearly defined and aligned with Rhode Island's needs. They emphasized that strong collaboration among state leaders, higher education institutions, and healthcare partners would be essential to building broad-based support and ensuring the school contributes meaningfully to the state's workforce and community health priorities. At the same time, interviewees emphasized that a URI program would serve a distinct mission as a public alternative, accessible to a broader cross-section of students and designed around Rhode Island's workforce and community needs. To succeed, stakeholders advised URI to build broad-based political support, cultivate strong partnerships within the healthcare system, and clearly articulate its unique mission and role within the state's higher education and healthcare ecosystem.

URI will need to differentiate its mission and proactively build coalitions with healthcare providers, community leaders, and policymakers. Clear communication of URI's role as a public, equity-focused, and workforce-driven institution will be key to navigating competitive and political challenges.

Appendix C: Rhode Island Environmental Scan

The environmental scan below provides a comprehensive context to evaluate the viability, sustainability, and alignment of the potential expansion of a medical education program based on regional needs. By examining demographic trends, physician workforce projections, and community health indicators, the scan ensures that the proposed medical school is responsive to the realities of population health and the state's long-term demand for providers. It also assesses the capacity of local hospitals, clinics, and community health centers to serve as clinical training sites, a factor essential to accreditation and student success. In addition, an environmental scan reviews the higher education and medical education landscape across the region, helping to identify potential overlaps, gaps, and opportunities for collaboration. The environmental scan evaluates external influences such as economic conditions, public policy priorities, and regulatory environments that could shape the success of the initiative. Taken together, these insights provide decision-makers with a clear, evidence-based picture of the opportunities and challenges, allowing them to make informed choices about the feasibility and strategic direction of a new medical school.

Regional Environmental Scan

The focus areas for the feasibility study encompassed the following counties: Bristol, Kent, Newport, Providence, and Washington.

Rhode Island Population Data

Rhode Island covers 1,033.9 square miles of land and 511.1 square miles of water area. It is the 50st largest state by area. Rhode Island is divided into five counties but has no county governments. The state is divided into 39 municipalities, which handle all local government affairs.[1] Providence is the largest city by population, followed by Warwick and Cranston.[2] The University of Rhode Island is the state's largest. The main campus of the University of Rhode Island is located in Kingston, Washington County.[3]

Rhode Island has a 2023 population of 1,095,371 people, a slight increase from the 2022 population of 1,094,250. Based on the 2023 data from the U.S. Census Bureau, an estimated 69.1% of the state's population is White, 5.0% is African American/Black, 3.4% is Asian, 0.2% is Native American or Alaska Native, 0.1% is Native Hawaiian or Other Pacific Islander, 0.8% is Some Other Race, 4.4% are Multiple Race and 17.1% is of Hispanic or Latino origin.[4]

According to the Economic Research Service, Rhode Island residents' average per capita income in 2023 totaled $67,562.[5]

The ERS reports that the poverty rate statewide in Rhode Island is 11.4%. The unemployment rate is 3.0% in Rhode Island compared to 3.2% in 2022. A total of 10.5% of the population has not completed

[1] RI.gov
[2] World Population Review.
[3] Data USA. Rhode Island. 2023
[4] U.S. Census Bureau, American Community Survey. 2023
[5] Rural Health Information Hub

high school, while 26.5% of the population obtained a high school diploma or equivalent (USDA-ERS, 2023).[6]

Demographics

- The 2023 population estimate for Rhode Island totaled 1.1 million, of which 93.2% are citizens. This rate is lower than the national average of 93.4%.[7]

Race[8]

- In 2023, Rhode Island had 10.8 times more White (non-Hispanic) residents (756k) than any other race or ethnicity. There were 69,800 Other (Hispanic) and 69,200 Multiracial (Hispanic) residents, the second- and third-most common ethnic groups.
- 17.1% (188,000) of the state's population is Hispanic in 2023, an increase from 1.89% (25,900) in 2022.
- As of 2023, 15.1% of Rhode Island residents (165,000) were born outside of the United States; the national average is 13.5%. In 2022, the percentage of foreign-born citizens in Rhode Island was 14.7% (161,000), indicating an increase in the rate.
- The most common non-English language is Spanish (135,886 households), followed by Portuguese (29,134 households), and Haitian Creole (9,259 households).

Table 6: Race

2023	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Kingston	83.2%	5.4%	2.8%	0.3%	0.1%	2.3%	6.0%
Bristol County	90.4%	1.1%	2.3%	0.0%	0.0%	1.2%	5.0%
Kent County	86.6%	2.1%	3.0%	0.1%	0.1%	1.9%	6.3%
Newport County	84.9%	3.8%	1.7%	0.2%	0.0%	2.3%	7.0%
Providence County	62.1%	8.3%	4.2%	0.6%	0.1%	10.8%	13.9%
Washington County	90.4%	1.3%	2.2%	0.3%	0.0%	0.9%	4.8%
Rhode Island	72.3%	5.8%	3.5%	0.4%	0.1%	7.1%	10.7%
United States	63.4%	12.4%	5.8%	0.9%	0.2%	6.6%	10.7%

Source: U.S. Census Bureau, ACS

[6] USDA Economic Research Service; Rhode Island
[7] Data USA
[8] Ibid.

Age

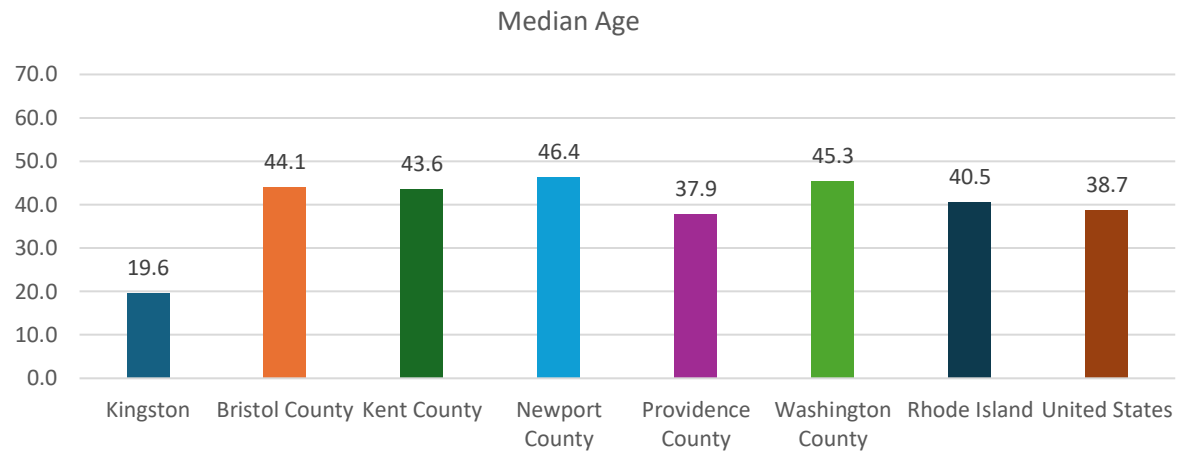
In 2023, the median age of all people in Rhode Island was 40.5. Newport County has the most aging population within the study area, with a median age of 46.4, higher than the state and national (38.7) medians. Providence County had the youngest population with a median age of 37.9.

Table 7: Age

County	Median Age
Kingston	19.6
Bristol County	44.1
Kent County	43.6
Newport County	46.4
Providence County	37.9
Washington County	45.3
Rhode Island	40.5
United States	38.7

Source: U.S. Census Bureau. ACS 5-Year Estimate

Figure 1: Median Age



Source: U.S. Census Bureau. ACS 5-Year Estimate. 2023.

Population

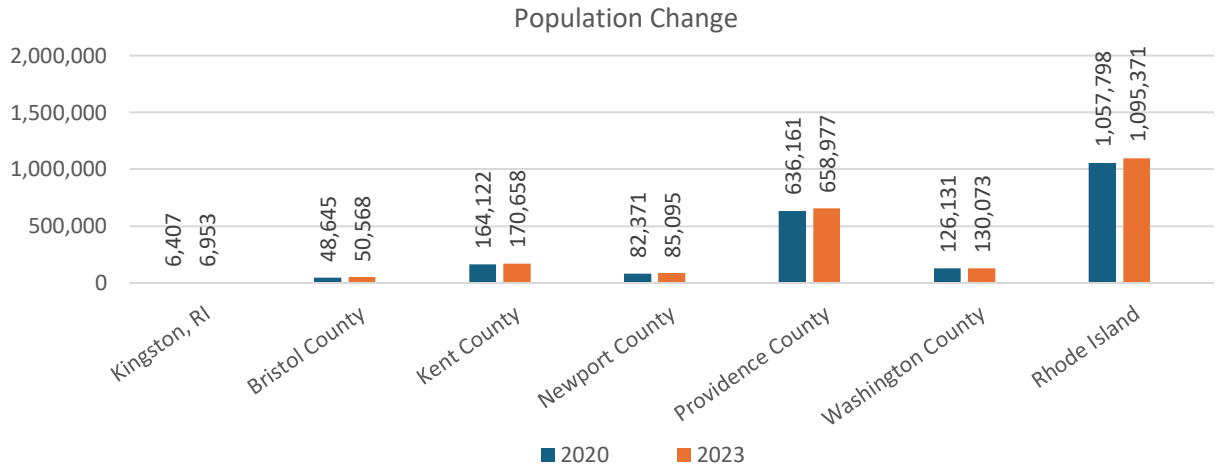
Rhode Island has experienced an overall population increase since 2020. The highest growth rate has occurred in Bristol and Kent counties, with 4.0%. The city of Kingston, though relatively small in population, had the highest rate of increase within the study areas, with 8.5%.[9] From 2020 to 2023, Rhode Island had more residents under the age of 18 than those 65 and older.

Table 8: Demographics of Rhode Island

2023	Population, 2023 estimate	Population, 2020 estimate	Population, % change	Persons < 5 years, 2023	Persons <18 years, 2023	Persons 65+, 2023
Kingston	6,953	6,407	8.5%	56	495	272
Bristol County	50,568	48,645	4.0%	1,813	9,163	10,351
Kent County	170,658	164,122	4.0%	7,870	31,235	33,989
Newport County	85,095	82,371	3.3%	3,407	13,899	20,779
Providence County	658,977	636,161	3.6%	36,064	133,818	105,399
Washington County	130,073	126,131	3.1%	4,659	20,365	29,403
Rhode Island	1,095,371	1,057,798	3.6%	58,813	208,480	199,921
United States	332,387,540	326,569,308	1.8%	18,939,899	73,645,238	55,970,047

Source: U.S. Census Bureau. ACS 5-Year Estimate

Figure 2: Population Change, Rhode Island



Source: U.S. Census Bureau. ACS 5-Year Estimate. 2023.

[9] U.S. Census Bureau. ACS 5-Year Estimate. 2023.

Income and Poverty

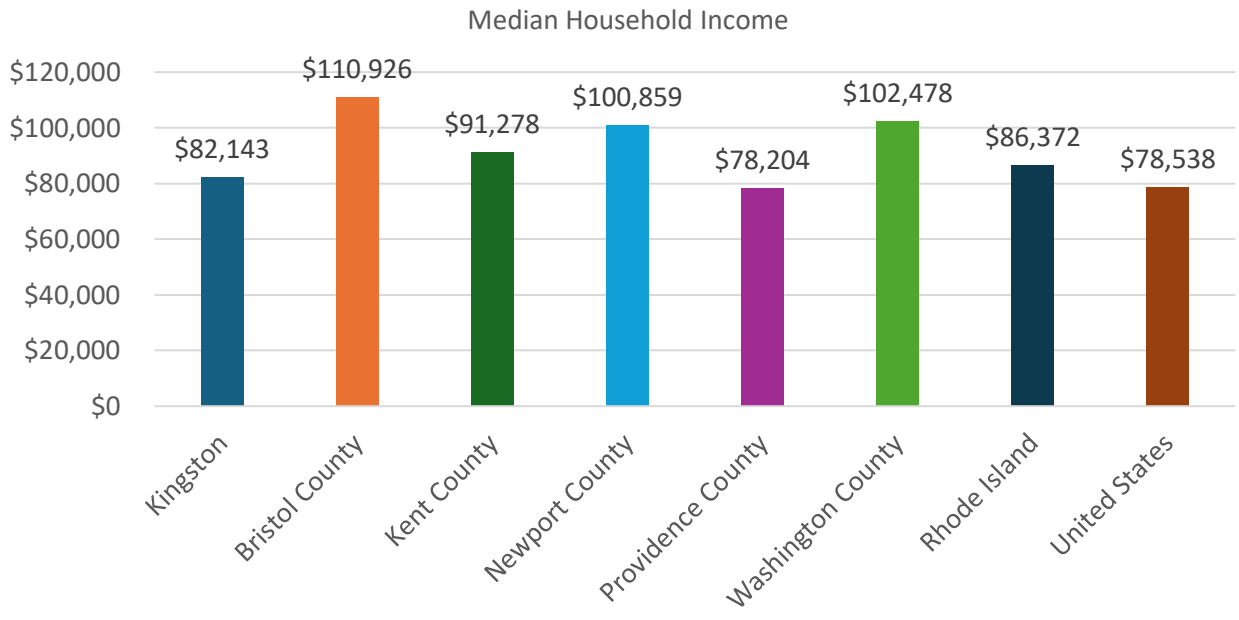
In 2023, households in Rhode Island earned a median annual income of $86,372, more than the median annual income of $78,538 across the United States. This is in comparison to a median income of $81,370 in 2022.

Table 9: Income

2023	Total Households	Average Household Income	Median Household Income
Kingston	652	$110,533	$82,143
Bristol County	19,420	$148,308	$110,926
Kent County	72,743	$115,863	$91,278
Newport County	36,186	$139,007	$100,859
Providence County	256,505	$101,714	$78,204
Washington County	52,048	$130,358	$102,478
Rhode Island	436,902	$112,642	$86,372
United States	127,482,865	$110,491	$78,538

Source: U.S. Census Bureau. ACS 5-Year Estimate

Figure 3: Income



Source: U.S. Census Bureau. ACS 5-Year Estimate. 2023

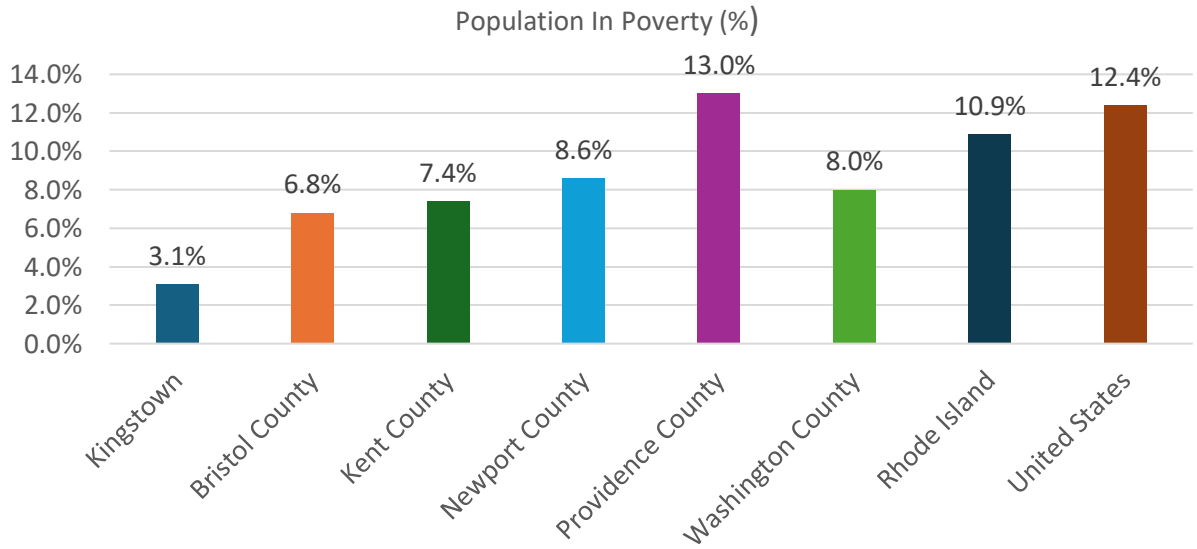
In 2023, 10.9% of the population for whom poverty status is determined in Rhode Island (approximately 114,890 of the 1.05 million people) lived below the poverty line, which is less than the national average of 12.4%. The largest impoverished demographic is those aged under 18, with 13.3%, followed by those aged 18 to 34, with 12.9%. A higher percentage of females were determined to be below the poverty line compared to males, with 12.0% and 9.7% respectively.[10]

Table 10: Population in Poverty

2023	Total Population	Population in Poverty	Population in Poverty (Percentage)
Kingston	1,804	56	3.1%
Bristol County	47,001	3,189	6.8%
Kent County	169,107	12,500	7.4%
Newport County	81,547	7,027	8.6%
Providence County	631,780	82,273	13.0%
Washington County	124,063	9,901	8.0%
Rhode Island	1,053,498	114,890	10.9%

Source: U.S. Census Bureau. ACS 5-Year Estimate

Figure 4: Population in Poverty, Rhode Island[11]



Source: U.S. Census Bureau. ACS 5-Year Estimate. 2023.

[10] U.S. Census Bureau, ACS 5-Year Estimate. 2023.

[11] Ibid.

In 2023, the Native Hawaiian or Pacific Islander population had the highest proportion of those living in households with income below the federal poverty level at 28.9%, followed by Some Other Race at 23.3% and Black or African American (18.0%).[12]

Table 11: Race and Poverty

2023	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Kingston	2.3%	77.8%	No Data	0.0%	No Data	100.0%	No Data
Bristol County	6.7%	13.0%	0.0%	2.5%	0.0%	10.9%	7.3%
Kent County	6.9%	4.2%	14.5%	2.7%	9.2%	27.5%	10.7%
Newport County	7.3%	21.4%	17.9%	1.3%	0.0%	16.3%	17.0%
Providence County	9.3%	17.9%	17.0%	11.6%	36.4%	23.4%	18.2%
Washington County	6.8%	52.6%	10.75%	25.2%	0.0%	22.8%	8.6%
Rhode Island	8.2%	18.0%	16.6%	10.7%	28.9%	23.3%	16.7%
United States	9.9%	21.3%	21.8%	9.9%	17.2%	18.2%	14.7%

Source: U.S. Census Bureau, ACS 5-Year Estimate

Employment

In December 2024, there were 559,156 people employed in Rhode Island. This represents an increase in employment when compared to 556,000 people in December 2023.

Table 12: Employment[13]

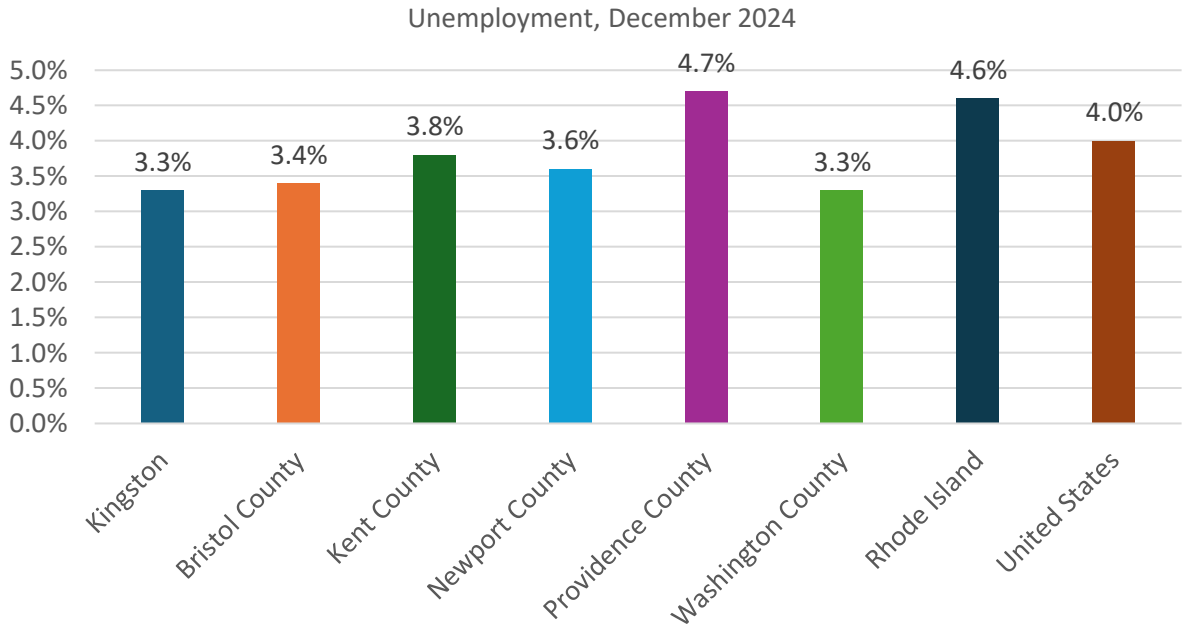
December 2024	Labor Force	Number Employed	Number Unemployed	Unemployment
Kingston	17,082	16,523	559	3.3%
Bristol County	27,123	26,190	933	3.4%
Kent County	95,816	92,177	3,639	3.8%
Newport County	46,080	44,441	1,639	3.6%
Providence County	343,366	327,214	16,152	4.7%
Washington County	71,523	69,136	2,387	3.3%
Rhode Island	583,902	559,156	24,746	4.6%
United States	168,164,000	161,456,000	6,708,000	4.0%

Source: Rhode Island Department of Labor and Transportation-Local Area Unemployment Statistics. 2023-2024.

[12] U.S. Census Bureau, ACS 5-Year Estimate. 2023.

[13] DLT- State of Rhode Island Department of Labor and Training. Local Area Unemployment Statistics. 2023-2024. PDF

Figure 5: Rhode Island Unemployment Rate, 2024



Source: Rhode Island Department of Labor and Transportation-Local Area Unemployment Statistics. 2023-2024.

According to the U.S. Bureau of Labor Statistics, Rhode Island had an unemployment rate of 4.5% in November and December of 2024, as shown in Table 8. The Education and Health industry had the highest number of employees at 113,200 people, followed by the Trade, Transportation, and Utilities industry (78,400) and the Professional and Business Services industry (70,100).

Table 13: Rhode Island Economy at a Glance

	Nov 2024	Dec2024
Labor Force Data (number of people in 1000s, and seasonally adjusted)	**Rhode Island**	
Civilian Labor Force	591.4	591.4
Employment	564.6	564.7
Unemployment	26.8	26.8
Unemployment Rate %	4.5	4.5
Nonfarm Wage and Salary Employment		
Total Nonfarm	514.4	514.5
Mining and Logging	0.2	0.2
Construction	22.6	22.6
Manufacturing	39.7	40.0
Trade, Transportation, and Utilities	78.4	79.0
Information	5.5	5.5

	Nov 2024	Dec2024
Financial Activities	35.1	35.1
Professional & Business Services	70.1	69.4
Education & Health Services	113.2	112.6
Leisure & Hospitality	60.9	61.4
Other Services	22.2	22.2
Government	66.5	66.5

Source: U.S. Bureau of Labor Statistics. Geographical Information. 2024

Education

In 2022, universities in Rhode Island awarded 22,005 degrees. Table 9 reveals that the student population of Rhode Island consisted of more women (44,165) than men (31,787).

Table 14: Number of Degrees and Student Population by Gender

Student Population			
2022	Degrees	Male	Female
Kingston	4,664	7,314	10,159
Bristol County	1,283	2,400	2,549
Kent County	2,999	5,887	8,271
Newport County	859	984	1,971
Providence County	12,200	15,202	21,215
Washington County	4,664	7,314	10,519
Rhode Island	22,005	31,787	44,165
United States	5,415,716	8,064,307	11,141,400

Source: Data USA

Most students graduating from universities in Rhode Island are White (13,033 and 63.1%), followed by Hispanic or Latino (2,721 and 13.2%), Black or African American (1,583 and 7.66%), and Unknown (1,394 and 6.74%).

The largest universities in Rhode Island by number of degrees awarded are the University of Rhode Island (4,664 and 21.2%), Brown University (3,506 and 15.9%), and the Community College of Rhode Island (2,161 and 9.82%).

Table 15: University Degrees Awarded

2022	The Largest Universities by Number of Degrees Awarded
Kingston	University of Rhode Island (4,664 and 100%)

2022	The Largest Universities by Number of Degrees Awarded
Bristol County	Roger Williams University (1,130 and 88.1%) and Roger Williams University School of Law (153 and 11.9%).
Kent County	Community College of Rhode Island (2,161 and 72.1%), New England Institute of Technology (838 and 27.9%).
Newport County	Salve Regina University (793 and 92.3%) and IYRS School of Technology and Trade (66 and 7.68%).
Providence County	Brown University (3,506 and 28.7%), Rhode Island College (1,614 and 13.2%) and Johnson & Wales University-Providence (1,577 and 12.9%).
Washington County	University of Rhode Island (4,664 and 100%)
Rhode Island	University of Rhode University (4,664 and 21.2%) Brown University (3,506 and 15.9%), and Community College of Rhode Island (2,161 and 9.82%).
United States	Western Governors University (43,908 and 0.811%), Ivy Tech Community College (31,118 and 0.575%) and Grand Canyon university (29,319 and 0.541%).

Source: Data USA

The most popular degree majors awarded in Rhode Island are General Studies (1,080 and 4.91%), General Business Administration and Management (4.78%), and Registered Nursing (919 and 4.18%).

In 2022, White students were the most common race/ethnicity group awarded degrees at institutions. These 13,03 degrees mean that there were 4.79 times more degrees awarded to White students than the next closest race/ethnicity group, Hispanic or Latino, with 2,721 degrees awarded.

Table 16: Popular Majors

2022	Popular majors
Kingston	Registered Nursing (290 and 6.22%), General Psychology (230 and 4.93%), and General Business Administration and Management (207 and 4.44%).
Bristol County	Law (150 and 11.7%), Criminal Justice-Law Enforcement Administration (113 and 8.81%), and Paralegal (76 and 5.92%).
Kent County	General Studies (1,078 and 35.8%), Registered Nursing (364 and 12.1%), and General Business (3112 and 3.73%)
Newport County	General Business Administration and Management (115 and 13.4%), Registered Nursing (114 and 13.3%), and Criminal Justice-Law Enforcement Administration (113 and 13.2%).
Providence County	General Business Administration and Management (623 and 5.11%), Truck, Bus & Commercial Vehicle Operator and Instruction (607 and 4.98%), and General Finance (471 and 3.86%).
Washington County	Registered Nursing (290 and 6.22%), General Psychology (230 and 4.93%), and General Business Administration and Management (207 and 4.44%)
Rhode Island	General Studies (1,080 and 4.91%), General Business Administration and Management (1,051 and 4.78%), and Registered Nursing (919 and 4.18%).

2022	Popular majors
United States	Liberal Arts and Sciences (354,866 and 6.55%), General Business Administration and Management (343,412 and 6.34%), and Registered Nursing (262,974 and 4.86%).

Source: Data USA

Table 17 below displays the public high school enrollment rate (9-12 grades) for Rhode Island.

Table 17: High School Enrollment Rate, Rhode Island 2023

Location	Number
Bristol County	1,989
Kent County	6,024
Newport County	2,490
Providence County	24,502
Washington County	4,365
Rhode Island	44,262

Source: Rhode Island Public School Enrollment. Kids Count Factbook

The tables below indicate counties in Rhode Island and their rate of educational attainment. Table 13 shows the population aged 18-24 without a high school diploma. Kent County had the highest rate with 12.4%, followed by Providence County with 10.6%, and Washington with 7.5%. Bristol County had the lowest rate at 3.3%.

Table 14 reveals the counties with populations that (located in Rhode Island) earned a degree higher than a high school diploma and those with bachelor's degrees. The city of Kingston has the highest rate of the population with a high school diploma at 100% and those with a bachelor's degree or higher at 82%. Bristol, Newport, and Washington counties have 50% or higher populations that have earned a bachelor's degree or higher.

Table 18: 18- to 24-Year-Olds Without a High School Diploma, Rhode Island 2023

	Percent	Metro/Non-metro
Kingston	1.8%	Metro
Bristol County	3.3%	Metro
Kent County	12.4%	Metro
Newport County	6.4%	Metro
Providence County	10.6%	Metro
Washington County	7.5%	Metro

	Percent	Metro/Non-metro
Rhode Island	9.6%	Metro
United States	11.6%	

Source: U.S. Census Bureau. ACS 5-Year Estimate

Table 19: Education in Rhode Island, 2023

2023	High School Graduate or Higher, age 25+	Bachelor's Degree or Higher, age 25+
Kingston	100.0%	82.0%
Bristol County	93.5%	51.8%
Kent County	92.8%	34.3%
Newport County	95.3%	53.0%
Providence County	86.3%	32.3%
Washington County	95.3%	50.5%
Rhode Island	89.5%	37.3%
United States	89.4%	35.0%

Source: U.S. Census Bureau. ACS 5-Year Estimate

Health

Primary care physicians in Rhode Island see an average of 993 patients per year. This represents a decrease of 0.101% from the previous year (994 patients).[14]

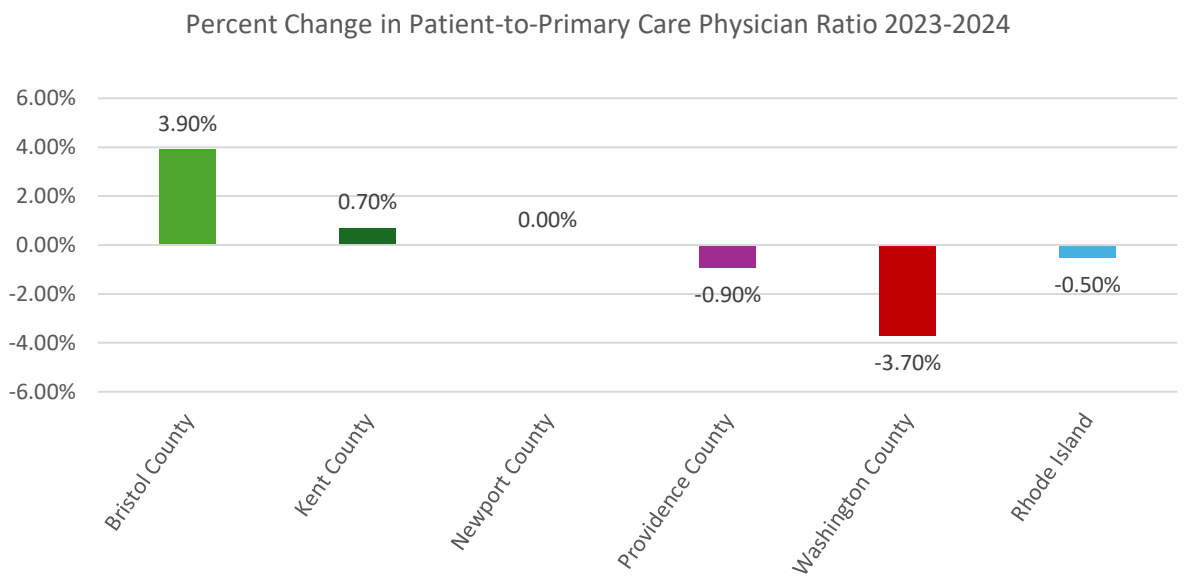
Table 20: Primary Care Physicians

2024 Reported Year	Primary Care Physicians 2023	Primary Care Physicians 2024	% Change in Patient-to-Primary Care Physician Ratio 2023-2024
Bristol County	98	102	3.9%
Kent County	143	144	0.7%
Newport County	71	71	0.0%
Providence County	642	636	-0.9%
Washington County	111	107	-3.7%
Rhode Island	1,065	1,060	-0.5%

Source: County Health Rankings & Roadmaps

[14] Data USA

Figure 6: Patient-to-Primary Care Physician Ratio



Source: County Health Rankings & Roadmaps

Mental health providers in Rhode Island see an average of 221 patients per year. This represents a 1.34% decrease from the previous year (224 patients).[15]

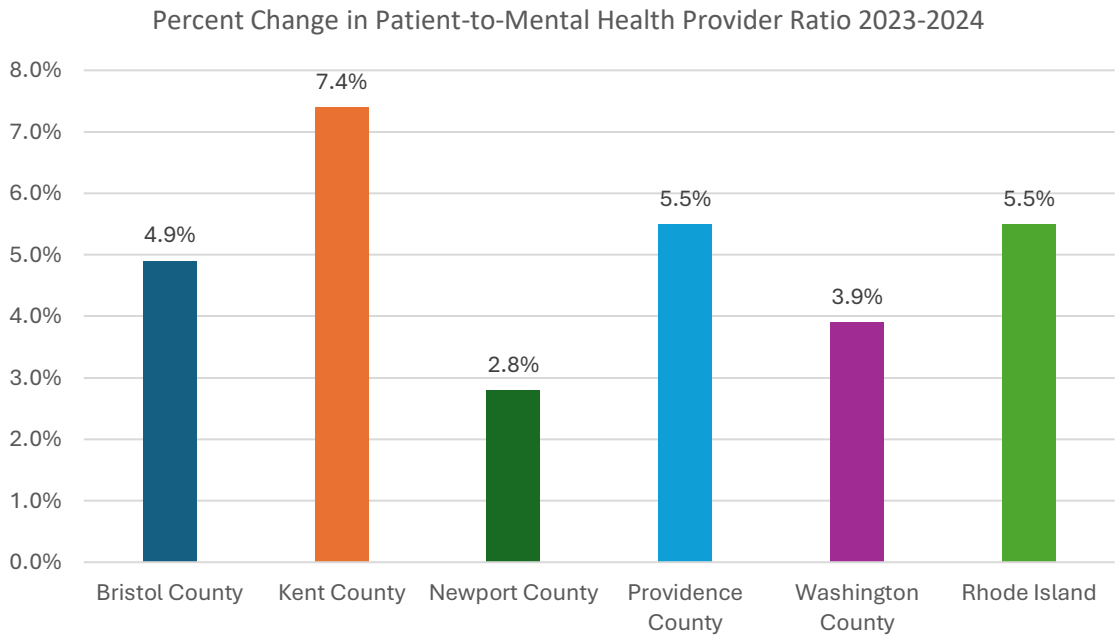
Table 21: Mental Health Providers

2024 Reported Year	Mental Health Providers 2023	Mental Health Providers 2024	% Change in Patient-to-Mental Health Provider Ratio 2023-2024
Bristol County	116	122	4.9%
Kent County	634	685	7.4%
Newport County	317	326	2.8%
Providence County	3,445	3,647	5.5%
Washington County	447	465	3.9%
Rhode Island	4,961	5,247	5.5%

Source: County Health Rankings & Roadmaps

[15] Data USA

Figure 7: Patient-to-Mental Health Provider Ratio[16]



Source: County Health Rankings & Roadmaps

Health Risks

The table below shows the percentage of adults who have diabetes and obesity within the study area.

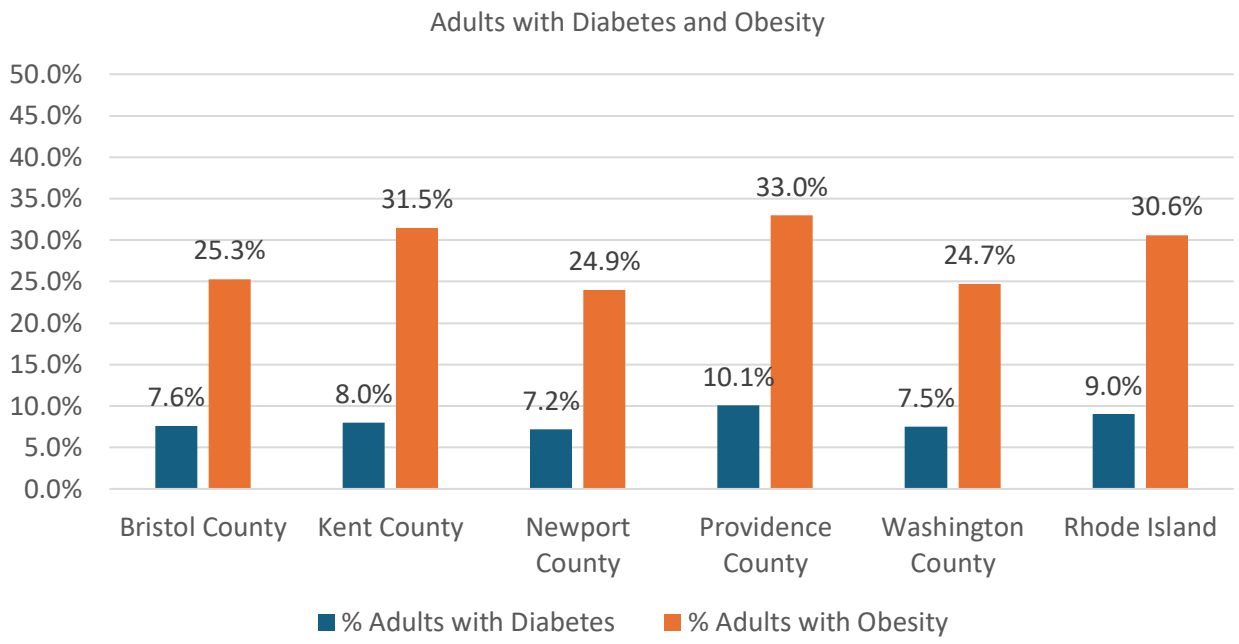
Table 22: Adults with Chronic Conditions

2023	% Adults with Diabetes	% Adults with Obesity
Bristol County	7.6	25.3
Kent County	8.0	31.5
Newport County	7.2	24.9
Providence County	10.1	33.0
Washington County	7.5	24.7
Rhode Island	9.0	30.6

Source: Data USA

[16] County Health Rankings & Roadmaps.2024.

Figure 8: Adults with Chronic Conditions



Source: Data USA 2023

Health Overview [17]

- Overall, 5% of Rhode Island's population under age 65 did not have health insurance in 2023.
- In 2023, the ratio of population to primary care physicians in Rhode Island reached 990:1.
- In 2023, the number of hospital discharges for ambulatory-care-sensitive conditions per 100,000 Medicare enrollees totaled 2,677.

Challenges in Rhode Island[18]

- High prevalence of excessive drinking.
- High prevalence of physical inactivity.
- Low numbers of dental care providers per 100,000.

Strengths in Rhode Island[19]

- High childhood immunization rates.
- Low homicide rate.

[17] County Health Rankings & Roadmaps
[18] America's Health Rankings
[19] Ibid

- High per capita public health funding.

Highlights in Rhode Island[20]

- Drug deaths increased 147% from 15.7 to 38.8 deaths per 100,000 population from 2010 to 2022.
- Chronic kidney disease increased from 2.3% to 3.7% of adults, representing a 61% rise, from 2016 to 2023.
- Smoking rates decreased by 53% from 20.0% to 9.5% among adults between 2011 and 2023.
- Food insecurity decreased 33% from 14.4% to 9.7% of households from 2011-2013 to 2021-2023.

County Health Rankings[21]

Health is influenced by every aspect of how and where we live. Access to secure and affordable housing, safe neighborhoods, good-paying jobs, and quality early childhood education are important factors that can put people on a path to a healthier life. However, access to these opportunities often varies based on where you live, your race, or the circumstances into which you were born. Data show persistent barriers to opportunity for people with lower incomes and communities of color across the United States. Differences in health factors emerge from unfair policies and practices at many levels over many decades.

Medical education programs anchored in communities have great potential to address the present and future needs of physicians who care for the region. Maintaining strong ties to the community improves clinical outcomes. Strong community partnerships through medical education will become increasingly critical as hospitals take on greater responsibility for health outcomes.

The table below shows the health rankings of counties within the study area.

Table 23: 2023 County Health Rankings Within the Study Area of Rhode Island[22]

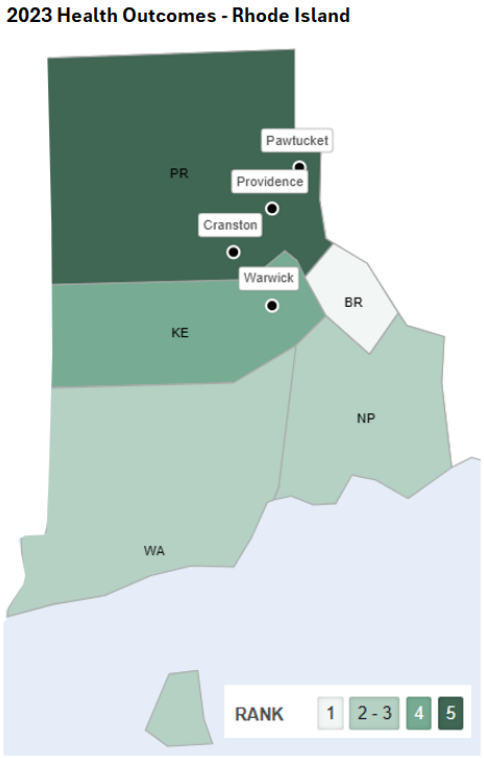
	Health Outcomes	Length of Life	Quality of Life	Health Factors	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Bristol County	1	1	2	1	2	1	2	3
Kent County	4	4	4	4	4	3	4	2
Newport County	2	2	1	2	1	2	3	1
Providence County	5	5	5	5	5	5	5	5

[20] Ibid
[21] County Health Rankings & Roadmaps
[22] Country Health Rankings and Roadmaps

	Health Outcomes	Length of Life	Quality of Life	Health Factors	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Washington County	3	3	3	3	3	4	1	4

Source: County Health Rankings & Roadmaps

Map 1: 2023 Health Outcomes – Rhode Island [23]

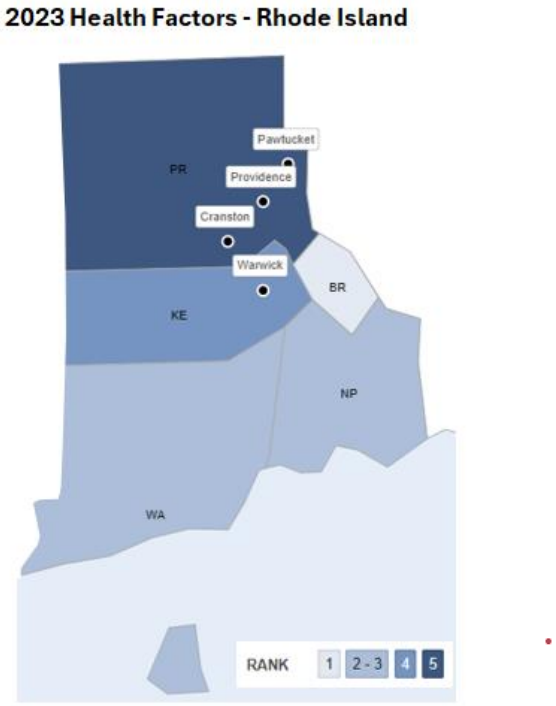


Source: County Health Rankings & Roadmaps

Health Outcomes reveal how long people live on average within a community and how much physical and mental health people experience in a community while they are alive. Bristol County ranks first of the five counties for Health Outcomes, followed by Newport and Washington.

[23] County Health Rankings & Roadmaps

Map 2: 2023 Health Factors – Rhode Island [24]



Source: County Health Rankings & Roadmaps

Health Factors represent those things that can improve the lives of people and help them live longer and healthier. They are indicators of the future health of our communities. Bristol ranked first of the five counties, followed by Newport and Washington.

A state demonstrates a high need for primary-care physicians as measured by the number of counties in the state that are full or partial HPSAs. Table 19 shows that Rhode Island has 13 primary-care HPSA designations, resulting in the need for an additional 13 practitioners to remove the HPSA designation label as of December 2024.

Map 3 illustrates the primary care shortage throughout Rhode Island. A darker HPSA shade indicates a more severe shortage of primary care physicians. The HPSAs in Rhode Island are primarily located in the northern and southern parts of the state.

Table 24: Designated Health Professional Shortage Areas-2024[25]

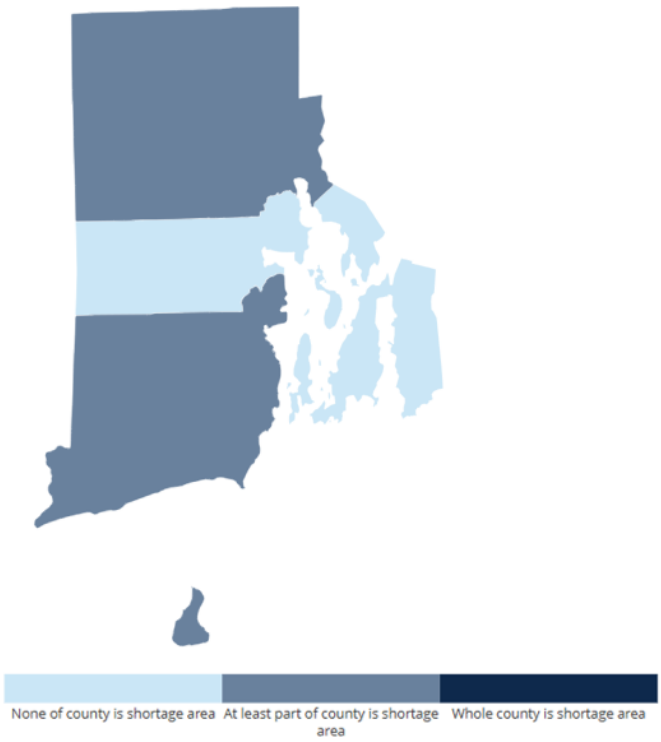
Maine	Number of Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Primary Care	13	137,033	72.13%	13

[24] County Health Rankings & Roadmaps.
[25] Designated Health Professional Shortage Areas-2024

Maine	Number of Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Dental Care	13	140,340	35.72%	23
Mental Care	12	394,307	58.09%	11

According to Map 3, Health Professional Shortage Areas are located mostly in the northern and southern areas of Rhode Island.

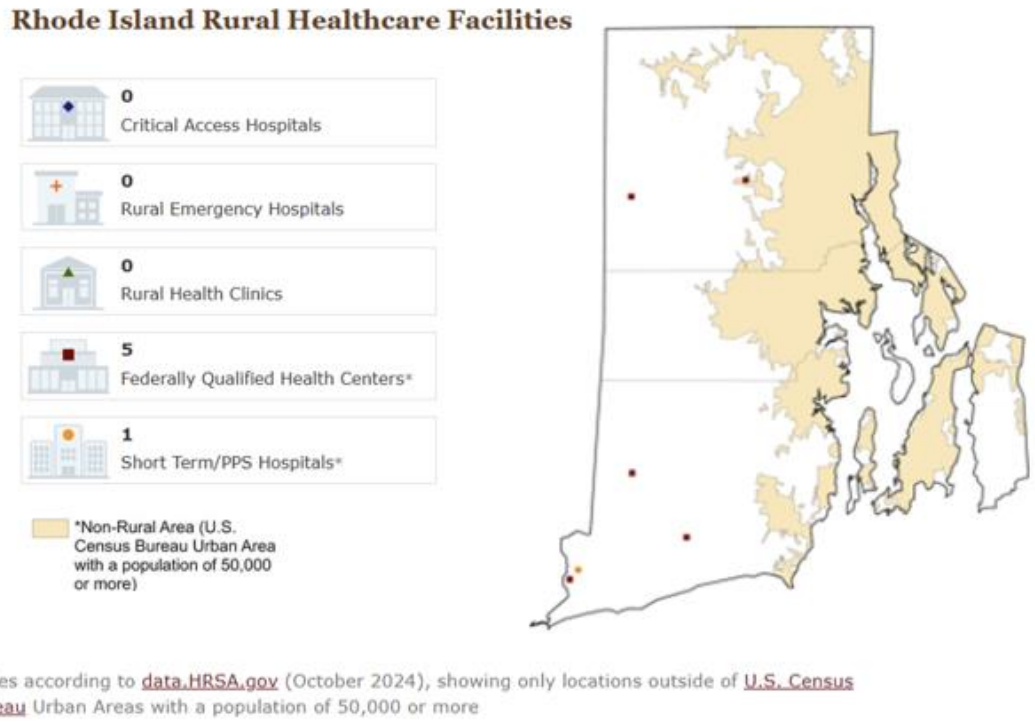
Map 3: Health Professional Shortage Areas in Rhode Island [26]



Source: data.HRSA.gov, January 2025.

[26] Data.HRSA.gov. January 2025.

Map 4: Rhode Island Rural Healthcare Facilities-2024



Source: Rural Health Information Hub. 2024

Clinical Landscape in Rhode Island

Table 25 lists the hospitals and medical centers, totaling more than 2,429 beds in Rhode Island. These sites offer students opportunities to obtain clerkships and residency training. Clinical partnership opportunities exist at FQHCs, physician offices, community centers, nursing homes, and clinics.

Table 25: Non-Federal, Short-Term, Acute-Care Hospitals

Hospital Name	City	Staffed Beds	Total Discharges	Patient Days	Gross Patient Revenue ($000)
Kent Hospital	Warwick	343	10,910	58,014	$1,067,379
Landmark Medical Center	Woonsocket	131	6,107	24,148	$721,392
Newport Hospital	Newport	109	4,079	16,723	$403,106
Our Lady of Fatima Hospital	North Providence	312	3,753	14,185	$567,249
Rhode Island Hospital	Providence	706	28,885	184,939	$4,451,836
Roger Williams Medical Center	Providence	160	6,260	25,998	$610,298
South County Health	Wakefield	79	5,167	19,446	$716,286
The Miriam Hospital	Providence	247	16,383	71,635	$1,832,916
The Westerly Hospital	Westerly	95	3,077	13,842	$470,415

Hospital Name	City	Staffed Beds	Total Discharges	Patient Days	Gross Patient Revenue ($000)
Women & Infants Hospital	Providence	247	10,222	68,572	$1,066,347
Providence VA Medical Center	Providence	0	0	0	$0
TOTAL		2,429	94,843	497,502	$11,907,224

Source: American Hospital Directory

Table 26: Federally Qualified Health Centers and Look-Alikes in Rhode Island

Facility Name	Address	City	State	Zip	County
Blackstone Valley Community Healthcare	39 East Ave	Pawtucket	RI	02860-4003	Providence County
Comprehensive Community Action Inc.	311 Doric Ave, Ste 1	Cranston	RI	02910-2903	Providence County
Northwest Community Health Care	36 Bridge Way	Pascoag	RI	02859-3131	Providence County
East Bay Community Action Program	19 Broadway	Newport	RI	02840-2937	Newport County
The Providence Community Health Centers Inc.	375 Allens Ave	Providence	RI	02905-5010	Providence County
Tri-County Community Action Agency	1126 Hartford Ave	Johnston	RI	02919-7109	Providence County
Thundermist Health Center	171 Service Ave	Warwick	RI	02886-1014	Kent County
Wood River Health Services Inc.	823 Main St	Hope Valley	RI	02832-1920	Washington County

Source: Health Resources & Services Administration

Table 27: ACGME and AOA Family Medicine Residency Programs in Rhode Island

Institution Name	Program Name	Program City
Thundermist Health Center of Woonsocket	Thundermist Health Center of Woonsocket	Woonsocket
Rhode Island Hospital/Brown University Health	Rhode Island Hospital/Brown University Health	Providence
Women and Infants Hospital of Rhode Island	Women and Infants Hospital of Rhode Island	Providence
Roger Williams Medical Center	Roger Williams Medical Center	Providence
Butler Hospital	Butler Hospital	Providence

Institution Name	Program Name	Program City
Kent Hospital	Kent Hospital/Brown University Program	Warwick/Pawtucket

Source: Accreditation Council for Graduate Medical Education

Table 28: Nursing Homes in Rhode Island

Facility	Address	Phone (401)	No. of Beds	Medicare	Medicaid	County
Crestwood Nursing & Rehabilitation Center	568 Child Street, Warren	245-1574	76	Y	Y	Bristol
Grace Barker Nursing Home	54 Barker Avenue, Warren	245-9100	86	Y	Y	Bristol
Rhode Island Veterans Home	480 Metacom Avenue, Bristol	253-8000	192	N	N	Bristol
The Dawn Hill Home for Rehabilitation & Healthcare	One Dawn Hill Road, Bristol	253-2300	133	Y	Y	Bristol
Silver Creek Rehab & Healthcare Center	7 Creek Lane, Bristol	253-3000	128	Y	Y	Bristol
Warren Skilled Nursing & Rehabilitation	642 Metacom Avenue, Warren	245-2860	63	Y	Y	Bristol
Alpine Nursing Home	557 Weaver Hill Road, Coventry	397-5001	60	Y	Y	Kent
Avalon Nursing Home	57 Stokes Street, Warwick	738-1200	31	Y	Y	Kent
Brentwood Nursing Home	4000 Post Road, Warwick	884-8020	96	Y	Y	Kent
Respiratory and Rehabilitation Center of RI	10 Woodland Drive, Coventry	826-2000	210	Y	Y	Kent
Greenwood Center	1139 Main Avenue, Warwick	739-6600	130	Y	Y	Kent
Kent Regency Center	660 Commonwealth Avenue, Warwick	739-4241	153	Y	Y	Kent
Riverview Healthcare Community	546 Main Street, Coventry	821-6837	190	Y	Y	Kent
Saint Elizabeth Home East Greenwich	1 Saint Elizabeth Way, East Greenwich	471-6060	168	Y	Y	Kent

Facility	Address	Phone (401)	No. of Beds	Medicare	Medicaid	County
Sunny View Nursing Home	83 Corona Street, Warwick	737-9193	57	Y	Y	Kent
West Shore Health Center	109 West Shore Road, Warwick	739-9440	145	Y	Y	Kent
West View Nursing and Rehabilitation Center	239 Legris Avenue West Warwick	828-9000	120	Y	Y	Kent
Royal Middletown Nursing & Rehabilitation Center	193 Forest Avenue, Middletown	847-2777	50	Y	Y	Newport
Grand Islander Center	333 Green End Avenue, Middletown	849-7100	146	Y	Y	Newport
Heatherwood Nursing & Subacute Center	398 Bellevue Avenue, Newport	849-6600	114	Y	Y	Newport
John Clarke Retirement Centre	600 Valley Road, Middletown	846-0743	60	Y	Y	Newport
St. Clare Home	309 Spring Street, Newport	849-3204	50	Y	Y	Newport
Village House Nursing & Rehabilitation Center	70 Harrison Avenue, Newport	849-5222	95	Y	Y	Newport
Bannister Center for Rehabilitation & Healthcare	135 Dodge Street, Providence	521-9600	161	Y	Y	Providence
Bayberry Commons	181 Davis Drive, Pascoag	568-0600	110	Y	Y	Providence
Berkshire Place	455 Douglas Ave, Providence	553-8600	220	Y	Y	Providence
Bethany Home of Rhode Island	111 South Angell Street, Providence	831-2870	33	Y	Y	Providence
Briarcliffe Manor	49 Old Pocasset Road, Johnston	944-2450	122	Y	Y	Providence
Cedar Crest Nursing Centre	125 Scituate Avenue, Cranston	944-8500	156	Y	Y	Providence
Cherry Hill Manor	2 Cherry Hill Road, Johnston	231-3102	172	Y	Y	Providence
Stillwater Assisted Living and Skilled Nursing Community	20 Austin Avenue, Greenville	949-3880	80	Y	Y	Providence
Cra-Mar Meadows	575 Seven Mile Road, Cranston	828-5010	41	Y	Y	Providence

Facility	Address	Phone (401)	No. of Beds	Medicare	Medicaid	County
Eastgate Nursing & Rehabilitation Center	198 Waterman Avenue, East Providence	431-2087	68	Y	Y	Providence
Elmhurst Rehabilitation and Healthcare Center	50 Maude Street, Providence	456-2600	206	Y	Y	Providence
Elmwood Nursing and Rehabilitation Center	225 Elmwood Avenue, Providence	272-0600	70	Y	Y	Providence
Evergreen House Health Center	1 Evergreen Drive, East Providence	438-3250	160	Y	Y	Providence
Friendly Home	303 Rhodes Avenue, Woonsocket	769-7220	126	Y	Y	Providence
Golden Crest Nursing Centre	100 Smithfield Road, Providence	353-1710	152	Y	Y	Providence
Grandview Center	100 Chambers Street, Cumberland	724-7500	72	Y	Y	Providence
Greenville Skilled Nursing & Rehabilitation	735 Putnam Pike, Greenville	949-1200	131	Y	Y	Providence
Harris Health Care Center-North	60 Eben Brown Lane, Central Falls	722-6000	32	Y	Y	Providence
Harris Health Center	833 Broadway, East Providence	434-7404	31	Y	Y	Providence
Hattie Ide Chaffee Home	200 Wampanoag Trail, Riverside	434-1520	69	Y	Y	Providence
Hebert Nursing Home	180 Log Road, Smithfield	231-7016	133	Y	Y	Providence
Heritage Hills Nursing & Rehabilitation Center	80 Douglas Pike, Smithfield	231-2700	100	Y	Y	Providence
Holiday Retirement Home	30 Sayles Hill Road, Manville	765-1440	170	Y	Y	Providence
Lincolnwood Rehabilitation and Healthcare Center	610 Smithfield Road, Providence	353-6300	210	Y	Y	Providence
Jeanne Jugan Residence	964 Main Street, Pawtucket	723-4314	49	Y	Y	Providence
Mansion Nursing and Rehabilitation Center	104 Clay Street, Central Falls	722-0830	62	Y	Y	Providence
Morgan Health Center	80 Morgan Avenue, Johnston	944-7800	120	Y	Y	Providence

Facility	Address	Phone (401)	No. of Beds	Medicare	Medicaid	County
Mount St Rita Health Centre	15 Sumner Brown Road, Cumberland	333-6352	98	Y	Y	Providence
Oak Hill Health and Rehabilitation Center	544 Pleasant Street, Pawtucket	725-8888	129	Y	Y	Providence
Oakland Grove Health Care Center	560 Cumberland Hill Road, Woonsocket	769-0800	178	Y	Y	Providence
Orchard View Manor	135 Tripps Lane, East Providence	438-2250	166	Y	Y	Providence
Overlook Nursing & Rehabilitation Center	14 Rock Avenue, Pascoag	568-2549	100	Y	Y	Providence
Pawtucket Falls Healthcare Center	70 Gill Avenue, Pawtucket	722-7900	154	Y	Y	Providence
Crystal Lake Rehabilitation and Care Center	999 South Main Street, Pascoag	568-3091	71	Y	Y	Providence
Scandinavian Home	1811 Broad Street, Cranston	461-1433	24	Y	Y	Providence
St Antoine Residence	10 Rhodes Avenue, North Smithfield	767-3500	180	Y	Y	Providence
Steere House Nursing and Rehabilitation Center	100 Borden Street, Providence	454-7970	120	Y	Y	Providence
Summit Commons Rehabilitation and Health Care Center	99 Hillside Avenue, Providence	574-4800	165	Y	Y	Providence
Tockwotton on the Waterfront	500 Waterfront Drive, East Providence	272-5280	52	Y	Y	Providence
Trinity Health & Rehabilitation Center	4 St Joseph Street, Woonsocket	765-5844	185	Y	Y	Providence
Waterview Villa Rehabilitation and Health Care Center	1275 South Broadway, East Providence	438-7020	132	Y	Y	Providence
Woonsocket Health Centre	262 Poplar Street, Woonsocket	765-2100	150	Y	Y	Providence
Apple Rehab Clipper	161 Post Road, Westerly	322-8081	60	Y	Y	Washington
Elderwood Of Scallop Shell at Wakefield	55 Scallop Shell Way, Peace Dale	789-3006	80	Y	Y	Washington

Facility	Address	Phone (401)	No. of Beds	Medicare	Medicaid	County
Kingston Center For Rehabilitation and Health Care	415 Gardner Road, West Kingston	295-8520	55	Y	Y	Washington
Roberts Health Centre	25 Roberts Way, North Kingstown	294-3587	66	Y	Y	Washington
Bayview Rehabilitation and Healthcare Center at Scalabrini	860 North Quidnessett Road, North Kingstown	884-1802	120	Y	Y	Washington
South County Nursing and Rehabilitation Center	740 Oak Hill Road, North Kingstown	294-4105	120	Y	Y	Washington

Source: Rhode Island Department of Health

Table 29 presents application data for U.S. M.D.-granting medical schools in the Northeast region (Connecticut, Massachusetts, New York, Rhode Island, and Vermont) for the 2024–2025 academic year.

Tufts University (MA) received the highest number of applications (14,248), with only 7.5% from in-state students and 58.4% from women. In contrast, CUNY (NY) shows 100% in-state applicants because of its unique admissions structure. Overall, most schools had a significantly larger share of out-of-state applicants, and across nearly all schools, women represented a higher share of applicants than men.

Table 29: U.S. M.D.-Granting Schools 2024-2025 Academic Year

Applications by School		Applications[1]	Applications			
			by In State Status		by Gender[2]	
			In State	Out of State	Men	Women
State	Medical School		%	%	%	%
CT	**Connecticut**	4,626	10.1	89.9	40.7	58.5
	Quinnipiac-Netter	7,341	4.8	95.2	42.9	56.5
	Yale	6,597	3.3	96.7	46.5	52.4
MA	**BU-Chobanian Avedisian**	10,680	8.4	91.6	40.4	58.6
	Harvard	7,890	8.1	91.9	46.1	52.7
	Massachusetts-Chan	4,903	21.3	78.7	39.9	59.2
	Tufts	14,248	7.5	92.5	40.8	58.4
NY	**Albany**	12,973	15.9	84.1	42.2	57.2
	Buffalo-Jacobs	5,828	36.8	63.2	42.7	56.4
	CUNY	57	100.0	0.0	42.1	57.9
	Columbia-Vagelos	7,291	15.0	85.0	44.4	54.5

Applications by School		Applications[1]	Applications			
			by In State Status		by Gender[2]	
			In State	Out of State	Men	Women
State	Medical School		%	%	%	%
	Cornell-Weill	7,345	17.0	83.0	45.4	53.5
	Einstein	8,896	19.8	80.2	45.1	53.9
	Mount Sinai-Icahn	8,890	16.4	83.6	43.6	55.3
	NYU Long Island-Grossman	4,370	26.2	73.8	38.1	61.1
	NYU-Grossman	8,271	13.8	86.2	41.4	57.4
	New York Medical	9,075	22.5	77.5	42.3	57.0
	Renaissance Stony Brook	5,303	38.6	61.4	43.0	56.1
	Rochester	5,925	22.1	77.9	45.8	53.2
	SUNY Downstate	6,596	37.9	62.1	39.2	60.0
	SUNY Upstate-Norton	6,635	33.9	66.1	41.0	58.3
	Zucker Hofstra Northwell	4,790	32.0	68.0	43.5	55.6
RI	**Brown-Alpert**	8,315	1.1	98.9	42.7	56.3
VT	**Vermont-Larner**	9,301	0.8	99.2	42.6	56.6

Source: AAMC, 2024 FACTS: Applicants and Matriculants Data

The table below shows applications and matriculants for U.S. M.D.-granting medical schools in the 2024–2025 academic year across Connecticut, Massachusetts, New York, Rhode Island, and Vermont. Tufts University received the highest number of applications (14,248) and enrolled 202 students, with the majority coming from out of state (72.3%) and women comprising 64.4% of the class. Meanwhile, CUNY enrolled 57 students, all from in-state. In general, most schools enrolled a majority of out-of-state students, and women represented a larger share of matriculants at many institutions.

Table 30: U.S. M.D.-Granting Schools 2024-2025 Academic Year

Applications by School		Applications[1]	Matriculants	Matriculants			
				by In State Status		by Gender[2]	
				In State	Out of State	Men	Women
State	Medical School			%	%	%	%
CT	**Connecticut**	4,626	112	81.3	18.8	42.9	57.1
	Quinnipiac-Netter	7,341	95	11.6	88.4	42.1	57.9
	Yale	6,597	104	1.0	99.0	48.1	51.9
MA	**BU-Chobanian Avedisian**	10,680	140	20.7	79.3	38.6	59.3

Applications by School		Applications[1]	Matriculants	Matriculants			
				by In State Status		by Gender[2]	
				In State	Out of State	Men	Women
State	Medical School			%	%	%	%
	Harvard	7,890	165	13.9	86.1	38.2	60.6
	Massachusetts-Chan	4,903	235	62.6	37.4	28.1	70.2
	Tufts	14,248	202	27.7	72.3	35.1	64.4
NY	Albany	12,973	140	35.0	65.0	49.3	50.0
	Buffalo-Jacobs	5,828	181	87.8	12.2	47.5	51.4
	CUNY	57	57	100.0	0.0	42.1	57.9
	Columbia-Vagelos	7,291	138	14.5	85.5	47.1	52.2
	Cornell-Weill	7,345	106	24.5	75.5	39.6	56.6
	Einstein	8,896	165	44.2	55.8	37.0	63.0
	Mount Sinai-Icahn	8,890	119	26.9	73.1	51.3	48.7
	NYU Long Island-Grossman	4,370	24	66.7	33.3	37.5	62.5
	NYU-Grossman	8,271	104	11.5	88.5	51.0	49.0
	New York Medical	9,075	219	46.1	53.9	45.2	54.3
	Renaissance Stony Brook	5,303	136	75.0	25.0	44.9	54.4
	Rochester	5,925	102	27.5	72.5	46.1	52.0
	SUNY Downstate	6,596	201	85.1	14.9	41.8	57.2
	SUNY Upstate-Norton	6,635	172	80.8	19.2	43.0	56.4
	Zucker Hofstra Northwell	4,790	99	64.6	35.4	43.4	56.6
RI	Brown-Alpert	8,315	144	13.2	86.8	43.1	55.6
VT	Vermont-Larner	9,301	124	25.8	74.2	46.0	50.8

Source: AAMC, 2024 FACTS: Applicants and Matriculants Data

Appendix D: Budget Summary

The pro forma for the University of Rhode Island's proposed medical school outlines projected revenues, expenses, and financial performance over 11 years (2026–2037). The plan begins with three planning years and then transitions into operational years once the first medical school class is admitted in 2029. The table reflects both the startup investment required and the long-term sustainability of the school once fully established.

Revenue during the early years is driven primarily by significant philanthropic and institutional commitments. This includes $20 million from the state of Rhode Island and $17.5 million from URI in seed funding in 2026, $50 million naming donor gift, and $25 million in matching funds from private partners in 2027. Endowment contributions of $50 million and additional investments of $12.5 million begin in 2027, bringing the total private investment to $137.5 million. Beginning in 2029, state allocations of $22.5 million annually provide consistent baseline support.

Tuition revenue begins once students are enrolled in 2029, starting at $2.5 million and growing steadily to more than $24.4 million annually by 2037. Additional revenue streams, such as philanthropy, research grants, clinical practice plan income, and research contracts, scale upward in later years, diversifying and strengthening the financial position of the medical school.

On the expense side, salaries and fringe benefits represent the largest cost category, ramping up as administrative staff, faculty, and student support services are added. Faculty costs increase substantially as more cohorts of students enter the program, with total salaries and benefits growing from about $15.0 million in 2029 to more than $36.6 million annually by 2037. Other expenses include operating costs, IT, simulation centers, and building-related expenditures. A significant one-time capital expense of $31.3 million is recognized in 2027 and 2028 to prepare facilities for instruction. Overall expenses grow from approximately $22.9 million in the first operational year to more than $61.0 million annually by 2037.

Financial performance reflects expected deficits in the startup years because of high upfront investment. Losses occur in certain years (notably 2028), as tuition revenue has not yet matured, and expenses remain high. However, beginning in 2029, the school transitions into sustained positive operating margins, generating profits between $5.8 million and $16.0 million annually.

The URI medical school pro forma demonstrates a well-structured financial pathway from initial investment to long-term stability. Upfront funding commitments from donors, private partners, and the state are critical to cover startup costs and early operating deficits. Once tuition revenues stabilize and research and clinical programs expand, the school is projected to operate at a substantial surplus, allowing for reinvestment in its academic, research, and community missions while ensuring long-term viability.

The University of Rhode Island Pro Forma Budget Summary												
	Planning Year 1	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
	2026	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**	**2036**	**2037**
Revenue												
Tuition	$-	$-	$-	$2,500,000	$5,047,000	$9,017,650	$13,167,360	$16,319,878	$19,591,732	$21,612,347	$23,736,566	$24,448,663
Research grants	$-	$-	$-	$-	$-	$2,000,000	$2,500,000	$3,125,000	$3,906,250	$4,882,813	$6,103,516	$7,629,395
Clinical	$-	$-	$-	$-	$-	$1,000,000	$1,350,000	$1,822,500	$2,460,375	$3,321,506	$4,484,033	$6,053,445
Practice Plan	$-	$-	$-	$-	$-	$1,000,000	$540,000	$729,000	$984,150	$1,328,603	$1,793,613	$2,421,378
Research Contracts	$-	$-	$-	$-	$-	$1,200,000	$1,560,000	$2,028,000	$2,636,400	$3,427,320	$4,455,516	$5,792,171
Endowment		$50,000,000		$2,500,000	$2,500,000	$2,500,000	$2,500,000	$2,500,000	$2,500,000	$2,500,000	$2,500,000	$2,500,000
Private Funds	$-	$25,000,000		$-	$-	$-	$-	$-	$-	$-	$-	$-
Naming Donor		$50,000,000	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-
Seed Funding (University Foundation)	$17,500,000	$12,500,000										
State Allocation	$20,000,000	$-	$-	$22,500,000	$22,500,000	$22,500,000	$22,500,000	$22,500,000	$22,500,000	$22,500,000	$22,500,000	$22,500,000
Business Plan												
Philanthropy	$-	$1,000,000	$1,250,000	$1,562,500	$1,953,125	$2,441,406	$3,051,758	$3,814,697	$4,768,372	$5,960,464	$7,450,581	$9,313,226
Other Revenue	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-
Subtotal Revenue	**$37,500,000**	**$138,500,000**	**$1,250,000**	**$29,062,500**	**$32,000,125**	**$41,659,056**	**$47,169,118**	**$52,839,075**	**$59,347,278**	**$65,533,052**	**$73,023,825**	**$80,658,277**
Scholarship Contra Revenue (assumed 15% of Tuition)	$-	$-	$-	$375,000	$757,050	$1,352,648	$1,975,104	$2,447,982	$2,938,760	$3,241,852	$3,560,485	$3,667,299
Total Revenue less Scholarship	**$37,500,000**	**$138,500,000**	**$1,250,000**	**$28,687,500**	**$31,243,075**	**$40,306,409**	**$45,194,014**	**$50,391,093**	**$56,408,519**	**$62,291,200**	**$69,463,340**	**$76,990,977**

The University of Rhode Island Pro Forma Budget Summary												
	Planning Year 1	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
	2026	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**	**2036**	**2037**
Expenses												
Salaries and Fringe												
Administrative	$-	$3,415,537	$3,415,537	$3,582,873	$3,865,623	$3,865,623	$3,865,623	$3,865,623	$3,865,623	$3,865,623	$3,865,623	$3,865,623
Academic Affairs	$-	$1,995,504	$2,571,008	$3,110,508	$3,735,903	$4,421,653	$4,628,906	$4,605,700	$4,637,876	$4,642,564	$4,647,392	$4,652,366
Student Services	$-	$604,722	$1,657,945	$1,917,945	$2,054,445	$2,054,445	$2,054,445	$2,054,445	$2,054,445	$2,054,445	$2,054,445	$2,054,445
MS1 and MS2 Faculty	$-	$2,186,409	$2,186,409	$4,112,818	$4,788,194	$7,052,291	$7,052,291	$7,052,291	$7,052,291	$7,052,291	$7,052,291	$7,052,291
MS3 and MS4 Faculty	$-	$763,853	$763,853	$2,337,233	$4,170,688	$9,738,932	$9,738,932	$13,184,346	$13,184,346	$17,019,759	$17,019,759	$17,957,988
Institut. Support Eliminated*	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$-	$968,500
Total Salaries and Fringe	**$-**	**$8,966,025**	**$10,594,752**	**$15,061,376**	**$18,614,852**	**$27,132,943**	**$27,340,196**	**$30,762,403**	**$30,794,580**	**$34,634,681**	**$34,639,509**	**$36,551,212**
Other Expenses												
Operating Expenses	$-	$5,857,000	$2,072,650	$3,497,845	$3,163,093	$6,927,177	$12,693,500	$13,333,785	$14,299,939	$17,154,235	$17,910,011	$18,179,492
IT Expenses	$-	$813,340	$1,904,015	$2,143,280	$2,273,958	$2,591,600	$2,627,519	$2,867,493	$3,011,340	$3,222,212	$3,324,510	$3,604,723
Simulation Expenses	$-	$2,650,000	$571,400	$909,240	$1,105,002	$1,166,552	$1,228,880	$1,281,549	$1,335,126	$1,378,182	$1,422,792	$1,457,031
Building Expenses	$-	$31,250,000	$31,250,000	$1,250,000	$1,250,000	$1,250,000	$1,250,000	$1,250,000	$1,250,000	$1,250,000	$1,250,000	$1,250,000
Total Other Expenses	$-	$40,570,340	$35,798,065	$7,800,365	$7,792,052	$11,935,329	$17,799,899	$18,732,827	$19,896,406	$23,004,629	$23,907,312	$24,491,246
TOTAL EXPENSES (Salaries and Fringe + Other)	**$-**	**$49,536,365**	**$46,392,816**	**$22,861,741**	**$26,406,905**	**$39,068,272**	**$45,140,095**	**$49,495,231**	**$50,690,986**	**$57,639,310**	**$58,546,822**	**$61,042,458**
Total Revenue Expenses	**$37,500,000**	**$88,963,635**	**$(45,142,816)**	**$5,825,759**	**$4,836,170**	**$1,238,137**	**$53,919**	**$895,863**	**$5,717,533**	**$4,651,890**	**$10,916,518**	**$15,948,519**
Running Profit (Loss)		**$126,463,635**	**$81,320,819**	**$87,146,578**	**$91,982,748**	**$93,220,885**	**$93,274,804**	**$94,170,667**	**$99,888,200**	**$104,540,090**	**$115,456,608**	**$131,405,127**

* Institutional Support Eliminated in Year 9 (picked up by school)

The University of Rhode Island Pro Forma Enrollment and Revenue												
	Planning Year 1	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
	2026	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**	**2036**	**2037**
MS1				50	50	75	75	100	100	100	100	100
MS2					48	48	72	72	96	96	96	96
MS3						47	47	71	71	95	95	95
MS4							47	47	71	71	95	95
Total Students	**0**	**0**	**0**	**50**	**98**	**170**	**241**	**290**	**338**	**362**	**386**	**386**
ANNUAL TUITION (3% annual increase)												
MS1		$-	$-	$50,000.00	$51,500.00	$53,045.00	$54,636.35	$56,275.44	$57,963.70	$59,702.61	$61,493.69	$63,338.50
MS2		$-	$-	$-	$51,500.00	$53,045.00	$54,636.35	$56,275.44	$57,963.70	$59,702.61	$61,493.69	$63,338.50
MS3		$-	$-	$-	$-	$53,045.00	$54,636.35	$56,275.44	$57,963.70	$59,702.61	$61,493.69	$63,338.50
MA4		$-	$-	$-	$-	$-	$54,636.35	$56,275.44	$57,963.70	$59,702.61	$61,493.69	$63,338.50
ANTICIPATED TUITION REVENUE												
	Planning Year 1	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
	2026	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**	**2036**	**2037**
MS1	$	$	$	$2,500,000.00	$2,575,000.00	$3,978,375.00	$4,097,726.25	$5,627,544.05	$5,796,370.37	$5,970,261.48	$6,149,369.33	$6,333,850.41
MS2	$	$	$	$	$2,472,000.00	$2,546,160.00	$ 3,933,817.20	$4,051,831.72	$5,564,515.56	$5,731,451.02	$5,903,394.55	$6,080,496.39
MS3	$	$	$	$	$	$2,493,115.00	$ 2,567,908.45	$3,995,556.28	$4,115,422.96	$5,671,748.41	$5,841,900.86	$6,017,157.89
MS4	$	$	$	$	$	$	$2,567,908.45	$2,644,945.70	$ 4,115,422.96	$4,238,885.65	$ 5,841,900.86	$6,017,157.89
Total Tuition Revenue	**$**	**$**	**$**	**$2,500,000.00**	**$5,047,000.00**	**$9,017,650.00**	**$13,167,360.35**	**$16,319,877.75**	**$19,591,731.86**	**$21,612,346.57**	**$23,736,565.60**	**$24,448,662.57**
ANTICIPATED OTHER REVENUE (built as a placeholder for future revenue streams)												
Research grants (Assumed no growth through provisional accreditation, then 25% annually)						$2,000,000.00	$2,500,000.00	$3,125,000.00	$3,906,250.00	$4,882,812.50	$6,103,515.63	$7,629,394.53
Clinical Revenue (Assume 35% growth annually after provisional accreditation)						$1,000,000.00	$1,350,000.00	$1,822,500.00	$2,460,375.00	$3,321,506.25	$4,484,033.44	$6,053,445.14
Practice Plan (Assume 40% of Annual Clinical Revenue)						$1,000,000.00	$540,000.00	$729,000.00	$984,150.00	$1,328,602.50	$1,793,613.38	$2,421,378.06
Research contracts (Assumed 30% yoy growth)						$1,200,000.00	$1,560,000.00	$2,028,000.00	$2,636,400.00	$3,427,320.00	$4,455,516.00	$5,792,170.80

The University of Rhode Island Pro Forma Enrollment and Revenue												
	Planning Year 1	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
	2026	**2027**	**2028**	**2029**	**2030**	**2031**	**2032**	**2033**	**2034**	**2035**	**2036**	**2037**
Seed Funding (Community and University Foundation)		$12,500,000.00	$12,500,000.00									
Endowment				$2,500,000.00	$2,500,000.00	$2,500,000.00	$2,500,000.00	$2,500,000.00	$2,500,000.00	$2,500,000.00	$2,500,000.00	$2,500,000.00
Matching private funds		$25,000,000.00	$25,000,000.00									
Naming Donor		$50,000,000.00										
State Allocation				$22,500,000.00	$22,500,000.00	$22,500,000.00	$22,500,000.00	$22,500,000.00	$22,500,000.00	$22,500,000.00	$22,500,000.00	$22,500,000.00
Legislative Appropriation for Business Plan												
Philanthropy		$1,000,000.00	$1,250,000.00	$1,562,500.00	$1,953,125.00	$2,441,406.25	$3,051,757.81	$3,814,697.27	$4,768,371.58	$5,960,464.48	$7,450,580.60	$9,313,225.75
Other Revenue												
Total Revenue	**$**	**$88,500,000.00**	**$38,750,000.00**	**$29,062,500.00**	**$32,000,125.00**	**$41,659,056.25**	**$47,169,118.16**	**$52,839,075.01**	**$59,347,278.44**	**$65,533,052.29**	**$73,023,824.64**	**$80,658,276.85**

The University of Rhode Island Pro Forma Salaries and Fringe (Planning Years through Year 3)															
	Salary*	Fringe **	School Cost=1	Current Year		Planning Year 1		Planning Year 2		Year 1		Year 2		Year 3	
Roles			Instit. Cost=0	FTE	2026	FTE	2027	FTE	2028	FTE	2029	FTE	2030	FTE	2031
Administrative															
Dean	$910,583.00	30.00%	1	0.00	$	1.00	1,183,757.90	1.00	1,183,757.90	1.00	1,183,757.90	1.00	1,183,757.90	1.00	1,183,757.90
Project Manager	$100,000.00	30.00%	1	0.00	$	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00
Admin Support for Dean	$85,000.00	30.00%	1	0.00	$	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Designated Institutional Official (DIO)	350,000.00	30.00%	1	0.00	$	0.50	$227,500.00	0.50	$227,500.00	0.50	$227,500.00	1.00	$455,000.00	1.00	$455,000.00
Admin Support - GME	$85,000.00	30.00%	1	0.00	$	0.50	$55,250.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00	1.00	$110,500.00
Director of Development	$130,000.00	30.00%	1	0.00	$	1.00	$169,000.00	1.00	$169,000.00	1.00	$169,000.00	1.00	$169,000.00	1.00	$169,000.00
Admin Support for Development	$70,000.00	30.00%	1	0.00	$	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Assoc. Dean of Operations and Administration	$430,533.00	30.00%	1	0.00	$	1.00	$559,692.90	1.00	$559,692.90	1.00	$559,692.90	1.00	$559,692.90	1.00	$559,692.90
Director of Finance/Budget	$187,440.00	30.00%	1	0.00	$	0.50	$121,836.00	0.50	$121,836.00	1.00	$243,672.00	1.00	$243,672.00	1.00	$243,672.00
HR/Employee Relations Mgr	$120,000.00	30.00%	1	0.00	$	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Admin Support - Finance	$70,000.00	30.00%	1	0.00	$	0.50	$45,500.00	0.50	$45,500.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Admin Support - HR	$70,000.00	30.00%	1	0.00	$	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Director of Accreditation and CQI	175,000.00	30.00%	1	0.00	$	1.00	$227,500.00	1.00	$227,500.00	1.00	$227,500.00	1.00	$227,500.00	1.00	$227,500.00
Admin Support - Accreditation	$70,000.00	30.00%	1	0.00	$	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Director of Communications	$120,000.00	30.00%	1	0.00	$	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Subtotal Administrative					**$**	**13.00**	**3,415,536.80**	**13.00**	**$3,415,536.80**	**14.00**	**$3,582,872.80**	**15.00**	**$3,865,622.80**	**15.00**	**$3,865,622.80**
Academic Affairs															
Director of Institutional Assessment and Data Analyst	$110,000.00	30.00%	1	0.00	$	0.50	$71,500.00	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00
Director of Licensing and Credentialling	$95,000.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.00	$	0.50	$61,750.00	0.50	$61,750.00
Assoc Dean for Faculty Affairs	$294,503.00	30.00%	1	0.00	$	1.00	$382,853.90	0.50	$191,426.95	0.50	$191,426.95	0.75	$287,140.43	0.75	$287,140.43
Admin Faculty Affairs	$70,000.00	30.00%	1	0.00	$	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Assoc. Dean for Curricular Affairs	$350,000.00	30.00%	1	0.00	$	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00
Admin Support - Assoc Dean for Curricular Affairs	$70,000.00	30.00%	1	0.00	$	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Asst. Dean for Pre-Clerkship Curriculum	$298,000.00	30.00%	1	0.00	$	1.00	$387,400.00	1.00	$387,400.00	1.00	$387,400.00	1.00	$387,400.00	1.00	$387,400.00
Curriculum Coordinator - Year 1	$80,000.00	30.00%	1	0.00	$	0.25	$26,000.00	0.50	$52,000.00	0.75	$78,000.00	1.00	$104,000.00	1.00	$104,000.00

The University of Rhode Island Pro Forma Salaries and Fringe (Planning Years through Year 3)															
Curriculum Coordinator - Year 2	$80,000.00	30.00%	1	0.00	$	0.25	$26,000.00	0.25	$26,000.00	0.50	$52,000.00	0.75	$78,000.00	1.00	$104,000.00
Curriculum Coordinator - Assessment	$80,000.00	30.00%	1	0.00	$	0.25	$26,000.00	0.25	$26,000.00	0.50	$52,000.00	0.75	$78,000.00	1.00	$104,000.00
Director of Case Development	$150,000.00	30.00%	1	0.00	$	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00
Asst. Dean for Clerkship Curriculum	$319,894.00	30.00%	1	0.00	$	0.00	$	0.50	$207,931.10	0.50	$207,931.10	1.00	$415,862.20	1.00	$415,862.20
Curriculum Coordinator 1-Year 3	$70,000.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.00	$	0.50	$45,500.00	1.00	$91,000.00
Curriculum Coordinator 1-Year 4	$70,000.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.00	$	0.00	$	0.50	$45,500.00
Director of Evaluation and Assessment	$125,000.00	30.00%	1	0.00	$	0.50	$81,250.00	0.50	$81,250.00	0.50	$81,250.00	1.00	$162,500.00	1.00	$162,500.00
Educational Technologist	$125,000.00	30.00%	1	0.00	$	0.50	$81,250.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00
Director of Clinical Skills and Simulation	$250,000.00	30.00%	1	0.00	$	0.25	$81,250.00	0.50	$162,500.00	1.00	$325,000.00	1.00	$325,000.00	1.00	$325,000.00
SP Trainer and Coordinator	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.75	$82,875.00	1.00	$110,500.00
SP and Simulation Coordinator	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.75	$82,875.00	1.00	$110,500.00
Admin. Support - Clinical Skills & Simulation	$70,000.00	30.00%	1	0.00	$	0.00	$	0.25	$22,750.00	0.50	$45,500.00	0.50	$45,500.00	1.00	$91,000.00
Chair Admin Support and Clerkship Coordinator - Surgery	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Ob/Gyn	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Internal Medicine	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator- Yr4 Electives	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Pediatrics	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Family Medicine	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Emergency Medicine	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Psychiatry	$85,000.00	30.00%	1	0.00	$	0.00	$	0.25	$27,625.00	0.50	$55,250.00	0.50	$55,250.00	1.00	$110,500.00
Subtotal Academic Affairs					**$**	**8.50**	**$1,995,503.90**	**12.75**	**$2,571,008.05**	**16.75**	**$3,110,508.05**	**20.25**	**$3,735,902.63**	**26.75**	**$4,421,652.63**

The University of Rhode Island Pro Forma Salaries and Fringe (Planning Years through Year 3)																
Student Services																
Assoc Dean for Admissions	$313,531.00	30.00%	1	0.00	$	0.50	$203,795.15	1.00	$407,590.30	1.00	$407,590.30	1.00	$407,590.30	1.00	$407,590.30
Admin support - Admissions	$70,000.00	30.00%	1	0.00	$	0.50	$45,500.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Director of Admissions	$120,000.00	30.00%	1	0.00	$	0.50	$78,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Assoc Dean for Student Affairs	$236,811.00	30.00%	1	0.00	$	0.50	$153,927.15	1.00	$307,854.30	1.00	$307,854.30	1.00	$307,854.30	1.00	$307,854.30
Admin Support - Student Affairs	$70,000.00	30.00%	1	0.00	$	0.50	$45,500.00	1.00	$91,000.00	1.00	$91,000.00	2.00	$182,000.00	2.00	$182,000.00
Student Health	$75,000.00	30.00%	1	0.00	$	0.00	$	0.50	$48,750.00	1.00	$97,500.00	1.00	$97,500.00	1.00	$97,500.00
Advisor Coach	$85,000.00	30.00%	1	0.00	$	0.00	$	0.50	$55,250.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Director of Student Affairs	$85,000.00	30.00%	1	0.00	$	0.00	$	0.50	$55,250.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Dir. of Student Dev. and Campus Life	$85,000.00	30.00%	1	0.00	$	0.00	$	0.50	$55,250.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Director of Regulatory and Compliance	$110,000.00	30.00%	1	0.00	$	0.00	$	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00
Student Records/Registrar	$120,000.00	30.00%	1	0.00	$	0.50	$78,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Enrollment Services One Stop Coordinator	$70,000.00	30.00%	1	0.00	$	0.00	$	0.50	$45,500.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Financial Aid Officer	$70,000.00	30.00%	1	0.00	$	0.00	$	0.50	$45,500.00	0.50	$45,500.00	1.00	$91,000.00	1.00	$91,000.00
Subtotal Student Services					**$**	**3.00**	**$604,722.30**	**10.00**	**$1,657,944.60**	**12.50**	**$1,917,944.60**	**14.00**	**$2,054,444.60**	**14.00**	**$2,054,444.60**
MS1 and MS2 Faculty																
Clinical Skills	$259,760.00	30.00%	1	0.00	$	1.00	$337,688.00	1.00	$337,688.00	2.00	$675,376.00	4.00	$1,350,752.00	6.00	$2,026,128.00
Basic Science Chair (one chair for all depts.)	$200,000.00	30.00%	1	0.00		1.00	$260,000.00	1.00	$260,000.00	1.00	$260,000.00	1.00	$260,000.00	1.00	$260,000.00
Cell Bio/Genetics/Biochemistry	$150,007.00	30.00%	1	0.00	$	1.00	$195,009.10	1.00	$195,009.10	2.00	$390,018.20	2.00	$390,018.20	3.00	$585,027.30
Anatomy/Histology	$140,247.00	30.00%	1	0.00	$	1.00	$182,321.10	1.00	$182,321.10	2.00	$364,642.20	2.00	$364,642.20	3.00	$546,963.30
Physiology	$149,143.00	30.00%	1	0.00	$	1.00	$193,885.90	1.00	$193,885.90	2.00	$387,771.80	2.00	$387,771.80	3.00	$581,657.70
Micro/Immuno.	$153,000.00	30.00%	1	0.00	$	1.00	$198,900.00	1.00	$198,900.00	2.00	$397,800.00	2.00	$397,800.00	3.00	$596,700.00
Pharmacology	$149,000.00	30.00%	1	0.00	$	1.00	$193,700.00	1.00	$193,700.00	2.00	$387,400.00	2.00	$387,400.00	3.00	$581,100.00
Pathology	$311,616.00	30.00%	1	0.00	$	1.00	$405,100.80	1.00	$405,100.80	2.00	$810,201.60	2.00	$810,201.60	3.00	$1,215,302.40
Behavioral Sciences	$169,080.00	30.00%	1	0.00	$	1.00	$219,804.00	1.00	$219,804.00	2.00	$439,608.00	2.00	$439,608.00	3.00	$659,412.00
Subtotal MS1 and MS2 Faculty					**$**	**9.00**	**$2,186,408.90**	**9.00**	**$2,186,408.90**	**17.00**	**$4,112,817.80**	**19.00**	**$4,788,193.80**	**28.00**	**$7,052,290.70**
MS3 and MS4 Faculty																

The University of Rhode Island Pro Forma Salaries and Fringe (Planning Years through Year 3)															
Clerkship Director - Surgery	$500,232.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.25	$162,575.40	0.50	$325,150.80	1.00	$650,301.60
Surgery Faculty	$500,232.00	30.00%	1	0.00	$	0.25	$162,575.40	0.25	$162,575.40	0.25	$162,575.40	0.50	$325,150.80	1.00	$650,301.60
Surgery Chair	$625,290.00	30.00%	1	0.00		0.00	$	0.00	$	0.25	$203,219.25	0.50	$406,438.50	1.00	$812,877.00
Clerkship Director-Ob/Gyn	$367,717.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.25	$119,508.03	0.25	$119,508.03	1.00	$478,032.10
Ob/Gyn Faculty	$367,717.00	30.00%	1	0.00	$	0.25	$119,508.03	0.25	$119,508.03	0.25	$119,508.03	0.50	$239,016.05	1.00	$478,032.10
Ob/Gyn Chair	$459,646.25	30.00%	1	0.00		0.00	$	0.00	$	0.25	$149,385.03	0.50	$298,770.06	1.00	$597,540.13
Clerkship Director-Internal Medicine	$288,686.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.25	$93,822.95	0.25	$93,822.95	1.00	$375,291.80
Internal Medicine Faculty	$288,686.00	30.00%	1	0.00	$	0.25	$93,822.95	0.25	$93,822.95	0.25	$93,822.95	0.50	$187,645.90	1.00	$375,291.80
Internal Medicine Chair	$360,857.50	30.00%	1	0.00		0.00	$	0.00	$	0.25	$117,278.69	0.50	$234,557.38	1.00	$469,114.75
Clerkship Director-Psychiatry	$285,020.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.25	$92,631.50	0.25	$92,631.50	1.00	$370,526.00
Psychiatry Faculty	$285,020.00	30.00%	1	0.00	$	0.25	$92,631.50	0.25	$92,631.50	0.25	$92,631.50	0.50	$185,263.00	1.00	$370,526.00
Psychiatry Chair	$360,857.50	30.00%	1	0.00		0.00	$	0.00	$	0.25	$117,278.69	0.50	$234,557.38	1.00	$469,114.75
Clerkship Director-Pediatrics	$287,600.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.25	$93,470.00	0.25	$93,470.00	1.00	$373,880.00
Pediatric Faculty	$287,600.00	30.00%	1	0.00	$	0.25	$93,470.00	0.25	$93,470.00	0.25	$93,470.00	0.50	$186,940.00	1.00	$373,880.00
Pediatric Chair	$359,500.00	30.00%	1	0.00		0.00	$	0.00	$	0.25	$116,837.50	0.50	$233,675.00	1.00	$467,350.00
Clerkship Director - Family Medicine	$259,760.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.25	$84,422.00	0.25	$84,422.00	1.00	$337,688.00
Family Medicine Faculty	$259,760.00	30.00%	1	0.00	$	0.25	$84,422.00	0.25	$84,422.00	0.25	$84,422.00	0.50	$168,844.00	1.00	$337,688.00
Family Medicine Chair	$324,700.00	30.00%	1	0.00		0.00	$	0.00	$	0.25	$105,527.50	0.50	$211,055.00	1.00	$422,110.00
Clerkship Director - Emergency Medicine	$361,302.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.25	$117,423.15	0.25	$117,423.15	1.00	$469,692.60
Emergency Medicine Faculty	$361,303.00	30.00%	1	0.00	$	0.25	$117,423.48	0.25	$117,423.48	0.25	$117,423.48	0.50	$234,846.95	1.00	$469,693.90
Elective Director(s)	$300,000.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.00	$-	0.25	$97,500.00	1.00	$390,000.00
Subtotal MS3 and MS4 Faculty					**$**	**1.75**	**$763,853.35**	**1.75**	**$763,853.35**	**5.00**	**$2,337,233.03**	**8.75**	**$4,170,688.44**	**21.00**	**$9,738,932.13**
Potential Areas for Institutional Support															
Director of Information Technology	$150,000.00	30.00%	1	0.00	$	0.50	$97,500.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00
Instructional Designer	$125,000.00	30.00%	1	0.00	$	0.50	$81,250.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00
Informational Technologist 2	$85,000.00	30.00%	1	0.00	$	0.50	$55,250.00	1.00	$110,500.00	0.50	$55,250.00	1.00	$110,500.00	1.00	$110,500.00

The University of Rhode Island Pro Forma Salaries and Fringe (Planning Years through Year 3)															
Informational Technologist 3	$85,000.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.00	$	0.50	$55,250.00	1.00	$110,500.00
Informational Technologist 4	$85,000.00	30.00%	1	0.00	$	0.00	$	0.00	$	0.00	$	0.00	$	0.00	$
Librarian	$120,000.00	30.00%	1	0.00	$	0.50	$78,000.00	0.75	$117,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Financial Aid Officer	$90,000.00	30.00%	1	0.00	$	0.00	$	0.25	$29,250.00	1.00	$117,000.00	1.00	$117,000.00	1.00	$117,000.00
Counselor (Wellness and Mental Health)	$100,000.00	30.00%	1	0.00	$	0.00	$	0.25	$32,500.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00
Subtotal Institutional Support				**0.0**	**$**	**2.0**	**$312,000.00**	**4.3**	**$646,750.00**	**5.5**	**$815,750.00**	**6.5**	**$926,250.00**	**7.0**	**$981,500.00**
5% annual salary increase							$		$463,901.26		$562,075.09		$793,856.31		$977,055.11
Total Personnel Costs					**$**		**$9,278,025.25**		**$11,241,501.70**		**$15,877,126.28**		**$19,541,102.26**		**$28,114,442.85**
					Total FTE	37.25		50.75		70.75		83.50		111.75	

Continued below to years 4-9….

The University of Rhode Island Pro Forma Salary and Fringe (Year 4 through Year 9)														
	Salary*	Fringe **	School Cost=1	Year 4	Year 5		Year 6		Year 7		Year 8		Year 9	
Roles			**FTE**	**2032**	**FTE**	**2033**	**FTE**	**2034**	**FTE**	**2035**	**FTE**	**2036**	**FTE**	**2037**
Administrative														
Dean	$910,583.00	30.00%	1.00	$1,183,757.90	1.00	$1,183,757.90	1.00	$1,183,757.90	1.00	$1,183,757.90	1.00	$1,183,757.90	1.00	$1,183,757.90
Project Manager	$100,000.00	30.00%	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00
Admin Support for Dean	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Designated Institutional Official (DIO)	$350,000.00	30.00%	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00
Admin Support - GME	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Director of Development	$130,000.00	30.00%	1.00	$169,000.00	1.00	$169,000.00	1.00	$169,000.00	1.00	$169,000.00	1.00	$169,000.00	1.00	$169,000.00
Admin Support for Development	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Assoc. Dean of Operations and Administration	$430,533.00	30.00%	1.00	$559,692.90	1.00	$559,692.90	1.00	$559,692.90	1.00	$559,692.90	1.00	$559,692.90	1.00	$559,692.90
Director of Finance/Budget	$187,440.00	30.00%	1.00	$243,672.00	1.00	$243,672.00	1.00	$243,672.00	1.00	$243,672.00	1.00	$243,672.00	1.00	$243,672.00
HR/Employee Relations Mgr	$120,000.00	30.00%	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Admin Support - Finance	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Admin Support - HR	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Director of Accreditation and CQI	$175,000.00	30.00%	1.00	$227,500.00	1.00	$227,500.00	1.00	$227,500.00	1.00	$227,500.00	1.00	$227,500.00	1.00	$227,500.00
Admin Support - Accreditation	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Director of Communications	$120,000.00	30.00%	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Subtotal Administrative			**15.00**	**$3,865,622.80**	**15.00**	**$3,865,622.80**	**15.00**	**$3,865,622.80**	**15.00**	**$3,865,622.80**	**15.00**	**$3,865,622.80**	**15.00**	**$3,865,622.80**
Academic Affairs														
Dir. of Institutional Assess. & Data Analyst	$110,000.00	30.00%	1.00	$147,290.00	1.00	$151,708.70	1.00	$156,259.96	1.00	$160,947.76	1.00	$165,776.19	1.00	$170,749.48
Director of Licensing and Credentialling	$95,000.00	30.00%	1.00	$123,500.00	1.00	$123,500.00	1.00	$123,500.00	1.00	$123,500.00	1.00	$123,500.00	1.00	$123,500.00
Assoc Dean for Faculty Affairs	$294,503.00	30.00%	1.00	$382,853.90	1.00	$382,853.90	1.00	$382,853.90	1.00	$382,853.90	1.00	$382,853.90	1.00	$382,853.90
Admin Faculty Affairs	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Assoc. Dean for Curricular Affairs	$350,000.00	30.00%	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00	1.00	$455,000.00
Admin Support - Assoc Dean for Curricular Affairs	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Asst. Dean for Pre-Clerkship Curriculum	$298,000.00	30.00%	1.00	$387,400.00	1.00	$387,400.00	1.00	$387,400.00	1.00	$387,400.00	1.00	$387,400.00	1.00	$387,400.00
Curriculum Coordinator - Year 1	$80,000.00	30.00%	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00

The University of Rhode Island Pro Forma Salary and Fringe (Year 4 through Year 9)														
Curriculum Coordinator - Year 2	$80,000.00	30.00%	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00
Curriculum Coordinator - Assessment	$80,000.00	30.00%	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00	1.00	$104,000.00
Director of Case Development	$150,000.00	30.00%	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00
Asst. Dean for Clerkship Curriculum	$319,894.00	30.00%	1.00	$415,862.20	1.00	$415,862.20	1.00	$415,862.20	1.00	$415,862.20	1.00	$415,862.20	1.00	$415,862.20
Curriculum Coordinator 1-Year 3	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Curriculum Coordinator 1-Year 4	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Director of Evaluation and Assessment	$125,000.00	30.00%	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00
Educational Technologist	$125,000.00	30.00%	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00
Director of Clinical Skills and Simulation	$250,000.00	30.00%	1.00	$325,000.00	1.00	$325,000.00	1.00	$325,000.00	1.00	$325,000.00	1.00	$325,000.00	1.00	$325,000.00
SP Trainer and Coordinator	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
SP and Simulation Coordinator	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Admin. Support - Clinical Skills & Simulation	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Chair Admin Support and Clerkship Coordinator - Surgery	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Ob/Gyn	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Internal Medicine	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coord.-Yr4 Electives	$85,000.00	30.00%	1.00	$110,500.00	0.75	$82,875.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Pediatrics	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Family Medicine	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Emergency Medicine	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Chair Admin Support and Clerkship Coordinator - Psychiatry	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Subtotal Academic Affairs			**28.00**	**$4,628,906.10**	**27.75**	**$4,605,699.80**	**28.00**	**$4,637,876.06**	**28.00**	**$4,642,563.86**	**28.00**	**$4,647,392.29**	**28.00**	**$4,652,365.58**

The University of Rhode Island Pro Forma Salary and Fringe (Year 4 through Year 9)														
Student Services														
Assoc Dean for Admissions	$313,531.00	30.00%	1.00	$407,590.30	1.00	$407,590.30	1.00	$407,590.30	1.00	$407,590.30	1.00	$407,590.30	1.00	$407,590.30
Admin support - Admissions	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Director of Admissions	$120,000.00	30.00%	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Assoc Dean for Student Affairs	$236,811.00	30.00%	1.00	$307,854.30	1.00	$307,854.30	1.00	$307,854.30	1.00	$307,854.30	1.00	$307,854.30	1.00	$307,854.30
Admin Support - Student Affairs	$70,000.00	30.00%	2.00	$182,000.00	2.00	$182,000.00	2.00	$182,000.00	2.00	$182,000.00	2.00	$182,000.00	2.00	$182,000.00
Student Health	$75,000.00	30.00%	1.00	$97,500.00	1.00	$97,500.00	1.00	$97,500.00	1.00	$97,500.00	1.00	$97,500.00	1.00	$97,500.00
Advisor Coach	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Director of Student Affairs	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Dir. of Student Dev. and Campus Life	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Director of Regulatory and Compliance	$110,000.00	30.00%	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00	1.00	$143,000.00
Student Records/Registrar	$120,000.00	30.00%	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Enrollment Services One Stop Coordinator	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Financial Aid Officer	$70,000.00	30.00%	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00	1.00	$91,000.00
Subtotal Student Services			**14.00**	**$2,054,444.60**	**14.00**	**$2,054,444.60**	**14.00**	**$2,054,444.60**	**14.00**	**$2,054,444.60**	**14.00**	**$2,054,444.60**	**14.00**	**$2,054,444.60**
MS1 and MS2 Faculty														
Clinical Skills	$259,760.00	30.00%	6.00	$2,026,128.00	6.00	$2,026,128.00	6.00	$2,026,128.00	6.00	$2,026,128.00	6.00	$2,026,128.00	6.00	$2,026,128.00
Basic Science Chair (one chair for all depts.)	$200,000.00	30.00%	1.00	$260,000.00	1.00	$260,000.00	1.00	$260,000.00	1.00	$260,000.00	1.00	$260,000.00	1.00	$260,000.00
Cell Bio/Genetics/Biochemistry	$150,007.00	30.00%	3.00	$585,027.30	3.00	$585,027.30	3.00	$585,027.30	3.00	$585,027.30	3.00	$585,027.30	3.00	$585,027.30
Anatomy/Histology	$140,247.00	30.00%	3.00	$546,963.30	3.00	$546,963.30	3.00	$546,963.30	3.00	$546,963.30	3.00	$546,963.30	3.00	$546,963.30
Physiology	$149,143.00	30.00%	3.00	$581,657.70	3.00	$581,657.70	3.00	$581,657.70	3.00	$581,657.70	3.00	$581,657.70	3.00	$581,657.70
Micro/Immuno.	$153,000.00	30.00%	3.00	$596,700.00	3.00	$596,700.00	3.00	$596,700.00	3.00	$596,700.00	3.00	$596,700.00	3.00	$596,700.00
Pharmacology	$149,000.00	30.00%	3.00	$581,100.00	3.00	$581,100.00	3.00	$581,100.00	3.00	$581,100.00	3.00	$581,100.00	3.00	$581,100.00
Pathology	$311,616.00	30.00%	3.00	$1,215,302.40	3.00	$1,215,302.40	3.00	$1,215,302.40	3.00	$1,215,302.40	3.00	$1,215,302.40	3.00	$1,215,302.40
Behavioral Sciences	$169,080.00	30.00%	3.00	$659,412.00	3.00	$659,412.00	3.00	$659,412.00	3.00	$659,412.00	3.00	$659,412.00	3.00	$659,412.00

The University of Rhode Island Pro Forma Salary and Fringe (Year 4 through Year 9)														
Subtotal MS1 and MS2 Faculty			**28.00**	**$7,052,290.70**	**28.00**	**$7,052,290.70**	**28.00**	**$7,052,290.70**	**28.00**	**$7,052,290.70**	**28.00**	**$7,052,290.70**	**28.00**	**$7,052,290.70**
MS3 and MS4 Faculty														
Clerkship Director - Surgery	$500,232.00	30.00%	1.00	$650,301.60	1.00	$650,301.60	1.00	$650,301.60	1.00	$650,301.60	1.00	$650,301.60	1.00	$650,301.60
Surgery Faculty	$500,232.00	30.00%	1.00	$650,301.60	2.00	$1,300,603.20	2.00	$1,300,603.20	3.00	$1,950,904.80	3.00	$1,950,904.80	3.00	$1,950,904.80
Surgery Chair	$625,290.00	30.00%	1.00	$812,877.00	1.00	$812,877.00	1.00	$812,877.00	1.00	$812,877.00	1.00	$812,877.00	1.00	$812,877.00
Clerkship Director-Ob/Gyn	$367,717.00	30.00%	1.00	$478,032.10	1.00	$478,032.10	1.00	$478,032.10	1.00	$478,032.10	1.00	$478,032.10	1.00	$478,032.10
Ob/Gyn Faculty	$367,717.00	30.00%	1.00	$478,032.10	2.00	$956,064.20	2.00	$956,064.20	3.00	$1,434,096.30	3.00	$1,434,096.30	3.00	$1,434,096.30
Ob/Gyn Chair	$459,646.25	30.00%	1.00	$597,540.13	1.00	$597,540.13	1.00	$597,540.13	1.00	$597,540.13	1.00	$597,540.13	1.00	$597,540.13
Clerkship Director-Internal Medicine	$288,686.00	30.00%	1.00	$375,291.80	1.00	$375,291.80	1.00	$375,291.80	1.00	$375,291.80	1.00	$375,291.80	1.00	$375,291.80
Internal Medicine Faculty	$288,686.00	30.00%	1.00	$375,291.80	2.00	$750,583.60	2.00	$750,583.60	3.00	$1,125,875.40	3.00	$1,125,875.40	3.00	$1,125,875.40
Internal Medicine Chair	$360,857.50	30.00%	1.00	$469,114.75	1.00	$469,114.75	1.00	$469,114.75	1.00	$469,114.75	1.00	$469,114.75	3.00	$1,407,344.25
Clerkship Director-Psychiatry	$285,020.00	30.00%	1.00	$370,526.00	1.00	$370,526.00	1.00	$370,526.00	1.00	$370,526.00	1.00	$370,526.00	1.00	$370,526.00
Psychiatry Faculty	$285,020.00	30.00%	1.00	$370,526.00	2.00	$741,052.00	2.00	$741,052.00	3.00	$1,111,578.00	3.00	$1,111,578.00	3.00	$1,111,578.00
Psychiatry Chair	$360,857.50	30.00%	1.00	$469,114.75	1.00	$469,114.75	1.00	$469,114.75	1.00	$469,114.75	1.00	$469,114.75	1.00	$469,114.75
Clerkship Director-Pediatrics	$287,600.00	30.00%	1.00	$373,880.00	1.00	$373,880.00	1.00	$373,880.00	1.00	$373,880.00	1.00	$373,880.00	1.00	$373,880.00
Pediatric Faculty	$287,600.00	30.00%	1.00	$373,880.00	2.00	$747,760.00	2.00	$747,760.00	3.00	$1,121,640.00	3.00	$1,121,640.00	3.00	$1,121,640.00
Pediatric Chair	$359,500.00	30.00%	1.00	$467,350.00	1.00	$467,350.00	1.00	$467,350.00	1.00	$467,350.00	1.00	$467,350.00	1.00	$467,350.00
Clerkship Director - Family Medicine	$259,760.00	30.00%	1.00	$337,688.00	1.00	$337,688.00	1.00	$337,688.00	1.00	$337,688.00	1.00	$337,688.00	1.00	$337,688.00
Family Medicine Faculty	$259,760.00	30.00%	1.00	$337,688.00	2.00	$675,376.00	2.00	$675,376.00	3.00	$1,013,064.00	3.00	$1,013,064.00	3.00	$1,013,064.00
Family Medicine Chair	$324,700.00	30.00%	1.00	$422,110.00	1.00	$422,110.00	1.00	$422,110.00	1.00	$422,110.00	1.00	$422,110.00	1.00	$422,110.00
Clerkship Director - Emergency Medicine	$361,302.00	30.00%	1.00	$469,692.60	1.00	$469,692.60	1.00	$469,692.60	1.00	$469,692.60	1.00	$469,692.60	1.00	$469,692.60
Emergency Medicine Faculty	$361,303.00	30.00%	1.00	$469,693.90	2.00	$939,387.80	2.00	$939,387.80	3.00	$1,409,081.70	3.00	$1,409,081.70	3.00	$1,409,081.70
Elective Director(s)	$300,000.00	30.00%	1.00	$390,000.00	2.00	$780,000.00	2.00	$780,000.00	4.00	$1,560,000.00	4.00	$1,560,000.00	4.00	$1,560,000.00
Subtotal MS3 and MS4 Faculty			**21.00**	**$9,738,932.13**	**29.00**	**13,184,345.53**	**29.00**	**13,184,345.53**	**38.00**	**17,019,758.93**	**38.00**	**17,019,758.93**	**40.00**	**17,957,988.43**

The University of Rhode Island Pro Forma Salary and Fringe (Year 4 through Year 9)														
Potential Areas for Institutional Support														
Director of Information Technology	$150,000.00	30.00%	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00	1.00	$195,000.00
Instructional Designer	$125,000.00	30.00%	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00	1.00	$162,500.00
Informational Technologist 2	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Informational Technologist 3	$85,000.00	30.00%	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Informational Technologist 4	$85,000.00	30.00%	0.50	$55,250.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00	1.00	$110,500.00
Librarian	$120,000.00	30.00%	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00	1.00	$156,000.00
Financial Aid Officer	$90,000.00	30.00%	1.00	$117,000.00	1.00	$117,000.00	1.00	$117,000.00	1.00	$117,000.00	1.00	$117,000.00	1.00	$117,000.00
Counselor (Wellness and Mental Health)	$100,000.00	30.00%	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00	1.00	$130,000.00
Subtotal Institutional Support			**7.5**	**$1,036,750.00**	**8.0**	**$1,092,000.00**	**8.0**	**$1,092,000.00**	**8.0**	**$1,092,000.00**	**8.0**	**$1,092,000.00**	**8.0**	**$1,092,000.00**
5% annual salary increase				$1,405,722.14		$1,418,847.32		$1,592,720.17		$1,594,328.98		$1,786,334.04		$1,786,575.47
Total Personnel Costs				**$28,376,946.33**		**$31,854,403.43**		**$31,886,579.69**		**$35,726,680.88**		**$35,731,509.32**		**$36,674,712.10**
			113.50		121.75		122.00		131.00		131.00		133.00	

The University of Rhode Island Pro Forma Operating Expenses													
		Planning Year 1	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
		2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
	MS1	0	0	0	50	50	75	75	100	100	100	100	100
	MS2	0	0	0	0	48	48	72	72	96	96	96	96
	MS3	0	0	0	0	0	47	47	71	71	95	95	95
	MS4	0	0	0	0	0	0	47	47	71	71	95	95
	Total Students	**0**	**0**	**0**	**50**	**98**	**170**	**241**	**290**	**338**	**362**	**386**	**386**
	School Cost = 1	**Planning Year 1**	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
	Institutional Cost = 0	**2026-2027**	**2027-2028**	**2028-2029**	**2029-2030**	**2030-2031**	**2031-2032**	**2032-2033**	**2033-2034**	**2034-2035**	**2035-2036**	**2036-2037**	**2037-2038**
Student Research Projects ($2K annually per student)	**1**	$-	$-	$-	$100,000.00	$196,000.00	$340,000.00	$482,000.00	$580,000.00	$676,000.00	$724,000.00	$772,000.00	$772,000.00
Purchase Cases*	1		$50,000.00	$52,500.00	$55,125.00	$57,881.25	$60,775.31	$63,814.08	$67,004.78	$70,355.02	$73,872.77	$77,566.41	$81,444.73
National Board of Medical Examiners Examinations (built in 5% annual increase)													
NBME CAS Annual Subscription	1			$1,700.00	$1,785.00	$1,874.25	$1,967.96	$2,066.36	$2,169.68	$2,278.16	$2,392.07	$2,511.67	$2,637.26
NBME CAS 15 exams per MS1 @ $ 48 each + 10 makeup/remediation exams	1	$-	$-		$38,304.00	$40,219.20	$42,230.16	$44,341.67	$46,558.75	$48,886.69	$51,331.02	$53,897.57	$56,592.45
NBME CAS 15 exams per MS2 @ $ 48 each + 10 makeup/remediation exams	1	$-	$-	$-		$36,792.00	$38,631.60	$40,563.18	$42,591.34	$44,720.91	$46,956.95	$49,304.80	$51,770.04
NBME CBSEs 4 exams per MS2 @ $ 57 each	1	$-	$-	$-		$6,344.10	$6,661.31	$6,994.37	$7,344.09	$7,711.29	$8,096.86	$8,501.70	$8,926.79
NBME CBSSA 2 vouchers per MS2 @ $60 each	1	$-	$-			$6,678.00	$7,011.90	$7,362.50	$7,730.62	$8,117.15	$8,523.01	$8,949.16	$9,396.62
NBME 7 clerkship exams per MS3 @ $ 51 each + 50 makeup/remediation exams	1	$-	$-	$-			$20,295.45	$21,310.22	$22,375.73	$23,494.52	$24,669.25	$25,902.71	$27,197.84

The University of Rhode Island Pro Forma Operating Expenses													
Preceptor Stipends													
MS 1 Preceptors	1	$-	$-	$-	$200,000	$200,000	$300,000	$300,000	$400,000	$400,000	$400,000	$400,000	$400,000
MS 2 Preceptors	1	$-	$-	$-	$-	$192,000	$192,000	$288,000	$288,000	$384,000	$384,000	$384,000	$384,000
Clinical Rotations in Years 3 and 4 ($650 per week per student) *100 weeks	1	$-	$-	$-	$-	$-	$3,055,000	$6,110,000	$7,670,000	$9,230,000	$10,790,000	$12,350,000	$12,350,000
Travel and Consulting													
Travel (with 3% annual increase)	1		$100,000.00	$103,000.00	$106,090.00	$109,272.70	$112,550.88	$115,927.41	$119,405.23	$122,987.39	$126,677.01	$130,477.32	$134,391.64
Consulting (Feasibility, Design, GME, Clinical Practice, Accreditation, Fundraising, Etc)	1		$500,000.00	$500,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00
Admissions Recruitment Conferences	1		$-	$50,000.00	$51,500.00	$53,045.00	$54,636.35	$56,275.44	$57,963.70	$59,702.61	$61,493.69	$63,338.50	$65,238.66
Students and Events													
White Coat (with 3% annual increase)	1				$35,000.00	$36,050.00	$45,000.00	$46,350.00	$50,000.00	$51,500.00	$53,045.00	$54,636.35	$56,275.44
Student Health Service Supplies (with 3% annual increase)	1				$15,000.00	$15,450.00	$15,913.50	$16,390.91	$16,882.63	$17,389.11	$17,910.78	$18,448.11	$19,001.55
SGA Allocation (assume $500 per student)	1				$25,000.00	$49,000.00	$85,000.00	$120,500.00	$145,000.00	$169,000.00	$181,000.00	$193,000.00	$193,000.00
Student Activities $500 per student	1				$25,000.00	$49,000.00	$85,000.00	$120,500.00	$145,000.00	$169,000.00	$181,000.00	$193,000.00	$193,000.00
Commencement (with 3% annual increase)	1							$40,000.00	$41,200.00	$42,436.00	$43,709.08	$45,020.35	$46,370.96
Student Events ($1000 per student annually to cover events/food for White Coat, AOA, Gold Humanism, etc.)	1				$50,000.00	$98,000.00	$170,000.00	$241,000.00	$290,000.00	$338,000.00	$362,000.00	$386,000.00	$386,000.00
Scrubs/Scrubs service ($200 per student annually)	1				$10,000.00	$19,600.00	$34,000.00	$48,200.00	$58,000.00	$67,600.00	$72,400.00	$77,200.00	$77,200.00
Educational Expenses per 2nd year student (Step 1, First Aid, Uworld, etc) est $2K per student	1	$-	$-	$-	$-	$-	$70,500.00	$70,500.00	$106,500.00	$106,500.00	$142,500.00	$142,500.00	$142,500.00

The University of Rhode Island Pro Forma Operating Expenses													
Educational Expenses per 3rd year student (Step 2, First Aid, Uworld etc) est $1K per student	1	$-	$-					$70,500.00	$70,500.00	$106,500.00	$106,500.00	$142,500.00	$142,500.00
Accreditation													
LCME consulting**	1		$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$100,000.00	$50,000.00	$25,000.00	$25,000.00	$25,000.00	$25,000.00
Accreditation Fees	1		$25,000.00		$25,000.00		$25,000.00	$25,000.00				$15,000.00	
Faculty and Staff													
Faculty Start Up Packages ($100 K per newfaculty member)	1		$1,075,000.00		$1,125,000.00	$375,000.00	$375,000.00	$2,125,000.00	$800,000.00	$-	$900,000.00		$200,000.00
Faculty Relocation expenses ($15K per faculty member)	1		$161,250.00		$168,750.00	$56,250.00	$56,250.00	$318,750.00	$120,000.00		$135,000.00		$30,000.00
Faculty Professional Development ($4K per faculty member)	1		$43,000.00	$43,000.00	$88,000.00	$103,000.00	$118,000.00	$203,000.00	$235,000.00	$235,029.20	$271,000.00	$271,000.00	$279,000.00
Staff Relocation expenses ($7K per staff member)	1		$171,500.00	$266,350.00	$99,750.00	$63,000.00	$49,000.00	$12,250.00	$94,850.00				
Staff Professional Development ($2K per staff member)	1		$49,000.00	$94,000.00	$104,600.00	$122,600.00	$136,600.00	$140,100.00	$167,200.00	$167,200.00	$167,200.00	$167,200.00	$167,200.00
Supplies and Other Operating Expenses													
Supplies per colleague $1,000 annually	1		$37,250.00	$50,750.00	$70,750.00	$83,500.00	$111,750.00	$113,500.00	$121,750.00	$122,000.00	$131,000.00	$131,000.00	$133,000.00
Annual Student Supplies***	1	$-	$-	$-	$75,000.00	$147,000.00	$255,000.00	$361,500.00	$435,000.00	$507,000.00	$543,000.00	$579,000.00	$579,000.00
Library/Reference Materials (with 3% annual increase)	1		$500,000.00	$515,000.00	$530,450.00	$546,363.50	$562,754.41	$579,637.04	$597,026.15	$614,936.93	$633,385.04	$652,386.59	$671,958.19
ID Supplies (with 3% annual increase)	1		$45,000.00	$46,350.00	$47,740.50	$49,172.72	$50,647.90	$52,167.33	$53,732.35	$55,344.32	$57,004.65	$58,714.79	$60,476.24
Opportunity Salaries for non-matching graduates	1								$75,000.00	$77,250.00	$79,567.50	$81,954.53	$84,413.16
Digital Anatomy Lab/Suite			$3,000,000.00	$250,000.00	$250,000.00	$250,000.00	$250,000.00	$250,000.00	$250,000.00	$250,000.00	$250,000.00	$250,000.00	$250,000.00
TOTAL OPERATING EXPENSES		**$-**	**$5,857,000.00**	**$2,072,650.00**	**$3,497,844.50**	**$3,163,092.72**	**$6,927,176.72**	**$12,693,500.50**	**$13,333,785.06**	**$14,299,939.31**	**$17,154,234.69**	**$17,910,010.57**	**$18,179,491.57**

*(TBL, PBL, Clinical Correlations) - purchase 20 cases per year at $5000 per case with 5% annual increase in cost

** DCI prep, review, and mock reviews for preliminary, provisional, and full, and consulting for addressing any deficiencies identified by DCI review, mocks, and/or survey visits)

***($1,500 per student: 750 per student for medical supplies + $500 for teaching materials + $250 per printing)

The University of Rhode Island Pro Forma IT Expenses															
				Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
				2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
			MS1	0	0	0	50	50	75	75	100	100	100	100	100
			MS2	0	0	0	0	48	48	72	72	96	96	96	96
			MS3	0	0	0	0	0	47	47	71	71	95	95	95
			MS4	0	0	0	0	0	0	47	47	71	71	95	95
			Total Students	0	0	0	50	98	170	241	290	338	362	386	386
	Base Fee	Per User Fee	School Cost = 1	Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Software (annual increase 5%)			Institut. Cost = 0	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033	2033-2034	2034-2035	2035-2036	2036-2037	2037-2038
Canvas	32,000		1		$32,000.00	$33,600.00	$35,280.00	$37,044.00	$38,896.20	$40,841.01	$42,883.06	$45,027.21	$47,278.57	$49,642.50	$52,124.63
Learning Space	275,000		1		$275,000.00	$288,750.00	$303,187.50	$318,346.88	$334,264.22	$350,977.43	$368,526.30	$386,952.62	$406,300.25	$426,615.26	$447,946.02
Echo360	15,000		1		$15,000.00	$15,750.00	$16,537.50	$17,364.38	$18,232.59	$19,144.22	$20,101.43	$21,106.51	$22,161.83	$23,269.92	$24,433.42
LCMS+	$110,000.00		1		$110,000.00	$115,500.00	$121,275.00	$127,338.75	$133,705.69	$140,390.97	$147,410.52	$154,781.05	$162,520.10	$170,646.10	$179,178.41
Poll Everywhere	$5,500.00		1		$5,500.00	$5,775.00	$6,063.75	$6,366.94	$6,685.28	$7,019.55	$7,370.53	$7,739.05	$8,126.00	$8,532.31	$8,958.92
Aquifer*	$60,000.00		1		$60,000.00	$63,000.00	$66,150.00	$69,457.50	$72,930.38	$76,576.89	$80,405.74	$84,426.03	$88,647.33	$93,079.69	$97,733.68
Pathoma ($120 per MS1)		$120.00	1	$-	$-	$-	$6,000.00	$6,300.00	$9,922.50	$10,418.63	$14,586.08	$15,315.38	$16,081.15	$16,885.21	$17,729.47
Procedures Consult Online Modules	$4,300.00		1		$4,300.00	$4,515.00	$4,740.75	$4,977.79	$5,226.68	$5,488.01	$5,762.41	$6,050.53	$6,353.06	$6,670.71	$7,004.25
Biolucida	$22,000.00		1		$22,000.00	$23,100.00	$24,255.00	$25,467.75	$26,741.14	$28,078.19	$29,482.10	$30,956.21	$32,504.02	$34,129.22	$35,835.68
Primal Pictures	$21,000.00		1		$21,000.00	$22,050.00	$23,152.50	$24,310.13	$25,525.63	$26,801.91	$28,142.01	$29,549.11	$31,026.56	$32,577.89	$34,206.79
Sketchy Medical ($150 per MS1 & MS2)		$150.00	1	$-	$-	$-	$7,875.00	$15,435.00	$20,341.13	$25,525.63	$31,360.06	$37,522.68	$39,398.81	$41,368.75	$43,437.19
eAnatomy	$3,190.00		1		$3,190.00	$3,349.50	$3,516.98	$3,692.82	$3,877.46	$4,071.34	$4,274.91	$4,488.65	$4,713.08	$4,948.74	$5,196.17
Uworld Step 1 - 6 month ($500 per MS2)		$500.00	1	$-	$-	$-	$-	$24,000.00	$25,200.00	$39,690.00	$36,000.00	$48,000.00	$48,000.00	$48,000.00	$48,000.00
Uworld Step 2 CK - 12 months ($500 per MS3)		$500.00	1	$-	$-	$-	$-	$-	$23,500.00	$24,675.00	$39,138.75	$41,095.69	$57,736.55	$60,623.37	$63,654.54

The University of Rhode Island Pro Forma IT Expenses															
				Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
				2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Clinical Science Mastery Series ($195 per MS3)		$195.00	1	$-	$-	$-	$-	$-	$9,165.00	$9,623.25	$14,537.25	$16,027.32	$22,517.25	$23,643.12	$24,825.27
Acland Academy Video	$6,000.00		1		$6,000.00	$6,300.00	$6,615.00	$6,945.75	$7,293.04	$7,657.69	$8,040.57	$8,442.60	$8,864.73	$9,307.97	$9,773.37
Scholar RX ($385 per MS1 and MS2)		$385.00	1	$-	$-	$-	$19,250.00	$37,730.00	$52,208.89	$65,515.79	$69,531.00	$91,722.10	$96,308.21	$101,123.62	$106,179.80
VisualDx Basic	$7,500.00		1		$7,500.00	$7,875.00	$8,268.75	$8,682.19	$9,116.30	$9,572.11	$10,050.72	$10,553.25	$11,080.92	$11,634.96	$12,216.71
Rush Review	$3,000.00		1		$3,000.00	$3,150.00	$3,307.50	$3,472.88	$3,646.52	$3,828.84	$4,020.29	$4,221.30	$4,432.37	$4,653.98	$4,886.68
Complete Anatomy ($100 per MS 1 and MS2)		$100.00	1	$-	$-	$-	$5,000.00	$9,800.00	$12,300.00	$14,700.00	$17,200.00	$19,600.00	$19,600.00	$19,600.00	$19,600.00
Banner (or other SIS)	$1,000,000.00		1	$-	$-	$1,000,000.00	$1,050,000.00	$1,102,500.00	$1,157,625.00	$1,215,506.25	$1,276,281.56	$1,340,095.64	$1,407,100.42	$1,477,455.44	$1,551,328.22
Clinical Evaluation System (LCMS+ module)	$35,000.00		1	$-	$-	$35,000.00	$36,750.00	$38,587.50	$40,516.88	$42,542.72	$44,669.85	$46,903.35	$49,248.51	$51,710.94	$54,296.49
ID creation software	$15,000.00		1	$-	$-	$50,000.00	$52,500.00	$55,125.00	$57,881.25	$60,775.31	$63,814.08	$67,004.78	$70,355.02	$73,872.77	$77,566.41
All of E (Emedley)	$50,000.00		1			$50,000.00	$52,500.00	$55,125.00	$57,881.25	$60,775.31	$63,814.08	$67,004.78	$70,355.02	$73,872.77	$77,566.41
Digital Microscopy Software	$35,000.00		1	$-	$-	$35,000.00	$36,750.00	$38,587.50	$40,516.88	$42,542.72	$44,669.85	$46,903.35	$49,248.51	$51,710.94	$54,296.49
E-text books ($500 per student)	$20,000.00		1	$-	$-	$-	$25,000.00	$51,450.00	$89,250.00	$126,525.00	$152,250.00	$177,450.00	$190,050.00	$202,650.00	$202,650.00
Subtotal for Software				$-	$564,490.00	$1,762,714.50	$1,913,975.23	$2,088,107.74	$2,282,449.89	$2,459,263.78	$2,624,323.15	$2,808,939.18	$2,970,008.28	$3,118,226.20	$3,260,625.01
Hardware															
iPads, apple care and keyboard cases for all MS1		$1,500.00	1	$	$	$	$75,000.00	$75,000.00	$112,500.00	$112,500.00	$150,000.00	$150,000.00	$ 150,000.00	$150,000.00	$150,000.00
Computer equipment purchase**		$4,000.00	1		$131,000.00	$ 72,000.00	$80,000.00	$ 51,000.00	$113,000.00	$7,000.00	$ 33,000.00	$ 1,000.00	$ 36,000.00	$	$100,000.00
Technology replacement 35% of annual					$ 45,850.00	$ 25,200.00	$ 28,000.00	$ 17,850.00	$ 39,550.00	$ 2,450.00	$11,550.00	$350.00	$12,600.00	$	$ 35,000.00

The University of Rhode Island Pro Forma IT Expenses															
				Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
				2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
equipment cost)															
Camera and ID printer			1		$ 30,000.00										
Subtotal for Hardware				**$**	**$206,850.00**	**$97,200.00**	**$183,000.00**	**$143,850.00**	**$265,050.00**	**$121,950.00**	**$194,550.00**	**$151,350.00**	**$198,600.00**	**$150,000.00**	**$285,000.00**
Stipends for 4 Student IT support leads (2MS1 and 2MS2)			1				**$ 40,000.00**	**$ 42,000.00**	**$44,100.00**	**$46,305.00**	**$ 48,620.25**	**$ 51,051.26**	**$53,603.83**	**$56,284.02**	**$59,098.22**
Total IT Expenses					**$813,340.00**	**$1,904,014.50**	**$2,143,280.23**	**$2,273,957.74**	**$2,591,599.89**	**$2,627,518.78**	**$2,867,493.40**	**$3,011,340.44**	**$3,222,212.11**	**$3,324,510.22**	**$3,604,723.23**

*(MedU Virtual Patient Cases/Modules)

**(Laptops, docking stations, monitors, iPads, keyboards, mice, printers, cases and apple care for all colleagues.

The University of Rhode Island Pro Forma Simulation Expenses														
				Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
				2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
			MS1	0	0	0	50	50	75	75	100	100	100	100	100
			MS2	0	0	0	0	48	48	72	72	96	96	96	96
			MS3	0	0	0	0	0	47	47	71	71	95	95	95
			MS4	0	0	0	0	0	0	47	47	71	71	95	95
			Total Students	**0**	**0**	**0**	**50**	**98**	**170**	**241**	**290**	**338**	**362**	**386**	**386**
			School Cost = 1	**Planning Year 1**	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
			Institut. Cost = 0	**2026-2027**	**2027-2028**	**2028-2029**	**2029-2030**	**2030-2031**	**2031-2032**	**2032-2033**	**2033-2034**	**2034-2035**	**2035-2036**	**2036-2037**	**2037-2038**
Standardized Patients*															
MS1 (3 CPX exams per year, 22 SPs * 24 hours per month * 11 months *$30 per hour)			1				$174,240.00	$182,952.00	$192,099.60	$ 201,704.58	$211,789.81	$ 222,379.30	$ 233,498.26	$245,173.18	$257,431.84
MS1 SP training (22 SPs *40 hours per year * $30 per hour)			1			$26,400.00	$27,720.00	$29,106.00	$30,561.30	$32,089.37	$33,693.83	$ 35,378.52	$37,147.45	$39,004.82	$40,955.06
MS2 (2 CPX exams per year, 22 SPs * 24 hours per month * 7months *$30 per hour)			1				$110,880.00	$116,424.00	$ 122,245.20	$128,357.46	$ 134,775.33	$141,514.10	$ 148,589.80	$156,019.29	$163,820.26
MS2 SP training (22 SPs * 40 hours per year * $30 per hour)			1				$26,400.00	$ 7,720.00	$29,106.00	$30,561.30	$32,089.37	$33,693.83	$35,378.52	$37,147.45	$39,004.82
MS3 (6 CPX per year, 30 SPs * 120 hours * $30 per hour)			1					$108,000.00	$113,400.00	$119,070.00	$125,023.50	$131,274.68	$137,838.41	$144,730.33	$151,966.85
MS3 SP training (30 SPs * 40 hours * $30 per hour)			1					$ 46,800.00	$ 49,140.00	$51,597.00	$54,176.85	$56,885.69	$59,729.98	$62,716.48	$65,852.30
Simulation Clinic SPs			1												
SP Supplies ($200 per student - drapes, gowns, tongue blades)			1				$10,000.00	$19,600.00	$34,000.00	$ 48,200.00	$58,000.00	$67,600.00	$72,400.00	$77,200.00	$77,200.00
Simulation Supplies ($300 per student - skin, blood, etc)			1				$15,000.00	$29,400.00	$51,000.00	$72,300.00	$87,000.00	$101,400.00	$108,600.00	$115,800.00	$115,800.00
Subtotal Standardized Patient Expenses				**$**	**$**	**$26,400.00**	**$364,240.00**	**$560,002.00**	**$621,552.10**	**$683,879.71**	**$736,548.69**	**$790,126.12**	**$833,182.43**	**$877,791.55**	**$912,031.13**
Simulation Software					$250,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00
Additional XR/VR/AR technology (Halolens)					$250,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00
AI Technology					$250,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00	$50,000.00
Task Trainers					$150,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00	$45,000.00
Obstetric Trainers															
Multivenous Access Arm Kits															
Arterial Puncture Wrists															
Central Venous Cannula Simulators															
Adult Lumbar Puncture															
Pediatric Lumbar Puncture															
Adult Epidural Trainer															
Little Anne CPR Trainers															

The University of Rhode Island Pro Forma Simulation Expenses															
				Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
				2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
Adult Airway Trainers															
C-Section Trainer															
FLS Boxes															
FES Trainer															
Knot Trainers															
Female Pelvic Trainers															
Male Pelvic Trainers															
Breast Exam Trainer															
NG Tube and Trach Care															
Female Catheter Trainer															
Male Catheter Trainer															
Male Rectal Trainer															
Mannikins					**$1,500,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**	**$300,000.00**
2 Harveys															
Gaumard - Premie HAL															
Gaumard - Baby Newborn															
Gaumard - Child, 5 years															
CAE - Adult & Child HPS															
CAE - Lucina Female/Birthing															
Gaumard - Victoria Female/Birthing															
CAE - Apollo Adult Male															
Laerdal - SimMan3C															
Laerdal - SimBaby 3 month															
Ultrasound Equipment, Mannikins, and Machines					**$250,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**	**$50,000.00**
Lower Arm Tissue Inserts for IV & Arterial Lines															
Gen II PICC with IV Arterial Line Vascular Access Trainer															
Midscapular Thoracentesis Ultrasound Training Model															
Parcentesis Ultrasound Training Model															
Combination IUP Ectopic Pregnancy Transvaginal Model															
Multi Vessel Ultrasound Training Block Model															
Scrotal Ultrasound Phantom															
Knee Phantom															
Multi Vessel IV block															
Brached Vessel IV Block															

The University of Rhode Island Pro Forma Simulation Expenses															
				Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
				2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037
CAE Vimedix Ultrasound Simulator															
Philips Sparq															
Philips Lumify															
GE Venue Go															
TOTAL SIMULATION EXPENSES				**$**	**$2,650,000.00**	**$571,400.00**	**$909,240.00**	**$1,105,002.00**	**$1,166,552.10**	**$1,228,879.71**	**$1,281,548.69**	**$1,335,126.12**	**$1,378,182.43**	**$1,422,791.55**	**$1,457,031.13**

The University of Rhode Island Pro Forma Building Expenses													
		Planning Year 1	Planning Year 2	Planning Year 3	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
		2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033	2033-2034	2034-2035	2035-2036	2036-2037	2037-2038
	MS1	0	0	0	50	50	75	75	100	100	100	100	100
	MS2	0	0	0	0	48	48	72	72	96	96	96	96
	MS3	0	0	0	0	0	47	47	71	71	95	95	95
	MS4	0	0	0	0	0	0	47	47	71	71	95	95
	Total Students	**0**	**0**	**0**	**50**	**98**	**170**	**241**	**290**	**338**	**362**	**386**	**386**
	School Cost = 1	**Planning Year 1**	**Planning Year 2**	**Planning Year 3**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**	**Year 7**	**Year 8**	**Year 9**
	Institutional Cost = 0	**2026-2027**	**2027-2028**	**2028-2029**	**2029-2030**	**2030-2031**	**2031-2032**	**2032-2033**	**2033-2034**	**2034-2035**	**2035-2036**	**2036-2037**	**2037-2038**
Medical Education Building			$31,250,000.00	$31,250,000.00									
Maintenance (1% of building value)					$1,250,000.00	$1,250,000.00	$1,250,000.00	$1,250,000.00	$1,250,000.00	$1,250,000.00	$1,250,000.00	$1,250,000.00	$1,250,000.00
TOTAL BUILDING EXPENSES		**$**	**$31,250,000.00**	**$31,250,000.00**	**$1,250,000.00**	**$1,250,000.00**	**$1,250,000.00**	**$1,250,000.00**	**$1,250,000.00**	**$1,250,000.00**	**$1,250,000.00**	**$1,250,000.00**	**$1,250,000.00**

*Assumed annual increase of 5% for IT associated costs

Appendix G: Health Professions Schools of Matriculated URI Graduates (2017-2023)

Data obtained from URI demonstrates that between 2017 and 2023, URI students demonstrated strong pre-med outcomes, with graduates matriculating into more than 40 different medical schools nationwide. In total, at least 58 URI graduates entered M.D. programs, including highly competitive institutions such as Brown University-Alpert (22), University of Connecticut (5), Quinnipiac University-Netter (4), Drexel University (3), and New York Medical College (3). During the same period, at least 27 URI graduates pursued D.O. programs, led by the University of New England (13), with additional concentrations at the New York Institute of Technology College of Osteopathic Medicine (3) and Philadelphia College of Osteopathic Medicine (3). These results highlight URI's success in preparing students for medical school while also underscoring that many must leave Rhode Island to pursue their degrees. Establishing a public medical school at URI would provide an in-state option, allowing the university to retain more of its talented graduates and strengthen the physician workforce for Rhode Island.

If more than one matriculant, the total number is noted in parentheses.

Doctor of Medicine (M.D.) Programs	Doctor of Osteopathic Medicine (D.O.) Programs
Brown University-Alpert (22)	Alabama College of Osteopathic Medicine
Cooper Medical School of Rowan University	Idaho College of Osteopathic Medicine
Dartmouth-Geisel (2)	Lake Erie College of Osteopathic Medicine-Seton Hill (2)
Drexel University (3)	Lake Erie College of Osteopathic Medicine-Bradenton
Geisinger Commonwealth Medical College	Liberty University
Hackensack-Meridian College of Medicine	Lincoln Memorial University-DeBusk
Howard University	Marian University (2)
Johns Hopkins University	NY Institute of Technology College of Osteopathic Medicine (3)
Loyola University-Stritch	Nova Southeastern University
New York Medical College (3)	Ohio University-Heritage
New York University-Grossman	Pacific Northwest University
Ohio State University	Philadelphia College of Osteopathic Medicine (3)
Pennsylvania State University	Philadelphia College of Osteopathic Medicine-South Georgia
Quinnipiac University-Netter (4)	Rocky Vista University College of Osteopathic Medicine-Utah
Rutgers University-Robert Wood Johnson	Rowan University
Tufts University	Touro University
Tulane University	University of New England (13)
University of Massachusetts-Chan (2)	Western University-Pomona

Doctor of Medicine (M.D.) Programs	Doctor of Osteopathic Medicine (D.O.) Programs
University at Buffalo-Jacobs	
University of Cincinnati	
University of Connecticut (5)	
University of Maryland (2)	
University of Miami-Miller	
University of Vermont-Larner (4)	
Washington University – St. Louis	

Admitted University of Rhode Island Graduates' GPAs and Test Scores

(For the 2017-2023 application cycles)

Doctor of Medicine (MD) Programs

	Cumulative GPA	BCPM GPA	TOTAL MCAT
AVERAGE	3.76	3.72	511
25th PERCENTILE	3.68	3.61	508
MEDIAN	3.81	3.80	511
75th PERCENTILE	3.91	3.93	515
NATIONAL AVERAGES (2022)	3.73	3.66	512

Doctor of Osteopathic Medicine (DO) Programs

	Cumulative GPA	BCPM GPA	TOTAL MCAT
AVERAGE	3.68	3.62	504
25th PERCENTILE	3.53	3.50	502
MEDIAN	3.72	3.64	504
75th PERCENTILE	3.82	3.76	507
NATIONAL AVERAGES (2020)	3.67	3.65	505

Admission Rates 2017-2023

Includes applicants who applied more than once

Admitted	110
Rejected	21
Percent admitted	**84%**

Appendix E: Economic Impact Methods and Notes

Tripp Umbach has conducted over 500 economic impact studies for academic institutions and large healthcare systems, including all 154 U.S. medical schools and more than 400 teaching hospitals – encompassing both allopathic and osteopathic institutions.

IMPLAN Methodology

The economic impact of the proposed medical school at the University of Rhode Island was estimated using IMPLAN (IMpact Analysis for PLANning), an econometric modeling system developed by applied economists at the University of Minnesota and the U.S. Forest Service. The IMPLAN modeling system has been in use since 1979 and is used by more than 500 private consulting firms, university research centers, and government agencies. The IMPLAN modeling system combines the U.S. Bureau of Economic Analysis' input-output Benchmarks with other data to construct quantitative models of trade flow relationships between businesses and between businesses and final consumers. From this data, one can examine the effects of a change in one or several economic activities to predict its effect on a specific state, regional, or local economy (impact analysis). The IMPLAN input-output accounts capture all monetary market transactions for consumption in each period. The IMPLAN input-output accounts are based on industry survey data collected periodically by the U.S. Bureau of Economic Analysis (U.S. BEA) and follow a balanced account format recommended by the United Nations.

IMPLAN's Regional Economic Accounts and the Social Accounting Matrices were used to construct state- and regional-level multipliers, which describe the economy's response to a change in demand or production caused by anticipated activities and expenditures. Each industry that produces goods or services generates demand for other goods and services. This demand is multiplied through a particular economy until it dissipates through "leakage" to economies outside the specified area. IMPLAN models discern and calculate leakage from local, regional, and state economic areas based on workforce configuration, the inputs required by specific types of businesses, and the availability of both inputs in the economic area. Consequently, economic impacts that accrue to other regions or states because of a change in demand are not counted as impacts within the economic area.

The model accounts for substitution and displacement effects by deflating industry-specific multipliers to levels well below those recommended by the BEA. In addition, multipliers are applied only to personal disposable income to obtain a more realistic estimate of the multiplier effects of increased demand. Importantly, IMPLAN's Regional Economic Accounts exclude imports to an economic area, so the calculation of economic impacts identifies only those impacts specific to the economic impact area. IMPLAN calculates this distinction by applying Regional Purchase Coefficients (RPC) to predict regional purchases based on an economic area's particular characteristics. The RPC represents the proportion of goods and services purchased regionally under normal circumstances based on the area's economic characteristics described in terms of actual trade flows.

Employment Definitions

IMPLAN analysis measures jobs/positions (part-time or full-time), not full-time equivalents (FTEs). Full-time and part-time employees impact the economy and support additional indirect and induced employment. Employment data for this was provided as an output of all individuals who receive a paycheck at a sample of 14 osteopathic branch campuses. This includes all full-time and part-time employed faculty, staff, and students.

State and Local Tax Impact Definition

State and local tax impacts generated in future years are based on actual taxes generated by established branch campuses (i.e., payroll, property, sales, unemployment, income, and any other taxes paid to the state). Any federal taxes paid by the proposed campus are not included in the state and local tax impacts (i.e., FICA payments).

Visitor Definitions

Impact analysis looks to quantify the impact of attracting "fresh" dollars to a region. Therefore, when including visitor spending in the impact analysis of a medical school, the analysis will include only those visitors coming to a region from outside of the said region. Visitors to events who also live in the region would have spent their dollars in that region otherwise; therefore, this dollar was not attracted to the region because of the organization being analyzed. For this project, the impact analysis looked at impacts on the state of Rhode Island. Visitors to the proposed campus were counted only if they were from outside the region being analyzed.

FAQs Regarding Economic Impact Assessment

What is the economic impact?

Economic impact begins when an organization spends money. Economic impact studies measure the direct economic impact of an organization's spending plus additional indirect spending resulting from direct spending. The economic impact has nothing to do with dollars collected by institutions, their profitability, or their sustainability, since all operating organizations have a positive economic impact when they spend money and attract spending from outside sources.

Direct economic impact measures the dollars generated within a geographic region because of the presence of an institution. This includes spending on goods and services with vendors within the region, the spending of its employees and visitors, and the economic impact generated by businesses within the region that benefit from the institution's spending. It is important to remember that not all dollars spent by an institution stay in the geographic region of study. Dollars spent outside the region in the form of purchases from out-of-area vendors are not included in an institution's economic impact on the region.

The total economic impact includes the "multiplier" of spending from companies that do business with an institution. Support businesses may include lodging establishments, restaurants, construction firms, vendors, and temporary agencies. Spending multipliers attempt to estimate the ripple effect in the economy where the spending occurs. For example, spending by an institution with local vendors

provides these vendors with additional dollars that they re-spend in the local economy, causing a "multiplier effect."

What is the multiplier effect?

Multipliers are a numeric way of describing the secondary impacts stemming from an organization's operations. For example, an employment multiplier of 1.8 would suggest that for every 10 employees hired in the given industry, eight additional jobs would be created in other industries, such that 18 total jobs would be added to the given economic region. The multipliers used in this study range from 1.8 to 2.0. The Multiplier Model is derived mathematically using the input-output model and Social Accounting formats. The Social Accounting System provides the framework for the predictive Multiplier Model used in economic impact studies. Purchases for final use drive the model. Industries that produce goods and services for consumer consumption must purchase products, raw materials, and services from other companies to create their product. These vendors must also procure goods and services. This cycle continues until all the money is leaked from the region's economy. Three effects are measured with a multiplier: the direct, the indirect, and the induced effects. The direct effect is the known or predicted change in the local economy to be studied. The indirect effect is the business-to-business transactions required to satisfy the direct effect. Finally, the induced effect is derived from local spending on goods and services by people working to satisfy the direct and indirect effects.

What methodology was used in this study?

IMPLAN (IMpact analysis for PLANning) data and software. Using classic input-output analysis in combination with regional-specific Social Accounting Matrices and Multiplier Models, IMPLAN provides a highly accurate and adaptable model for its users. The IMPLAN database contains county, state, ZIP code, and federal economic statistics specialized by region and not estimated from national averages. It can measure a regional or local economy's effect on a change or event in its activity.

What is employment impact?

Employment impact measures the direct employment (employees, staff, faculty, administration) plus additional employment created in the economy because of an institution's operations.

Indirect and induced employment impact refers to other regional employees whose jobs exist because of an institution's economic impact. In other words, jobs related to the population — city services (police, fire, EMS, etc.), employees at hotels and restaurants, clerks at retail establishments, and residents employed by vendors used by the institution.

What is the difference between direct and indirect taxes?

Direct tax dollars include sales taxes and net corporate income taxes paid directly by the institution to the state. In contrast, indirect taxes include taxes paid to by vendors the state for doing business with an institution and or individuals.

Is this a one-time impact, or does the impact repeat each year?

The results presented in this economic impact study are generated annually. The economic impact in future years can be either higher or lower based on number of employees, students, capital expansion, increases in external research, and state appropriations.

Appendix F: Consultant Qualifications

Tripp Umbach is recognized nationally as the leading consulting firm in academic medicine and the development of new medical schools. Over its history, Tripp Umbach has consulted with more than half of all US medical schools, as well as international universities, to advance medical education, improve healthcare access, and strengthen local economies. This track record demonstrates the firm's capacity to deliver actionable, data-driven, and community-responsive solutions for universities and states seeking to establish new medical schools.

Over the past three decades, the firm has guided the creation, expansion, and accreditation of more medical schools than any other consulting organization in the United States. Specifically, Tripp Umbach has provided feasibility, planning, and implementation services for 50 new or expanding medical schools through projects in more than 100 regions. The firm's expertise spans a wide range of models, including traditional stand-alone institutions, health system–driven schools, multi-regional partnerships, and the transition of existing regional campuses into independent programs.

Beyond medical education, Tripp Umbach is a national leader in Graduate Medical Education consulting, helping communities and health systems expand residency and fellowship training to complement undergraduate medical education. This dual expertise in both UME and GME enables the firm to design comprehensive physician workforce pipelines tailored to the needs of states and regions.

Tripp Umbach also brings unmatched experience in economic impact analysis for academic medicine. Since 1995, the firm has conducted national economic impact studies for the Association of American Medical Colleges, measuring the contributions of all U.S. medical schools and more than 400 teaching hospitals. This unique capability ensures that Tripp Umbach's feasibility assessments integrate not only academic and accreditation considerations but also the economic and social return on investment for host states and communities.

Tripp Umbach
Turning Ideas Into Action