UC Davis /School of Medicine /M.D.
Established program
Established PDST

Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels 2016-17 through 2018-19: Long Form

- **This form should be completed for** (1) programs seeking to charge Professional Degree Supplemental Tuition for the first time, (2) continuing PDST programs whose multi-year plan has expired, and (3) continuing programs with multi-year plans that have not yet expired if the program is proposing an increase in 2016-17 PDST that is greater than that proposed in its three-year plan.

- **For programs whose 2016-17 levels will require approval by The Regents**, Part A is due **September 18, 2015**, and Part B is due **October 16, 2015.**

- **For programs whose 2016-17 levels may be approved by the President,** Part A and Part B are due **November 6, 2015.**

- **Before completing this form,** refer to the document entitled "Deadlines, Instructions, and Planning Assumptions for Professional Degree Supplemental Tuition Proposals Effective 2016-17" for important information about which form to use, the applicable deadline for each proposal, and the planning assumptions that should be reflected in the proposal.

PART A

I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION

Specify your projected Professional Degree Supplemental Tuition for each of the next three years. Please refer to the planning assumptions for further details about fee increase rates.

	Actual	New Proposed Fee Levels			Increases/Decreases		
	2015-16	2016-17	2017-18	2018-19	2016-17	2017-18	2018-19
Prof. Degr. Suppl. Tuition (CA resident)	$20,362	$20,973	$21,602	$22,250	3%	3%	3%
Prof. Degr. Suppl. Tuition (Nonresident)	$20,362	$20,973	$21,602	$22,250	3%	3%	3%
Mandatory Systemwide Fees (CA resident)*	$16,060	$16,114	$16,616	$17,134	0.3%	3.1%	3.1%
Health Insurance**	$3,210	$3,306	$3,405	$3,508	3%	3%	3%
Campus-based Fees	$1,090	$1,097	$1,104	$1,112	1%	1%	1%
Nonresident Suppl. Tuition	$12,245	$12,245	$12,245	$12,245	0%	0%	0%
Other (explain below)***	$500	$500	$500	$500	0%	0%	0%
Total Fees (CA resident)	**$41,222**	**$41,990**	**$43,228**	**$44,504**	2%	3%	3%
Total Fees (Nonresident)	**$53,467**	**$54,235**	**$55,473**	**$56,749**	1%	2%	2%

* Mandatory systemwide charges include Tuition and Student Services Fee.
**Include disability insurance fee for medicine and dentistry.
*** Include Course Materials and Services Fees but not health kits.

Additional comments:

NA

II. PROGRAM GOALS AND EXPENDITURE PLANS

Please explain why Professional Degree Supplemental Tuition increases are necessary. What goals are you trying to meet and what problems are you trying to solve with these increases? What are the consequences if proposed Professional Degree Supplemental Tuition levels are not approved? What will be the educational benefits for students given the new Professional Degree Supplemental Tuition revenue?

Below is a summary list of why the proposed professional degree fees are necessary, the goals we are trying to meet, and the problems we are solving with these fees increases:

1. *We have not had a comprehensive review with accompanying change of our curriculum since 2005. We need to update and improve our current curriculum and associated academic services. This includes incorporating new content, promoting active learning pedagogies, teaching and evaluating system-based practice and professionalism competencies, and enhancing teaching resources, career advising, academic advising, student wellness, and tutoring programs.*
2. *Engage our alumni and business leaders to expand funding and scholarship opportunities for our students to overcome rising medical school debt. In addition, continue our efforts to provide maximum scholarship opportunities from funds collected through various student fees.*
3. *Enhance electronic systems that provide information to staff, student, and faculty. The current systems lag behind our competitors in some areas.*
4. *To support basic academic and administrative services essential to remain competitive in recruiting and retaining the best faculty and students.*

The proposed fees levels help ensure we continue to provide excellent service and remain competitive with our peers. This includes rising benefit costs (including UCRP contributions), improving students to faculty ratio within medical education, instructional support staff, purchasing instructional equipment to enhance student learning, improve grant funding to our students (especially given our continuous improvement in matriculating under-represented in medicine and socio-economic disadvantaged students), and facilities renovations as suggested during the consultation sessions with student leaders. If the proposed fees are not approved, we will have difficulty sustaining our program at the level of excellence that we currently provide due to rising benefits and other costs.

Please indicate how you intend to use the revenue generated by the Professional Degree Supplemental Tuition increase.

Proposed Use of New PDST Revenue	Incremental 2016-17 revenue	Incremental 2017-18 revenue	Incremental 2018-19 revenue	Total
Faculty Salary	$0	$0	$0	$0
UCRP Contributions	$15,526	$18,135	$18,833	$52,494
Benefits Costs	$33,495	$39,121	$40,627	$113,243
Improving the Student-Faculty Ratio	$81,703	$95,427	$99,099	$276,229
Instructional Support Staff	$22,877	$26,719	$27,748	$77,344
Instructional Equipment Purchases	$16,341	$19,085	$19,820	$55,246
Providing Additional Student Financial Aid	$107,847	$125,963	$130,811	$364,621
Other Non-salary Cost Increases	$32,681	$38,171	$39,640	$110,492
Facilities Expansion/Renewal	$16,341	$19,085	$19,820	$55,246
Other	$0	$0	$0	$0
Total projected total (gross) revenue	$326,811	$381,706	$396,398	$1,104,915

Additional Comments:
NA

Please indicate how you plan to use or are using total actual Professional Degree Fee revenue in 2015-16.

	Total 2015-16 PDF revenue
Faculty Salary Adjustments	$2,111,132
UCRP Contributions	$334,325
Benefits Cost Increases	$721,241
Providing Student Services	$1,055,566
Instructional Support Staff	$1,055,566
Instructional Equipment Purchases	$439,819
Providing Student Financial Aid	$2,902,807
Other Non-salary Cost Increases	$87,964
Facilities Expansion/Renewal	
Other	$87,964
Total projected use of revenue	$8,796,384

Please describe cost-cutting and/or fundraising efforts related to this program undertaken to avoid Professional Degree Supplemental Tuition increases even greater than proposed. Please be as specific as possible.

We prioritize creating administrative, student affairs, and instructional efficiencies that will meet student needs as well as increase student satisfaction and reduce cost while providing a high-quality program. For example, by implementing the web-based admissions system, we have reduced our admissions staff (decreased budget) while improved process time (satisfied all stakeholders). In addition, every budget item is reviewed annually to target potential areas for cost savings. Finally, student scholarships have been a major focus of fundraising in the past few years and will continue to be in the future. Our Development Office is adding staff whose main focus will be increasing the number and amount of student scholarships.

If your program proposes uneven increases (e.g., increases that are notably larger in some years than in others), please explain why.

NA

Please indicate the degrees for which Professional Degree Supplemental Tuition will be assessed and expected enrollment by degree.

Degree	Enrollment 2015-16	2016-17	2017-18	2018-19
M.D. Program	433	440	440	440
Total	433	440	440	440

III. MARKET COMPARISONS: TOTAL CHARGES

Please provide the total student tuition and fee charges of comparison institutions. Select a minimum of 3 and *up to* 12 institutions, including, *where possible*, a minimum of 3 public institutions. If a program does not have a large number of comparators, or does not have any public comparators, please provide what institutions the program does consider comparators even if that is a small number only or includes only private institutions.

A comparison of total cost of degree may be more meaningful, for example, for programs whose comparator programs vary in length. If this applies to your program, you may provide total cost of degree figures in addition to annual first-year comparison institutions' amounts shown below. Please attach the cost of degree template provided by Budget Analysis and Planning; if you have any questions about how to calculate the total cost of degree, please contact richard.michaelson@ucop.edu.

DO NOT CONTACT OTHER INSTITUTIONS DIRECTLY FOR THIS INFORMATION. USE ONLY PUBLICLY AVAILABLE INFORMATION. Refer to the best practices document for additional information.

Comparison Institute	2015-16[+]	Inflation*	2016-17
Residents			
University of Pennsylvania (Private)	$60,084	3.1%	$61,947
Harvard Medical School (Private)	$59,350	3.1%	$61,190
University of Southern California (Private)	$57,035	3.1%	$58,803
Washington in St. Louis (Private)	$56,212	3.1%	$57,955
Johns Hopkins (Private)	$52,717	3.1%	$54,351
Stanford (Private)	$52,491	3.1%	$54,118
University of Oregon (Public)	$46,244	3.5%	$47,863
University of Colorado (Public)	$39,794	3.5%	$41,187
University of Washington (Public)	$33,724	3.5%	$34,904
University of Michigan (Public)	$32,700	3.5%	$33,845
University of North Carolina (Public)	$26,222	3.5%	$27,140
University of Pittsburgh (Public)	$54,932	3.5%	$56,855
Public Average	$38,936	3.5%	$40,299
Public and Private Average	$47,625	3.3%	$49,180
Our Program: UC Davis (public)	**$41,222**	**1.9%**	**$41,990**
Nonresidents			
University of Pennsylvania (Private)	$60,084	2.90%	$61,826
Harvard Medical School (Private)	$59,350	2.90%	$61,071
University of Southern California (Private)	$57,035	2.90%	$58,689
Washington in St. Louis (Private)	$56,212	2.90%	$57,842
Johns Hopkins (Private)	$52,717	2.90%	$54,246
Stanford (Private)	$52,491	2.90%	$54,013
University of Oregon (Public)	$64,236	2.70%	$65,970
University of Colorado (Public)	$65,749	2.70%	$67,524
University of Washington (Public)	$64,399	2.70%	$66,138
University of Michigan (Public)	$51,115	2.70%	$52,495
University of North Carolina (Public)	$53,100	2.70%	$54,534
University of Pittsburgh (Public)	$56,386	2.70%	$57,908
Public Average	$59,164	2.70%	$60,762
Public and Private Average	**$57,740**	**2.80%**	**$59,355**
Our Program: UC Davis (public)	$53,467	1.4%	$54,235

Source(s): [+]2015-16 tuition fees gathered from campus web sites
*Inflation factors are as published by AAMC for 2014-15 (most recent year available)

Why were these institutions chosen as comparators? Include specific reasons why they are considered peers – for example, competition for the same students and faculty, admitted student pools of similar quality, similar student-faculty ratios, the program's ranking is what this program would like to achieve, etc. What other characteristics do they have in common? If you have included aspirational programs, explain why your program aspires to be comparable to these programs and how it expects to do so within 5 years. Be specific. (If a program is unlikely to achieve comparability to an aspirational program within 5 years, the aspirational program should not be included.)

The leadership from each of the UC medical school campuses collaborated to create the list of public and private medical schools that are the peer comparators to UC. They are noted above in the table.

Each of these medical schools is a top ranked research oriented medical school and/or top ranked primary care oriented medical school in the US News & World Report national survey. These schools share the excellence in educational, research and clinical programs exemplified by the UC Davis School of Medicine (UCDSOM). We compete with many of these schools for the same applicant pool.

How were the projected tuition and fee increases for your comparison institutions determined?

The academic year 2015-16 data is from each institution's website that has published tuition and fees. There is no current information published on the academic year 2016-17 increases for our comparison institutions. Therefore, we used the inflation factors that are published by AAMC for 2014-15, most recent year available.

Please comment on how your program's costs compare with those of the comparison institutions (public and/or private) with which you compete for students.

UCDSOM program resident fees are slightly above the public school peer institutions average (although the proposed increase may work to narrow the gap) and below the private schools peer institutions average. Annually, over 98% of the incoming first year students are in-state residents, much higher than many of the comparable public school peer institutions. UCD program non-resident fees are below both the public school peer institutions average and the private schools peer institutions average. Our fee structure has not impacted application numbers as we have almost doubled our applications in the last 8 years, from a little over 4,000 in 2008 to over 7,000 applications this current 2015-16 admission cycle.

IV. ENROLLMENT TRENDS AND DIVERSITY STRATEGY

Note: UCOP will provide campuses with data from the Corporate Student System that should be used to complete the table below for your program. Please note that, as used here, established programs consist of programs that have enrolled students prior to 2016-17; new programs are those that seek to enroll students for the first time in 2016-17. For established programs, provide data for academic years 2012-13 to 2014-15 and estimates for 2015-16 and 2016-17. New programs should provide estimates for 2016-17. All programs should provide figures for comparison public and private institutions in the columns shown.

						Comparison (2014-15)	
	2012-13	2013-14	2014-15	2015-16	2016-17	Publics	Privates
Ethnicity							
Underrepresented							
African American	5%	6%	6%	8%	7%	5%	6%
Chicano/Latino	15%	14%	16%	21%	17%	3%	4%
American Indian	1%	1%	1%	1%	1%	1%	0%
Subtotal Underrepresented	*21%*	*21%*	*23%*	*30%*	*25%*	*8%*	*11%*
Asian/East Indian	34%	37%	36%	35%	36%	17%	30%
White	38%	36%	33%	30%	33%	62%	43%
Other/ Unknown	6%	6%	8%	5%	6%	12%	13%
International	1%	1%	0%	0%	0%	1%	4%
Total	100%	101%	100%	100%	100%	100%	100%
Socioeconomic							
% Pell recipients	44%	38%	57%	46%	46%		

Sources: UC ethnicity, socioeconomic status: UC Corporate data; 2016-17 ethnicity data and 2015-16/2016-17 socio-economic data estimated based on previous three year average

Comparison institutions: From AAMC Table 31 for 2014-15. For private schools, University of Pennsylvania, Harvard Medical School, University of Southern California, Washington in St. Louis, Johns Hopkins, and Stanford. For public schools, University of Oregon, University of Colorado, University of Washington, University of Michigan, University of North Carolina, and University of Pittsburgh.

For established programs, how does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minorities? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minorities?

The UC Davis School of Medicine (UCDSOM) compares very favorably to both the public and private schools for underrepresented minorities, with the total percentage of underrepresented students more than double or triple that of our counterpart public and private schools. We particularly exceed national statistics in the Chicano/Latino group for underrepresented minorities and for the Asian/East Indian group in the general group. At UCDSOM, we attract a relatively high number of socioeconomically disadvantaged students who received PELL Grants as an undergraduate, as demonstrated by the 57 percent who were recipients in the 2014-2015 class. UCDSOM attracts students from socio-economically disadvantaged backgrounds because of our pipeline, outreach and admissions efforts. Students are attracted to UCDSOM because of our 9 free student-run clinics and tailored clinical tracks. The free student-run clinics provide care to the underinsured and uninsured patient populations of the

Sacramento region. The tailored clinical tracks prepare students for several underserved areas of California (urban, rural, and central valley) and there is an accelerated primary care track to address the primary care shortage. Finally, we are more attractive to students from underserved backgrounds because we have a lower cost of living than many of the other UCs.

For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past five years.

UCDSOM has an ongoing and strong commitment to diversity, especially to underrepresented groups. Due to pipeline/outreach efforts and holistic admission initiatives over the past five years, the diversity of our incoming students has increased as highlighted in the table below.

MEDICAL STUDENTS MATRICULATION DIVERSITY

ENTERING CLASS	CLASS SIZE	URM[1]	SED[2]	FEMALE
2015	110	45%	58%	63%
2014	110	43%	55%	58%
2013	104	37%	42%	54%
2012	110	42%	42%	55%
2011	100	29%	28%	50%
Average	**107**	**39%**	**45%**	**56%**

[1]Under-Represented in Medicine

[2]Socieo-economically Disadvantaged

What is your strategy for increasing the enrollment of U.S. domestic students from underrepresented groups (African American, Chicano/Latino, American Indian), U.S. domestic students from all minority groups, and, if any, for international students in your program? What indicators of success do you monitor?

The UCDSOM created an Office of Diversity over three years ago. Approximately one year ago the office became the Office of Diversity, Inclusion and Community Engagement. This Office focuses on increasing the diversity of Postbaccalaureate students, medical students, residents, fellows and faculty to assure a welcoming and respectful climate in which all members can provide and teach culturally and linguistically appropriate care. All of these missions are closely interrelated. To increase the number of underrepresented medical students, we must balance progress on all of these missions simultaneously. Our specific efforts to increase the number of underrepresented students in our medical school class are:

1) ***K-12 program.*** *We have a dedicated person who provides academic preparation and skill building programs for high school students from disadvantaged backgrounds who have already expressed an interest in medicine. These include, a 3-day summer experience with follow-up programs during the school year entitled, "Summer Scrubs and Beyond," and our 4-day "Saturday Academies," offered during the school year. We also offer interactive exposure and motivational workshops through our anatomy labs and campus tours. We hosted approximately 1000 K-12 students last academic year.*

2) ***Undergraduate program.*** *We offer an intensive Medical School Preparatory Enrichment Program in which socio-economically disadvantaged undergraduates from UC Davis and Sacramento State take a for-credit course on the medical school application process, study*

skills building, and receive psychosocial support along with a summer MCAT preparation course, where we partner with the local Kaplan center. We also provide academic advising and campus tours to community college, CSU and UC students and their pre-medical advisors.

3) ***Postbaccalaureate program**. We offer an intense year-long program for 20 students who are from socio-economically or educationally disadvantaged backgrounds and who have demonstrated a commitment to practice in an underserved community. This year we gave priority to students who had unsuccessfully applied to our medical school. The curriculum includes: help with medical school application, study skills, psychosocial support, MCAT preparation, and enrollment in upper division science classes. Last year students improved from a science GPA of 3.0 at admission to the program, to 3.7 in their upper division science classes during their postbaccalaureate year. UC Davis is also responsible for the California Postbaccalaureate Consortium. The consortium serves as a collaboration of 7 UC postbaccalaureate programs, working together to achieve best practices, and advocate for their students. Since these programs have been in existence, 785 students have completed the programs, approximately 83% have matriculated to medical or osteopathy schools, and approximately 71% are underrepresented in medicine.*

4) ***Support of efforts of medical student groups LMSA/SNMA.** These student groups in coordination with the Office plan their own outreach programs, encouraging K-12 and undergraduate underrepresented students to enter medical school.*

5) ***Participation in statewide and national conferences aimed at encouraging community college and college students to attend medical school.***

6) ***Involving Office of Diversity, Inclusion and Community Engagement with Admissions.** Our Office provides faculty knowledgeable in cultural and other issues related to the disadvantaged applicant who participate in admissions and act as advocates for the importance of including disadvantaged students in the medical school class. We also have disadvantaged student interview days in which disadvantaged students come for interviews and meet faculty and community physicians who look like they do. We provide a revisit for underrepresented and disadvantaged students who have been offered admission to UCD in which we address their particular concerns, as well as introduce them to our underrepresented faculty, students, and student-run clinics.*

Measures of success:

1) *Increase the diversity of medical school class at UC Davis.*
2) *Increase the number of students from disadvantaged backgrounds who pass USMLE Step 1 and 2 on their first attempt.*
3) *Increase the diversity of medical schools elsewhere.*
4) *Increase interest and educational capacity of K – 12 disadvantaged students to enter a pathway for matriculation to medical school*

For established programs, please comment on the trend in enrollment of students from low socioeconomic backgrounds (i.e., students who received Pell Grants as undergraduates).

The percentage of Pell Grant recipients has more than doubled in the last six years, with 26.6% in 2009 to 57.3% in 2014. We continue to put significant efforts into outreach to the socio-economically disadvantaged students.

V. FINANCIAL AID STRATEGY AND PROGRAM AFFORDABILITY

What are your financial aid / affordability goals for your program? How do you measure your success in meeting them?

Our primary goal for financial aid is to provide prospective and enrolled students with information and resources to facilitate access to their educational needs. We award aid to students based on financial need, ensuring federal, state, and university compliance. These awards will include a combination of need-based and merit-based grants and scholarships. We also strive to provide any number of other funding opportunities by announcing numerous scholarship opportunities throughout the year, providing workshops on loan repayment options, etc. It is our goal to provide excellent, nonbiased service to our students in a timely manner. The AAMC 2015 Graduation Questionnaire annually surveys graduating medical students across the country and our students rank our financial aid high in many categories. This includes financial aid administrative services provided (4.5 compare to nationally 4.1, on a scale 0-5) and overall educational debt management counseling (4.1 compare to nationally at 3.9, on a scale 0-5). In addition, Office of Medical Education surveys all medical students annually and Financial Aid unit consistently ranks among our high performing units for the last 5 years.

How will your financial aid strategies (e.g., eligibility criteria, packaging policy) help achieve these goals?

The SOM financial aid office collects parental income, asset, and household size documentation from nearly all of our medical students who apply for financial aid. We award larger university grants to those medical students coming from lower income families. In turn, by collecting this parent information, it confirms possible eligibility for Title VII funding (scholarships and loans for environmentally and/or economically disadvantaged students). We will award Title VII funding to the neediest of eligible disadvantaged students depending on our allocations from year to year. And, depending on our allocations, we will target this "better" funding to our 1st and 2nd year students – students who are advantaged most from receiving as little interest-accruing loan in their early years as possible, thus saving on accumulated interest.

Please describe any programs available to students in your program, while enrolled or following graduation, to promote public service or provide services to underserved populations, such as targeted scholarships, fellowships, summer or academic-year internships, and Loan Repayment Assistance Plans.

UCDSOM has several programs that are available to students during medical school or post-graduation that helps promote public service and provide services to underserved populations. These include the student-run clinics, tailored clinical tracks, Title VII funding, and state/federal loan repayment plans.

The environment of our eight free student-run clinics promotes our entire student body a desire to work for the underserved and underinsured. We have several Year 4 scholarships which recognize students who demonstrated excellent leadership abilities while working in the student-run clinics. These student-run clinics indeed help promote our student's recognition and desire to continue helping the underserved in their future career.

The UCDSOM Tailored Clinical Tracks offer students additional curricula designed to equip them with the tool to practice in primary care (ACE-PC: Accelerated Competency-based Education in Primary

Care), rural (RP: Rural PRIME), valley (SJV PRIME: San Joaquin Valley PRIME), and urban underserved settings (TEACH-MS: Transforming Education and Community Health for Medical Students). Combined, the tailored clinical tracks help promote our students' desire to public service and provide services to underserved populations by:

- *Attracting medical students from diverse backgrounds who have a strong interest in practicing in the track's focused areas*
- *Provide an experience that leverages community-academic collaboration to improve the health of populations*
- *Increase the number of UCDSOM graduates who are leaders in the provision of high quality, equitable healthcare services.*

In addition, awarding our neediest disadvantaged students with Title VII funding helps to ensure that our program is more affordable to our lower socioeconomically diverse group of students. Providing these students with a lesser debt load helps to further enhance their desire to work in underserved communities.

We highly promote students to participate in various state and federal loan repayment programs. We've had success with our Year 4 students being accepted to HRSA's Students to Service Loan Repayment Program.

Through these various mechanisms, we promote public interest employment, educating our students about Public Service Loan Forgiveness and National Health Service Corp. The AAMC 2015 Graduation Questionnaire highlights our experience working with the underserved population during medical school (92.0% compare to 73.5% nationally) and plan to work primarily in an underserved area post-graduation (44.7% compare to 22.3% nationally).

Please describe your marketing and outreach plan to prospective students to explain your financial aid programs.

Office of Diversity team provides financial aid information to prospective applicants as part of their outreach programs. This outreach includes over 34 K-12 schools annually in the surrounding Sacramento counties. In addition, the office outreach to approximately 700 undergraduate students at UC Davis and CSU Sacramento. Lastly, these outreach efforts continue throughout the state, through the UCD Post baccalaureate program, where over 500 students reached annually from UC, CSU, and Community Colleges.

In addition, financial aid programs are shared with applicants who are interviewing at the medical school during the interview day orientation. This includes financial aid information, scholarships available, and how to better prepare for medical school debt.

Note: UCOP will provide you with figures from the Corporate Student System that should be used to complete the table below.

Graduating Class	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Cumulative Debt	$ 108,807	$ 105,781	$ 127,988	$ 119,755	$ 127,186	$ 132,827	$ 132,867
Percent with Debt	89%	88%	94%	88%	94%	90%	96%

Please note this cumulative debt data from the Corporate Student System includes only the medical school debt. It does not include undergraduate school debt.

For established programs, please comment on the trend in the indebtedness of students in your program. What impact do you expect your proposed Professional Degree Supplemental Tuition levels and financial aid plan to have on this trend?

As our fees go up, student indebtedness rises correspondingly. Over time, our ability to attract the best students has become more challenging. Loan indebtedness is placing a greater and greater burden on our students and forcing many to select careers that are more lucrative – thus exacerbating the exodus from primary care specialties. However, rising debt is not just coming from the rise in tuition. Sharper rises in debt recently are because of: i) no more subsidized Title IV loans for graduate/professional students; ii) we allow students to document their residency application and interview expenses and are adding loan to their 4th year; and iii) as the residency application process becomes more and more competitive, our Year 4 students are being encouraged to interview three times as many programs as they did three or four years ago. We actively participate in the federal Title VII loans such as Primary Care Loans (PCL) and Loans for Disadvantaged Students (LDS), which allows graduates to defer repayment until post residency.

Note: UCOP will provide you with figures from the Corporate Student System that should be used to complete a portion of the table below. However, each program is responsible for providing its own estimate of the median (or average, or typical) starting salary for its graduates. If possible, provide comparable figures for your comparison public and private institutions in the rows shown. UCOP will also provide you with a formula for you to use to calculate the last column.

	2013-14 Average Debt at Graduation among Students with Debt	Graduates with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	$ 154,576	94%	$51,250	43%
Public comparisons	$ 167,763	86%	$51,250	47%
Private comparisons	$ 190,053	82%	$51,250	53%

Sources: UC: Corporate data; AAMC Medical School Debt Facts
Comparison institutions: *Please note public and private comparisons include all public and private institutions nationwide.*
Please note the debt information in this table is total cumulative debt, including both undergraduate and medical school debt.

Please describe your program's perspective on the manageability of student loan debt for your graduates in light of their typical salaries, the availability of Loan Repayment Assistance Programs, loan repayment plans, and/or any other relevant factors.

Loan repayment is always a concern; however, UCD has a less than 1.7% loan default rate, far less than the national average for student borrowers of 10%. MD graduates are able to tap into all kinds of deferment, repayment, or forbearance options in order to handle their educational loan debt. Several graduates will take advantage of the Public Service Loan Forgiveness Program (PSLF) as so many of our graduates will pursue a career working with a 501c(3). We cannot predict the future (with changes in health reform, and how this might change future salary levels, repayment ability, regulatory changes to the PSLF Program, etc.), however it's clear that a graduate has options as they work to pay off this debt load.

Medical graduates are eligible to request a forbearance on all of their federal loans throughout the length of their residency. Many of our graduates are applying to Loan Repayment Programs.

Do graduates of your program who pursue public interest careers (as defined by your discipline) typically earn substantially less upon graduation than other students? If so, what steps does your program take to ensure that these careers are viable in light of students' debt at graduation?

Despite rising debt burdens, many of our graduates choose public interest careers. We encourage this type of work through our numerous free student-run clinics, our tailored clinical tracks (Rural-PRIME program, San Joaquin Valley Prime program, Transforming Education and Community Health for Medical Student program, and Accelerated Competency-based Education for Primary Care), and our Global Health electives. At graduation, we emphasize the broad range of loan repayment programs offered throughout a number of different agencies, (e.g. National Health Service Corp, Indian Health Service, and other state options). We also provide in-depth information to our graduate to give thorough consideration to the Public Service Loan Forgiveness and Income Based Payment. Providing this information allows our graduates interested in public service an incredible opportunity to give thorough consideration to choose a public service career path as a way to handle their significant debt loads.

VI. OTHER

Please describe any other factors that may be relevant to your three-year plan (such as additional measures relating to your program's affordability, etc.).

No major changes from previously submitted professional fee tables.

VII. SUPPLEMENTAL QUESTIONS FOR PROGRAMS PROPOSING TO CHARGE PROFESSIONAL DEGREE SUPPLEMENTAL TUITION FOR THE FIRST TIME IN 2016-17

Please describe the program for which you propose charging Professional Degree Supplemental Tuition, including: What unit/department houses the program? Is the program new or already offered? If new, has the program already been approved by the campus and CCGA? Note that a proposed new program that a campus has submitted to CCGA and UCOP before the end of September 2015 may apply for PDST approval before receiving formal program approval; PDST approval by the Regents would be contingent on final program approval by the Academic Senate and the President, however, and no student charges may be imposed in advance of final program approval. For questions about the status of systemwide academic program approval, please contact Chris Procello (Chris.Procello@ucop.edu).

Not Applicable

PDST shall not be charged by programs awarding a Doctor of Philosophy degree, a Master's degree on a path to a Doctor of Philosophy degree, or a Baccalaureate degree. Generally, the determination of whether a program is a professional degree program eligible for PDST should be based on a program-by-program review. However, the Office of the President may use some combination of the following characteristics when determining the appropriateness of charging a PDST for the first time: (a) Program may require accreditation or may need to meet licensure requirements that will justify additional instructional needs for which PDST is required; (b) Job prospects for graduates of professional degree programs are very specific and targeted, often requiring licensure or certification to practice in the job market; and (c) Program content is characterized by acquisition of an identifiable cluster of skills that is not predominantly theory- or research-focused. Please describe the rationale for charging Professional Degree Supplemental Tuition for this program, including: Why is it appropriate for this program to charge Professional Degree Supplemental Tuition? In what ways is the program "professional" rather than "academic" or "self-supporting"? Do students have elevated earning potential after earning a degree in this discipline?

Not Applicable

PART B

STUDENT AND FACULTY CONSULTATION

The Regents' *Policy on Professional Degree Supplemental Tuition* requires each plan to include information about the views of the program's student body and faculty on the proposed fee level, which may be obtained in a variety of ways. Campuses are expected to have consulted with students and faculty. At the program level, consultation should include information on (a) proposed new or increased PDSTs for 2016-17 and three-year plans for any proposed increases thereafter, (b) uses of PDST revenue, (c) PDST levels/increases in the context of total charges, (d) issues of affordability and financial aid, (e) opportunities and support to pursue lower-paying public interest careers, (f) selection of comparator institutions, (g) diversity, and (h) outcomes for graduates of the program (e.g., career placement of graduates, average earnings, indebtedness levels).

Consultation with students

How did you consult with students about the PDST levels proposed for 2016-17? Check all that apply.

☐ Scheduled town-hall style meetings with students in the program to discuss the plan and solicit feedback

☒ Convened focus groups of students in the program to discuss the plan and solicited feedback

☐ Described the plan to students in the program via email, solicited their feedback, and reviewed the comments received

☒ Other (please describe): In addition to this focus group with 24 peer-elected student leaders from all four years, the information presented was shared with the student leaders and emailed to all students across the four classes.

Attach the feedback written by students during the opportunities for consultation checked above and describe below any proposal changes as a result of this feedback. Also attach a summary of feedback written by designated student leaders in the program. Examples of appropriate leadership include the relevant program or school student association leadership, if one exists, and the campus graduate student association or equivalent.

The MD program leadership consulted in-person with 24 peer-elected student leaders (2 class presidents, 2 curriculum representatives, and 2 committee on student promotion representatives from each of the four classes), key faculty educators (includes deans, directors, Instructors of Records, and faculty elected representatives), and administrators during a lunch meeting on September 22, 2015. In addition, through these peer-elected leaders, all four classes received the topic discussed via email and feedback was solicited (Addendum A). Since we began the consultation with medical students a few years back, a town-hall style meeting has garnered very low attendance and almost no feedback. We have had similar mixed results with email to the entire medical student body at large. Instead, these focus group consultation and having them share the information with student body at large has improved the consultation and the feedback. The following topics were discussed during the meeting (Addendum B):

- *different types of fees*

- *distribution of revenues*
- *annual approval process*
- *2015-16 fees and proposed 2016-17 fees*
- *2015-16 actual UCDSOM cost of medical education*
- *impact on diversity/corresponding plan for more strategic distribution of "return to aid" monies*
- *efforts to seek alternative funding*
- *recent enhancements to medical education at UCDSOM*
- *Future improvement plans – which includes update and improve curriculum, engage alumni and business leaders to expand funding/scholarship, enhance electronic systems, and continue excellent administrative support*

The student leaders' actively participated in the discussion with many good questions, comments, and suggestions. The student leaders' shared the presentation with their respective classes via private student-run email listserv and provided feedback (Addendum A).

Overall, the students appreciated the ongoing annual efforts to enhance communication and transparency around operational updates and fiscal funds flow and changes. Students' understood the proposed 3% increase in PDST for 2016-17, realizing that the increase is needed to sustain growth and innovation in the medical education program. They also appreciated the efforts to find alternative funding sources for medical education, the efforts to control costs, and the total cost of medical education to the school relative to the cost of medical education at other schools. The group specifically valued the information related to recent enhancements and shared some concrete suggestions that we will add to upcoming improvement plans. These suggestions were similar to the ones received via email feedback from larger student body and are incorporated into the enhancement plan for the upcoming year. These suggestions included suggestions enhancements in facility (Education Building), student affairs (Wellness, Student Fitness Center), and curriculum, especially related to the 2020 vision for a new medical school curriculum.

In addition to consultation with program students and faculty, please confirm that this long-form template has been provided to the program graduate student organization, if applicable, and the campus graduate student organization. Each program is also encouraged to engage campus graduate student organization leadership (i.e., your GSA president) in the program's student consultation opportunities. The program should provide each with an opportunity to provide feedback on the proposals. Full comments or a summary of those comments must be provided by the program.

☒ Plan shared with Ralph Washington on 10/22/2015.
Campus graduate student organization (i.e., your campus' GSA president)

☐ Comments or feedback was provided.
☒ Comments or feedback was not provided.
Nature of feedback or full comments:

☒ If applicable, plan shared with 24 peer elected reps (class presidents, curriculum representatives, and committee on student promotion representatives) on 9/25/2015 .

Program graduate student organization (i.e., your program council or department GSA)

Comments or feedback was provided.

Comments or feedback was not provided.

Nature of feedback or full comments: See attached Addendum C

Consultation with faculty

How did you consult with faculty about the PDST levels proposed for 2016-17? Check all that apply.

Scheduled town-hall style meetings of faculty to discuss the plan and solicit feedback

Convened focus groups of faculty in the program to discuss the plan and solicit feedback

Described the plan to faculty in the program via email, solicited their feedback, and reviewed the comments received

Other (please describe):

Attach the feedback written by faculty during the opportunities for consultation checked above and describe below any proposal changes as a result of this feedback. Also attach a summary of feedback written by designated faculty leaders in the program. Examples of appropriate leadership include other appropriate faculty and affiliated faculty leadership (e.g., faculty executive committee or other faculty leadership).

The MD program leadership consulted with key faculty educators (includes deans, directors, Instructors of Records, School of Medicine faculty elected representatives, and School of Medicine Education Council – key committee for Medical Education), and key administrators during a lunch meeting on September 22, 2015. The following topics were discussed during the meeting (Addendum B):

- *different types of fees*
- *distribution of revenues*
- *annual approval process*
- *2015-16 fees and proposed 2016-17 fees*
- *2015-16 actual UCDSOM cost of medical education*
- *impact on diversity and corresponding plan for more strategic distribution of "return to aid" monies*
- *efforts to seek alternative funding*
- *recent enhancements to medical education at UCDSOM*
- *future improvement plans*

The faculty leaders' actively participated in the discussion with several good questions, comments, and suggestions. They appreciated the ongoing annual efforts to enhance communication and transparency around operational updates and fiscal funds flow and changes in medical education. The faculty were supportive of the proposed 3% increase in PDST for 2016-17, understanding that the increase is needed to sustain growth and innovation in the medical education program. They also appreciated the efforts to find alternative funding sources for medical education, the efforts to control costs, and the total cost of medical education to the school relative to the cost of medical education at other schools. There was no written feedback from faculty.

Please confirm that this long-form template was provided to the campus Graduate Dean and endorsed by the Chancellor.

☒ Plan shared with Jeffery Gibeling________________________________ on ___11/3/15_______ .
Graduate Dean

☐ Plan endorsed by ____ on ________________ .
Chancellor[1]

[1] Per the *Policy on Professional Degree Supplemental Tuition* section 7(B), found at http://www.universityofcalifornia.edu/regents/policies/3103.html