Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels
Effective Beginning Summer or Fall 2019
PART A

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: http://regents.universityofcalifornia.edu/governance/policies/3103.html.

This approval did not directly rescind the authority delegated to the President by the Regents in November 2014 to approve PDST increases up to 5% through 2019-20. Programs with an approved multi-year plan on file that has not expired may submit requests for increases up to 5% for the President's approval for PDST levels that become effective summer or fall 2019 (as long as the proposed increase does not exceed the amount previously indicated in the program's current multi-year plan). Requests from these programs should be submitted using a short form. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION

I.a. Specify your projected Professional Degree Supplemental Tuition (PDST) for each year of your multi-year plan. While programs typically craft three-year plans, programs are permitted to craft multi-year plans for two, three, four, or five years. If specified years in the table do not apply to your multi-year plan, please leave those columns blank (and continue to do so throughout the template). Please also refer to the planning assumptions for further details about fee increase rates.

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2019-20		2020-21		2021-22		2022-23		2023-24	
							%	$	%	$	%	$	%	$	%	$
Prof. Degr. Suppl. Tuition (CA resident)	$22,410	$23,084	$23,776	$24,488	$25,224	$25,980	3.0%	$674	3.0%	$692	3.0%	$712	3.0%	$736	3.0%	$756
Prof. Degr. Suppl. Tuition (Nonresident)	$22,410	$23,084	$23,776	$24,488	$25,224	$25,980	3.0%	$674	3.0%	$692	3.0%	$712	3.0%	$736	3.0%	$756
Mandatory Systemwide Fees (CA resident)*	$12,570	$12,966	$13,368	$13,788	$14,220	$14,670	3.2%	$396	3.1%	$402	3.1%	$420	3.1%	$432	3.2%	$450
Campus-based Fees**	$946	$974	$1,004	$1,034	$1,065	$1,097	3.0%	$28	3.0%	$29	3.0%	$30	3.0%	$31	3.0%	$32
Nonresident Suppl. Tuition	$12,245	$12,245	$12,245	$12,245	$12,245	$12,245	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0
Other (explain below)***	$4,623	$4,722	$4,844	$4,969	$5,099	$5,232	2.1%	$99	2.6%	$121	2.6%	$125	2.6%	$130	2.6%	$134
Total Fees (CA resident)	**$40,550**	**$41,747**	**$42,991**	**$44,279**	**$45,607**	**$46,979**	3.0%	$1,197	3.0%	$1,244	3.0%	$1,287	3.0%	$1,329	3.0%	$1,372
Total Fees (Nonresident)	**$52,795**	**$53,992**	**$55,236**	**$56,524**	**$57,852**	**$59,224**	2.3%	$1,197	2.3%	$1,244	2.3%	$1,287	2.4%	$1,329	2.4%	$1,372

* Mandatory systemwide charges include Tuition and Student Services Fee.
**Do not include the Student Health Insurance Program (SHIP) premium, since this may be waived for students with qualifying coverage under another program.
*** Include Course Materials and Services Fees but not health kits. Include disability insurance fee for medicine and dentistry. Includes Summer Quarter Fees.

Additional comments: 2019-20 UC Davis M.D. program proposed quarterly PDST rate is $5,771 (4 Quarters) for both Resident and Nonresident. All of the other years are also based on quarterly rates.

I.b. Please describe the nature and purpose of the program for which you propose to charge Professional Degree Supplemental Tuition.

The University of California Davis School Of Medicine is one of six University of California medical schools in California. Founded in 1966, the UC Davis School of Medicine graduated its first class of physicians in 1972. UC Davis School of Medicine embraces a long tradition of excellence in education, research, and patient care. The educational mission of the UC Davis School of Medicine is to provide excellent learner-centered education to a diverse body of medical students and graduate students, cultivating in them the passion to improve lives and transform the health of the communities they will serve as physicians, scientists, and health care leaders. We offer a number of unique clinical and outreach experiences, including seven student-run clinics and the Saturday Academy, as well as several international rotations, including the highly successful MEDICOS program in Nicaragua. Notable student research opportunities include: the MIND Institute, an international, multidisciplinary research center committed to understanding and treating neurodevelopmental disorders such as autism; the Center for Reducing Health Disparities; and the NIH-funded Clinical and Translational Science Center.

II. PROGRAM GOAL EVALUATION

II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals specified, and include quantitative indicators of achievement wherever possible.

The expiring multi-year plan was for AY 2017-18 until 2019-20 and PDST funds were used for the following goals, which all pertain to enhancing program quality:

1. **Improve M.D. program curriculum** – PDST funds were used to re-envision and renew our curriculum to better prepare our graduates for the practice of medicine in the 21st century. Specifically, PDST helped advance the goals listed below by providing support to faculty and staff. Below is a list of major goals achieved during the last multi-year plan:

a. We enhanced cultural sensitivity in faculty by launching a Supporting Educational Excellence in Diversity (SEED) Task Force to develop a required curriculum of all course directors. The program was piloted this past academic year with 21 key faculty leaders in education. In addition, Committee on Education Policy has adapted this and mandated that all Instructors of Record within medical education undergo this program, which we plan to roll out this coming academic year.
b. We converted our Doctoring course into longitudinal content threads in order to better prepare students more systematically for clinical clerkships.
c. We created a Transition to Residency course in the fourth year of medical school to improve student preparation for residency programs.

2. **Enhance Electronic Systems** – PDST helped advance the specific goals listed below by providing financial resources necessary to research, analyze, and implement these systems.
    a. We transitioned from a home-grown admissions system to a commercial system called ZAP/AMP, which is used by most of our UC medical schools to better meet all our application processing needs.
    b. We transitioned to a new Canvas system for course management. This system helps meet our student needs in terms of accessing course syllabuses, course assignments, grades, etc.
    c. We transitioned from an old vendor system to a more user-friendly commercial system called MedHub for evaluations. This system is used to evaluate learners, educators, courses, and the programs.
    d. Lastly, we were successful in obtaining past graduates data from the AAMC to better analyze our graduate outcomes.

3. **Support Basic Academic and Administrative Services** – PDST helped us provide the necessary funding to recruit, train, develop, and retain high quality staff. The staff in the Office of Medical Education (OME) are continuously ranked highly by our students in our annual survey (3.42 on a scale of 0-4 or 86.75% with high satisfaction in 2018). In fact, during our most recent accreditation visit by the national accrediting body (Liaison Committee on Medical Education), OME staff were one of three major institutional strengths they noted in their final report.

III. PROGRAM GOALS AND EXPENDITURE PLANS

III.a. Please provide strong rationale for either initiating or increasing Professional Degree Supplemental Tuition during the years of this multi-year plan. What goals are you trying to meet and what problems are you trying to solve with your proposed PDST levels? How will the quality of your program change as a consequence of additional PDST revenue? What will be the consequence(s) if proposed PDST levels are not approved? What will be the essential educational benefits for students given the new PDST revenue?

Our primary goals of this proposal revolve around increasing access through improved pipeline programs, enhancing program quality, and helping to address California's emerging physician shortage, as detailed below. Employee compensation costs are expected to increase each year. The revenue generated from the professional fee increase will support the staff and faculty who are needed to sustain and grow the program.

#	What goals are you trying to meet and problems you are trying to solve with your proposed PDST levels?	How will quality of program change as a consequence of additional PDST revenue?	What will be the consequence(S) if proposed PDST not approved?	What will be the essential benefits for students given the new PDST revenue?
1	***Continue to improve and grow our Pipeline Programs through the Office of Student & Resident Diversity (OSRD) – specifically, add two pre-medical school outreach programs that will help applicants who are historically under-represented in medicine and/or socio-economically disadvantaged prepare for and succeed in getting to medical school (This goal correlates with the following expense rows in the***	*OSRD is critical to our mission to produce doctors that California needs most and the PDST revenue will help us improve our pipeline and applicant pool through staff support and necessary supplies.*	*Given the rising cost of benefits, we would not be able to continue with the current staffing model and would have to cut services in the outreach areas. This will have direct impact on our applicant pool, especially on those who are under-represented in medicine and/or socio-economically disadvantaged. Many students from these populations go on to address healthcare shortage needs in*	*Students from low socio-economic backgrounds and who are under-represented in medicine will have a supportive pathway to make it to medical school and get through medical school.*

	expenditure table below: Providing student services, UCRP contributions, and benefits cost increases).		*key areas such as rural California.*	
2	***Continue to provide strong support services and Student Advising – add more advising services, including <u>16 new faculty Academic Coaches</u> who will help a small cohort per class in clinical and professional development both in small groups and one on one coaching. (This goal correlates with the following rows in the expenditure table below: Faculty salary adjustments, UCRP contributions, and benefits cost increases).***	*The revenue will help offset some of the cost to meet the longitudinal advising needs of our students, specifically by helping us hire 16 new academic coaches.*	*If the PDST is not approved, we will not be able to fully address the advising needs of our students and this will have a negative direct impact on their graduation, career choice, and other professional development.*	*Students will have a formal strong advising system to help navigate medical school, finding a right career path and becoming a successful doctor meeting society healthcare needs.*
3	***Continue to provide student and faculty support through the Office of Medical Education (OME) – <u>add an assessment unit and instructional designer</u> to help our faculty better prepare to teach their courses. (This goal correlates with the following expense rows in the expenditure table below: UCRP contributions, benefits***	*OME is critical in implementing our leadership and faculty mission to help medical students succeed in their path to becoming physicians.*	*Given the rising cost of benefits, we would not be able to continue with the current staffing model and would have to cut services.*	*Students and faculty will have strong administrative support systems in place to help them succeed as students and teachers.*

	cost increases, providing student services and expanding instructional support staff)			
4	***Improve Curriculum – <u>draft a new curriculum proposal</u> that is integrated both horizontally and vertically (courses are integrated both within the individual years as well as longitudinally across the curriculum in all four years), and will better serve our students and ultimately our patients. In addition, share it with key stakeholders and revise as necessary. Lastly, per our bylaws, campaign throughout the medical school to <u>get the necessary faculty approval and implement the curriculum</u>. (This goal correlates with the following expense rows in the expenditure table below: Faculty salary adjustments, UCRP contributions, benefits cost increases, providing student services, instructional equipment***	*The additional revenue will help us modernize our curriculum through support of faculty time as they development, campaign, and implement this new curriculum.*	*IF the PDST is not approved, we will not be able to take on additional expenses that the new curriculum will require*	*Students will be well equipped to do well on national exams, match into specialty/programs of their choice, and become excellent physicians*

	purchases, and expanding instructional support staff)			
5	***Increase Class Size – <u>increase class size to 144</u> (maximum capacity our current education facilities can hold) to meet physician shortage in California. We plan to increase in increments by adding 8 additional students each year to ensure our resources are able to take on the additional students without affecting our current study body.(This goal correlates with the following rows in the expenditure table below: Faculty salary adjustments, UCRP contributions, benefits cost increases, providing student services, instructional equipment purchases, and expanding instructional support staff)***	*The additional revenue will help us increase necessary faculty, staff, and educational resources to meet the needs of additional students, thereby also improving the student-faculty ratio, which is part of our expenditure table below. Specifically, we plan on hiring several additional faculty as master clinical educators to work with the curriculum dean in meeting student teaching needs systematically. In addition, we plan on hiring 16 faculty as academic coaches to help in small group teaching as well as well individual student's longitudinal personal and professional development. Combined, hiring more master clinical educators and academic coaches will help increase faculty to student ratio. We also plan on hiring two staff: an instructional designer to help faculty in planning and presenting teaching material to students and a director of assessment*	*If the PDST is not approved, we will not be able to increase the class size and thus address the physician shortage.*	*Increasing the class size directly addresses physician shortage in California, specifically communities hit hard in rural, central and urban California.*

		to capture, analyze and report trends within our education program. The funding for these additions will come partially from PDST revenue but in addition from the School of Medicine Dean's Office and Vice Chancellor's Office.		

III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2018-19 in the first column of the table below. In the remaining columns, please indicate how you intend to use the revenue generated by the Professional Degree Supplemental Tuition increase (if specified years in the table do not apply to your multi-year plan, please leave those columns blank).

	Total 2018-19 PDST Revenue	Incremental 2019-20 PDST revenue	Incremental 2020-21 PDST revenue	Incremental 2021-22 PDST revenue	Incremental 2022-23 PDST revenue	Incremental 2023-24 PDST revenue	Total Projected PDST Revenue in Final Year
Faculty Salary Adjustments	$2,577,150	$181,388	$219,406	$254,472	$248,496	$208,248	$3,689,160
Benefits/UCRP Cost	$1,030,860	$72,554	$87,764	$101,788	$99,397	$83,302	$1,475,665
Providing Student Services	$1,546,290	$108,833	$131,643	$152,684	$149,097	$124,949	$2,213,496
Improving the Student-Faculty Ratio	$309,258	$21,767	$26,328	$30,537	$29,819	$24,990	$442,699
Expanding Instructional Support Staff	$1,030,860	$72,555	$87,763	$101,788	$99,399	$83,299	$1,475,664
Instructional Equipment Purchases	$309,258	$21,767	$26,328	$30,537	$29,819	$24,990	$442,699
Providing Student Financial Aid	$3,401,838	$239,437	$289,615	$335,900	$328,015	$274,890	$4,869,695
Other Non-salary Cost Increases	$103,086	$7,251	$8,777	$10,182	$9,942	$8,324	$147,562
Facilities Expansion/Renewal	$0	$0	$0	$0	$0	$0	$0
Other (Please explain in the "Additional Comments" below)	$0	$0	$0	$0	$0	$0	$0
Total use/projected use of revenue	$10,308,600	$725,552	$877,624	$1,017,888	$993,984	$832,992	$14,756,640

Additional Comments:

N/A

III.c. 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 continuously prioritize creating administrative, student affairs, and instructional efficiencies that will nonetheless meet student needs and increase student satisfaction while reducing costs. For example, by implementing a web-based system starting in 2010 (100% paperless admission system), this resulted in staff reduction over time (decreased budget) while improving 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 has added staff and continues to make increasing the number and amount of student scholarships a priority.

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

N/A

III.e. Please indicate your program's current and expected resident and nonresident enrollment in the table below.

	Enrollment					
	2018-19	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Resident	460	478	501	528	552	568
Domestic Nonresident						
International						
Total	460	478	501	528	552	568

Additional Comments

See details below:

YEAR	2018	2019	2020	2021	2022	2023
M1	120	128	136	144	144	144
M2	117	120	128	136	144	144
M3	113	117	120	128	136	144
M4	110	113	117	120	128	136
TOTAL	**460**	**478**	**501**	**528**	**552**	**568**

IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the following table, identify a *minimum* of 3 and *up to* 12 institutions that your program considers to be comparators, including a minimum of 3 public institutions. If it is the case that your program only compares to a small number of programs or only private comparators, please list those.

☐ If the box is checked, the program has provided for each comparator the total charges to degree completion in the following table; otherwise, amounts for first year annual charges were provided by the program for each comparator.

	First Year Annual Charges															
	Actuals	Projections					Increases/Decreases									
	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2019-20		2020-21		2021-22		2022-23		2023-24	
Residents							%	$	%	$	%	$	%	$	%	$
University of Colorado - Public	$39,512	$40,697	$41,918	$43,176	$44,471	$45,805	3%	$1,185	3%	$1,221	3%	$1,258	3%	$1,295	3%	$1,334
University of Michigan - Public	$37,868	$39,004	$40,174	$41,379	$42,621	$43,899	3%	$1,136	3%	$1,170	3%	$1,205	3%	$1,241	3%	$1,279
University of Oregon - Public	$44,984	$46,334	$47,724	$49,155	$50,630	$52,149	3%	$1,350	3%	$1,390	3%	$1,432	3%	$1,475	3%	$1,519
University of Pittsburg - Public	$56,896	$58,603	$60,361	$62,172	$64,037	$65,958	3%	$1,707	3%	$1,758	3%	$1,811	3%	$1,865	3%	$1,921
University of Washington - Public	$36,801	$37,905	$39,042	$40,213	$41,420	$42,662	3%	$1,104	3%	$1,137	3%	$1,171	3%	$1,206	3%	$1,243
Harvard Medical School - Private	$63,371	$65,272	$67,230	$69,247	$71,325	$73,464	3%	$1,901	3%	$1,958	3%	$2,017	3%	$2,077	3%	$2,140
Johns Hopkins - Private	$54,097	$55,720	$57,392	$59,113	$60,887	$62,713	3%	$1,623	3%	$1,672	3%	$1,722	3%	$1,773	3%	$1,827
Stanford - Private	$58,848	$60,613	$62,432	$64,305	$66,234	$68,221	3%	$1,765	3%	$1,818	3%	$1,873	3%	$1,929	3%	$1,987
University of Pennsylvania - Private	$63,137	$65,031	$66,982	$68,992	$71,061	$73,193	3%	$1,894	3%	$1,951	3%	$2,009	3%	$2,070	3%	$2,132
USC - Private	$63,844	$65,759	$67,732	$69,764	$71,857	$74,013	3%	$1,915	3%	$1,973	3%	$2,032	3%	$2,093	3%	$2,156
Washinton-St. Louis - Private	$65,004	$66,954	$68,963	$71,032	$73,163	$75,357	3%	$1,950	3%	$2,009	3%	$2,069	3%	$2,131	3%	$2,195
Public Average	$43,212	$44,509	$45,844	$47,219	$48,636	$50,095	3%	$1,296	3%	$1,335	3%	$1,375	3%	$1,417	3%	$1,459
Private Average	$61,384	$63,225	$65,122	$67,075	$69,088	$71,160	3%	$1,842	3%	$1,897	3%	$1,954	3%	$2,012	3%	$2,073
Public and Private Average	$53,124	$54,718	$56,359	$58,050	$59,791	$61,585	3%	$1,594	3%	$1,642	3%	$1,691	3%	$1,741	3%	$1,794
Your Program - UC Davis	$40,550	$41,747	$42,991	$44,279	$45,607	$46,979	3%	$1,197	3%	$1,244	3%	$1,287	3%	$1,329	3%	$1,372
Nonresidents																
University of Colorado - Public	$65,467	$67,431	$69,454	$71,538	$73,684	$75,894	3%	$1,964	3%	$2,023	3%	$2,084	3%	$2,146	3%	$2,211
University of Michigan - Public	$56,968	$58,677	$60,437	$62,250	$64,118	$66,042	3%	$1,709	3%	$1,760	3%	$1,813	3%	$1,868	3%	$1,924
University of Oregon - Public	$67,244	$69,261	$71,339	$73,479	$75,684	$77,954	3%	$2,017	3%	$2,078	3%	$2,140	3%	$2,204	3%	$2,271
University of Pittsburg - Public	$59,078	$60,850	$62,676	$64,556	$66,493	$68,488	3%	$1,772	3%	$1,826	3%	$1,880	3%	$1,937	3%	$1,995
University of Washington - Public	$66,753	$68,756	$70,818	$72,943	$75,131	$77,385	3%	$2,003	3%	$2,063	3%	$2,125	3%	$2,188	3%	$2,254
Harvard Medical School - Private	$63,371	$65,272	$67,230	$69,247	$71,325	$73,464	3%	$1,901	3%	$1,958	3%	$2,017	3%	$2,077	3%	$2,140
Johns Hopkins - Private	$54,097	$55,720	$57,392	$59,113	$60,887	$62,713	3%	$1,623	3%	$1,672	3%	$1,722	3%	$1,773	3%	$1,827
Stanford - Private	$58,848	$60,613	$62,432	$64,305	$66,234	$68,221	3%	$1,765	3%	$1,818	3%	$1,873	3%	$1,929	3%	$1,987
University of Pennsylvania - Private	$63,137	$65,031	$66,982	$68,992	$71,061	$73,193	3%	$1,894	3%	$1,951	3%	$2,009	3%	$2,070	3%	$2,132
USC - Private	$63,844	$65,759	$67,732	$69,764	$71,857	$74,013	3%	$1,915	3%	$1,973	3%	$2,032	3%	$2,093	3%	$2,156
Washinton-St. Louis - Priviate	$65,004	$66,954	$68,963	$71,032	$73,163	$75,357	3%	$1,950	3%	$2,009	3%	$2,069	3%	$2,131	3%	$2,195
Public Average	$63,102	$64,995	$66,945	$68,953	$71,022	$73,153	3%	$1,893	3%	$1,950	3%	$2,008	3%	$2,069	3%	$2,131
Private Average	$61,384	$63,225	$65,122	$67,075	$69,088	$71,160	3%	$1,842	3%	$1,897	3%	$1,954	3%	$2,012	3%	$2,073
Public and Private Average	$62,165	$64,030	$65,950	$67,929	$69,967	$72,066	3%	$1,865	3%	$1,921	3%	$1,979	3%	$2,038	3%	$2,099
Your Program - UC Davis	$52,795	$53,992	$55,236	$56,524	$57,852	$59,224	2%	$1,197	2%	$1,244	2%	$1,287	2%	$1,329	2%	$1,372

Source(s): 2018-19 tuition fees gathered from campus web sites. Inflation factors based on 3%
Additional Comments: For private medical schools, we selected Harvard Medical School, Johns Hopkins, Stanford, University of Pennsylvania, University of Southern California, and University of Washington-St. Louis. For public medical schools, we selected University of Colorado, University of Michigan, University of Oregon, University of Pittsburg, and University of Washington.

CA Resident

Univ of Colorado	http://www.ucdenver.edu/anschutz/studentresources/StudentBilling/TuitionFees/Pages/SOM-TuitionFees.aspx
Univ of Michigan	https://ro.umich.edu/tuition-residency/tuition-fees?academic_year=40&college_school=28&full_half_term=35&level_of_study=38
OHSU	https://www.ohsu.edu/xd/education/student-services/registrar/registrar-forms/upload/2018-19-Tuition-Fees_Final_Amended-8-30-2018.pdf and https://www.ohsu.edu/xd/education/student-services/registrar/registration-information/academic-calendar/Copy-of-index.cfm (includes Summer)
Univ of Pittsburg	https://www.medadmissions.pitt.edu/financial-aid/cost-attendance
UWash	http://opb.washington.edu/graduate-tuition-dashboard
Harvard	https://meded.hms.harvard.edu/md-cost-attendance
JHU	https://www.hopkinsmedicine.org/som/offices/finaid/cost/1819med.html
Stanford	https://registrar.stanford.edu/students/tuition-and-fees
Upenn	https://www.med.upenn.edu/admissions/tuition-fees.html
USC	https://financialaid.usc.edu/graduates/keck/how-much-wil-my-education-cost.html
UWash-St Louis	https://mdadmissions.wustl.edu/how-to-apply/financial-aid/cost-of-education

Nonresident

Univ of Colorado	http://www.ucdenver.edu/anschutz/studentresources/StudentBilling/TuitionFees/Pages/SOM-TuitionFees.aspx
Univ of Michigan	https://ro.umich.edu/tuition-residency/tuition-fees?academic_year=40&college_school=28&full_half_term=35&level_of_study=38
OHSU	https://www.ohsu.edu/xd/education/student-services/registrar/registrar-forms/upload/2018-19-Tuition-Fees_Final_Amended-8-30-2018.pdf and https://www.ohsu.edu/xd/education/student-services/registrar/registration-information/academic-calendar/Copy-of-index.cfm (Includes Summer)
Univ of Pittsburg	https://www.medadmissions.pitt.edu/financial-aid/cost-attendance
UWash	http://opb.washington.edu/graduate-tuition-dashboard
Harvard	https://meded.hms.harvard.edu/md-cost-attendance
JHU	https://www.hopkinsmedicine.org/som/offices/finaid/cost/1819med.html
Stanford	https://registrar.stanford.edu/students/tuition-and-fees
Upenn	https://www.med.upenn.edu/admissions/tuition-fees.html
USC	https://financialaid.usc.edu/graduates/keck/how-much-wil-my-education-cost.html
UWash-St Louis	https://mdadmissions.wustl.edu/how-to-apply/financial-aid/cost-of-education

IV.b. Why was each of these institutions chosen as a comparator? Include specific reasons why each is considered a peer – for example, competition for the same students and faculty, admitted student pools of similar quality, similar student-faculty ratios, similar program quality, an aspirational relationship between your program and the peer program, 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 (and if a program is unlikely to achieve comparability to an aspirational program within 5 years, the aspirational program should not be included).

The list of comparable institutions was created in collaboration with leadership from other UC medical schools. Each of these medical schools is ranked in the top 20 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). They also reflect top quality educational, research and clinical programs. We compete with many of these schools for the same student, resident, and faculty applicant pool. Specifically for the M.D. program, we compete with all the schools listed for the same students who are underrepresented in medicine and/or socio-economically disadvantaged.

IV.c. Please comment on how your program's costs compare with those of the comparison institutions identified in the table above.

UCDSOM program resident fees are lower than the averages of our public and private school peer institutions. Annually, nearly all of the incoming first year students are in-state residents, much higher than many of the comparable public school peer institutions. Similar to resident fees, UCD program nonresident fees are below both for the private and public school peer institution averages. Our fee structure, which has increased over the past decade at an annual rate of a little over 3%, has not affected application numbers, as we have almost doubled our applications in the last decade, from a little under 4,000 to over 7,000 applications in the 2017-18 admission cycle.

IV.d. Please comment on how the quality of your program is unique and/or distinguishable from your chosen comparison institutions.

In addition to accepting nearly 99% of incoming students from California, our program is unique among our comparators because approximately 60% of our incoming students are underrepresented in medicine or from socio-economically disadvantaged backgrounds, and nearly 60% are female medical students. Also, nearly 50% of our graduates go into primary care (compared to approximately 10% nationally), and we are above the 90th percentile nationally in those who plan to practice in medically

underserved communities. We were ranked in the top 10 in primary care by *US News and World Report* in 2018. The average ranking of the comparative schools is 16.2 with University of Washington as the 3rd best school and University of Southern California as the 53rd best school in primary care. The current student body diversity and graduates practicing in medically underserved communities data are not available for the comparative schools.

V. ENROLLMENT AND DIVERSITY STRATEGY

V.a. In the following table, please provide details about enrollment in your program and in your comparison public and private institutions. For established programs, provide data for academic years 2015-16 to 2017-18 and include estimated fall 2018 data if available. In the columns shown, programs should provide as many figures for comparison public and private institutions as are available.

	Actual	Actual	Actual	Estimated	Comparison (2016-17)	
	2015-16	2016-17	2017-18	Fall 2018	Publics	Privates
Ethnicity						
Underrepresented						
African American	7.5%	8.3%	7.5%	6.6%	5.0%	7.0%
Chicano(a)/Latino(a)	21.1%	23.2%	21.2%	22.9%	5.0%	6.0%
American Indian	1.1%	1.1%	0.5%	0.7%	0.0%	0.0%
Subtotal Underrepresented	*29.7%*	*32.6%*	*29.2%*	*30.2%*	*10.0%*	*13.0%*
Asian/East Indian	35.4%	35.1%	37.0%	37.2%	18.0%	33.0%
White	29.9%	28.2%	30.0%	30.2%	58.0%	38.0%
Other/ Unknown	5.1%	4.1%	3.6%	2.2%	13.0%	13.0%
International	0.0%	0.0%	0.2%	0.2%	1.0%	4.0%
Total	100%	100%	100%	100%	100%	101%
Socioeconomic						
% Pell recipients	61.8%	55.9%	55.8%	60.0%	N/A	N/A
Gender						
% Male	43.1%	42.2%	40.1%	37.4%	47.0%	53.0%
% Female	56.9%	57.8%	59.9%	62.6%	51.0%	50.0%

Sources:
Ethnicity and Gender Fall 2018: UCD Budget and Institutional Analysis
UC socioeconomic status and Gender: UC Corporate data
Comparison institutions: Publics/Privates comparison data: Table B-5, Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-18. For private medical schools, we selected Harvard Medical School, Johns Hopkins, Stanford, University of Southern California, and University of Washington-St. Louis. For public medical schools, we selected University of Colorado, University of Michigan, University of Oregon, University of Pennsylvania, University of Pittsburg, and University of Washington

V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What is your strategy for creating a robust level of racial and ethnic diversity in your program? 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 minority students? What will be your strategy for creating a robust level of racial and ethnic diversity in your program?

The UC Davis School of Medicine (UCDSOM) compares very favorably to both public and private schools in terms of the enrollment of underrepresented minorities, with the total percentage of underrepresented students more than double or triple that of our counterpart public and private schools. In particular, we exceed national statistics in the Chicano/Latino group for underrepresented minorities and for the Asian/East Indian group. At UCDSOM, we attract a relatively high number of socioeconomically disadvantaged students who received Pell Grants as an undergraduate, as demonstrated by the 60 percent who were recipients in the fall 2018 class. The percent of underrepresented students has remained consistently above the average of our comparators in each of the past three years, and we expect this trend to continue based on our outreach efforts, which are outlined below in Section V.e. Our nine free student-run clinics and tailored clinical tracks are also appealing factors of our school. 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 various underserved areas of California (urban, rural, and central valley); an accelerated 3-year track to address the primary care shortage is among these clinical track opportunities. Finally, we are appealing to students from underserved backgrounds because our region has a lower cost of living than many of the other UCs.

V.c. For established programs, please comment on the trend in enrollment of students from low socioeconomic backgrounds (e.g., students who received Pell Grants as undergraduates). What are your strategies for promoting access for students from low socioeconomic backgrounds?

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 six years, the diversity of our incoming students has increased as highlighted in the table below. As a result of improvement in our efforts in outreach, recruitment, and retention of medical students, diversity of

our medical student body has continued to improve, outpacing our current student body diversity each year. Both the under-represented in medicine (those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population) and socio-economically disadvantaged (SED) data below are based on Health Resources and Services Administration (HRSA)'s definition.

MEDICAL STUDENTS MATRICULATION DIVERSITY

ENTERING CLASS	CLASS SIZE	URM[1]	SED[2]	FEMALE
2016	110	54%	58%	56%
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**	**42%**	**47%**	**56%**

1: Under-Represented in Medicine
2: Socio-Economic Disadvantaged

V.d. For established programs, how does your program compare with other programs in terms of gender parity? What is your strategy for promoting gender parity in your program? For new programs, how do you anticipate your program will compare with other programs in terms of gender parity, and why? What will be your strategy for promoting gender parity in your program?

Over the past six years, the UCDSOM entering medical student class has been more than 50% women. This trend compares favorably to our partner schools. Recruitment of women is bolstered by our holistic approach to admissions, use of the Multi-Mini Interview and a recruitment team that includes incredible women role models. At the SOM, representation of women in leadership roles and programs designed for women (American Medical Women's Association (AMWA), Women in Medicine and Health Sciences (WIMHS), Spouse-support programs, dedicated lactation nursing facilities) support women medical students at the SOM. In California, female doctors are less than 40% of the physician workforce. To help address the female physician shortage and provide necessary support systems, we have several support programs for female medical students, residents, and faculty. Spouse-support programs help with the transition to medical school, and provide peer to peer support systems, lists of resources, and other support services.

V.e. In the final year of your multi-year plan, how do you expect the composition of students in your program to compare with the composition identified in the table above with respect to underrepresented minority students, Pell Grant recipients, and gender? Explain your reasoning.

We expect that the composition of our medical students will continue to include a diverse representation of minority students, Pell Grant recipients, and students of binary and non-binary genders. We expect the composition of student body diversity to continue to increase, especially among students underrepresented in medicine, students who are socio-economically disadvantaged, and female students. As a campus, we are participating in an effort to recruit and celebrate first generation students. At the admissions level, we consider a student's "distance traveled" in our holistic approach. The SOM also has a new Health Resources and Services Administration (HRSA) -funded Center for a Diverse Healthcare Workforce that conducts research, supports a community of practice, and disseminates best practices focused on advancing workforce diversity.

The Dean's Office recently created the Office of Diversity, Inclusion and Community Engagement. This Office focuses on increasing the diversity of Post baccalaureate students, medical students, residents, fellows, staff, and faculty to ensure a welcoming and respectful climate in which all members can provide and teach culturally and linguistically appropriate care. All of these missions are closely related. To increase the number of underrepresented medical students, we must make progress on all of these missions simultaneously. Additionally, the UCDSOM created an Office of Student and Resident Diversity (OSRD) almost a decade ago. Below are examples of OSRD's specific efforts to increase the number of underrepresented students in our medical school class:

1) K-12 program: These programs provide academic preparation and skill building opportunities for high school students from disadvantaged backgrounds who have expressed an interest in medicine. One program, for example, is a 3-day summer experience with follow-up programs during the school year called, "Summer Scrubs and Beyond." Another is a 4-day program called, "Saturday Academies," which is offered during the school year. The Medical Explorers program takes place at the UC Davis School of Medicine for a three-month curriculum that includes information about the application process, studying skills, clinical vignettes, and the use of medical terminology and equipment. Students are exposed to multiple professions in health care through these programs. We also offer interactive exposure and motivational workshops through our anatomy labs and campus tours. We hosted approximately 2000 K-12 students last academic year. Additionally, our K-12 coordinator participates in college and career classroom and outreach opportunities year-round.

2) Undergraduate program: We offer an intensive 9-month Medical School Preparatory Enrichment Program in which socio-economically and/or disadvantaged undergraduates from UC Davis and Sacramento State take a for-credit course in which they learn about the medical school application process, build study skills, and receive psychosocial support along with a summer

MCAT preparation course. We also provide academic advising and campus tours to community college, CSU, and UC students and their pre-medical advisors.

3) Post baccalaureate program: We offer a year-long program for 20 students who are from socio-economically disadvantaged backgrounds and who have demonstrated a commitment to practice medicine in underserved communities in California. 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 post baccalaureate year. UC Davis is also responsible for the UC Post Baccalaureate Consortium. The consortium serves as a collaboration of 5 UC post baccalaureate programs, working together to achieve best practices, and advocate for their students. Since these programs have been in existence, 835 students have completed the programs, approximately 83% have matriculated to medical or osteopathy schools, and approximately 80% are underrepresented in medicine.

4) OSRD supports chapters of national medical student organizations such as Latino Medical Student Association (LMSA), Student National Medical Association (SNMA), and Asian Pacific American Medical Student Association (APAMSA). In addition, Filipino-American in Medicine (FAIM), Gender and Sexual Diversity (GSD), Middle Eastern & South Asian Community (MESA) and Southeast Asians in Medicine (SEAM) are other student groups for which OSRD fosters support, mentorship, and scholarly opportunities. Coordination involves assisting students to plan their own outreach programs, and encouraging K-14 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 the Office of Diversity, Inclusion and Community Engagement and the Office of Student & Resident Diversity with admissions decisions. Our Office provides faculty to act as advocates for disadvantaged applicants in the medical school class. OSRD hosts a visit for underrepresented and disadvantaged students who have been admitted to UCD, during which we address any particular concerns they may have, as well as introduce them to our underrepresented faculty, community physicians of color, current students of color, and student-run clinics.

Measures of success:
1) Increase in the diversity of medical school class at UC Davis.
2) Increase in the diversity of medical schools elsewhere.

3) Increase in the interest and educational capacity of disadvantaged K-12 students to enter a pathway for matriculation to medical school.

In addition, awarding our most in need and disadvantaged students with Title VII HRSA funding helps to ensure that our program is more affordable to our lower income students. Providing these students with desirable Title VII funding helps lessen debt load with the goal of enhancing their desire to work in underserved communities. For this reason, we expect enrollment of students from lower socioeconomic backgrounds to increase through the course of this multi-year plan.

V.f. In the tables below, please provide details about the faculty diversity of the school or department that houses your program. (If the program is offered primarily by a single department, please provide data for that department. If the program is offered by a school, please provide school-level data instead. If the program draws faculty from multiple schools or departments, please include two tables for each school/department.)

Note: "All Faculty" represents academic appointees in a program of instruction and research that have independent responsibility for conducting approved regular University courses for campus credit. "Ladder Rank and Equivalent" faculty are faculty holding tenured or non-tenured titles in an appointment series in which tenure may be conferred. Academic title series that have been designated by the Regents as "equivalent" to the Professor series are termed equivalent ranks. Titles in the ladder-rank and equivalent ranks are also referred to as tenure track titles since they represent the titles which confer tenure or which permit promotion to tenure.

All Faculty (School or Department)**				
Ethnicity		2015-16	2016-17	2017-18
Black/Afr-American	Domestic	1.3%	1.0%	1.2%
	International			
Chicano(a)/Latino(a)	Domestic	4.3%	4.2%	4.8%
	International			
American Indian	Domestic	0.2%	0.2%	0.2%
Asian/Pac Is	Domestic	29.6%	29.7%	30.1%
	International			
White	Domestic	64.2%	64.5%	62.8%
	International			
Other/Unknown	Domestic	0.4%	0.3%	0.9%
	International			
Percentage by Gender		2015-16	2016-17	2017-18
Female		37.1%	37.7%	40.5%
Male		62.9%	62.3%	59.5%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		2015-16	2016-17	2017-18
Black/Afr-American	Domestic	1.0%	0.9%	0.0%
	International			
Chicano(a)/Latino(a)	Domestic	5.7%	5.6%	6.2%
	International			
American Indian	Domestic	0.0%	0.0%	0.0%
Asian/Pac Is	Domestic	21.1%	23.0%	24.6%
	International			
White	Domestic	72.2%	70.4%	69.2%
	International			
Other/Unknown	Domestic	0.0%	0.0%	0.0%
	International			
Percentage by Gender		2015-16	2016-17	2017-18
Female		30.1%	30.0%	33.2%
Male		69.9%	70.0%	66.8%

Note: Please note that the faculty diversity tables for each UC Davis program proposing to assess PDST do not include domestic and international subcategories. These subcategories have been removed to ensure that these tables do not reveal the identity of specific faculty members. UC Davis programs have included one figure for each ethnicity noted in the tables, capturing both domestic and international faculty.

Overall, our data indicates that the diversity of the UC Davis faculty does not reflect that of its students or California's community (Tables 1 & 2 below). Our data on retention (Table 3 below) reveals that our URM faculty, once recruited, tend to stay longer than our White faculty (3.9 years to 6 faculty departures vs. 1.4 years), suggesting that recruitment may be a bigger barrier to faculty diversity. To that end, we have implemented programs to improve diversity in recent years, which have led to a 31% increase in URM faculty numbers over the past two years. We aim for our recruitment and retention programs to continue to significantly improve our faculty diversity in the long term.

Table 1: UCDSOM Faculty Diversity by Academic Series 2016-17

A

Total Faculty	844
% of Ladder Rank	24.88%
% of In-Residence	6.4%
% of Clinical X	24.4%
% of HSCP	37.8%
% of Adjunct	6.5%

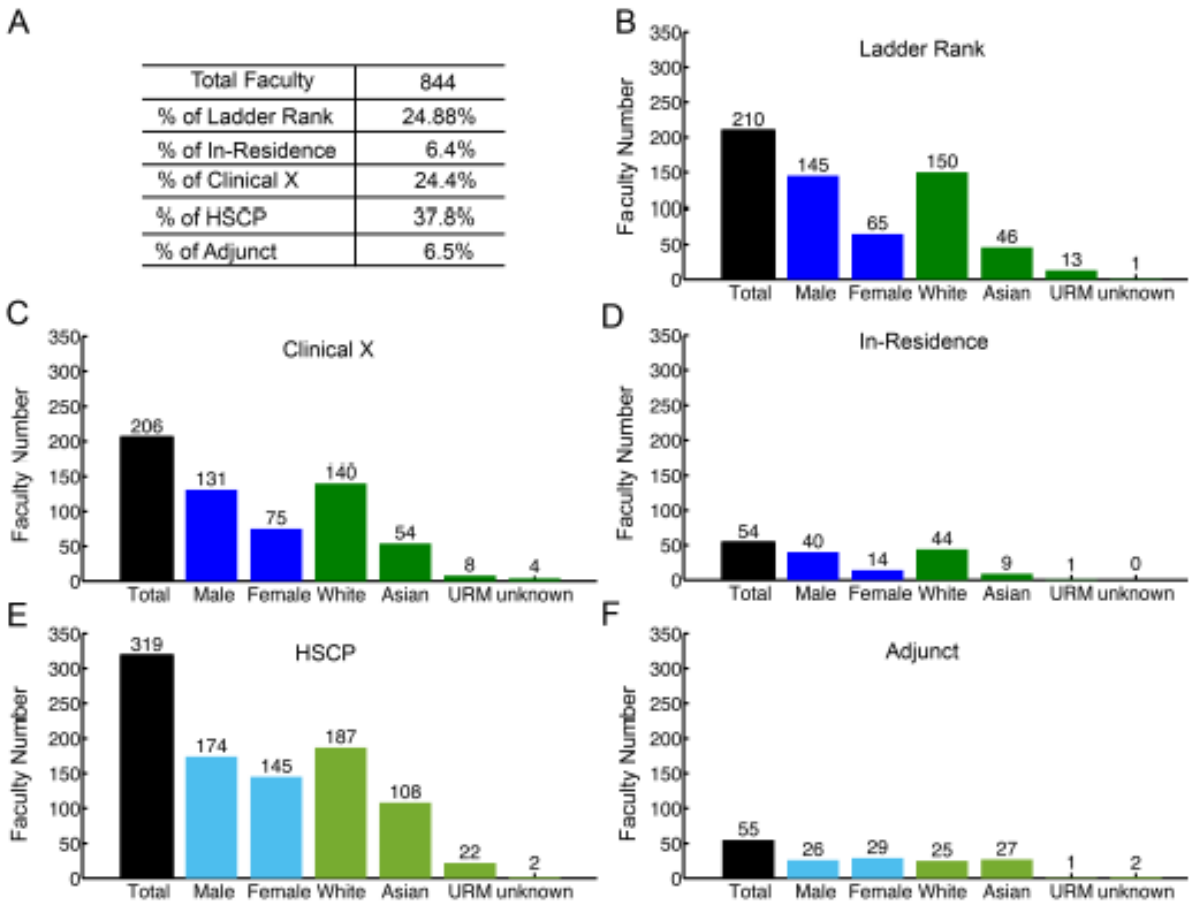


Table 2: UCDSOM Faculty Diversity by Academic Series 2017-18

A

Total Faculty	922
% of Ladder Rank	23.8%
% of In-Residence	5.6%
% of Clinical X	24.1%
% of HSCP	40.1%
% of Adjunct	6.4%

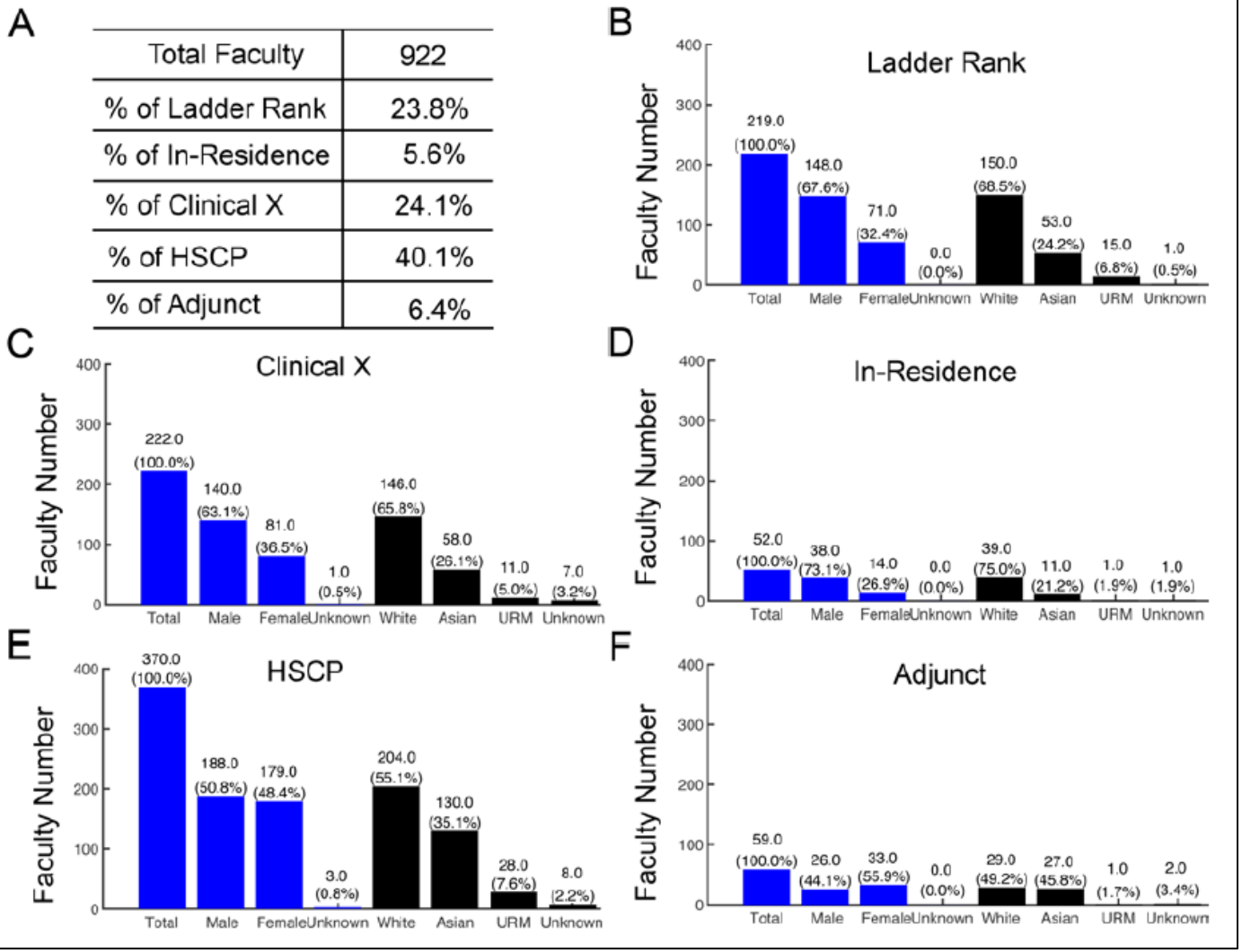
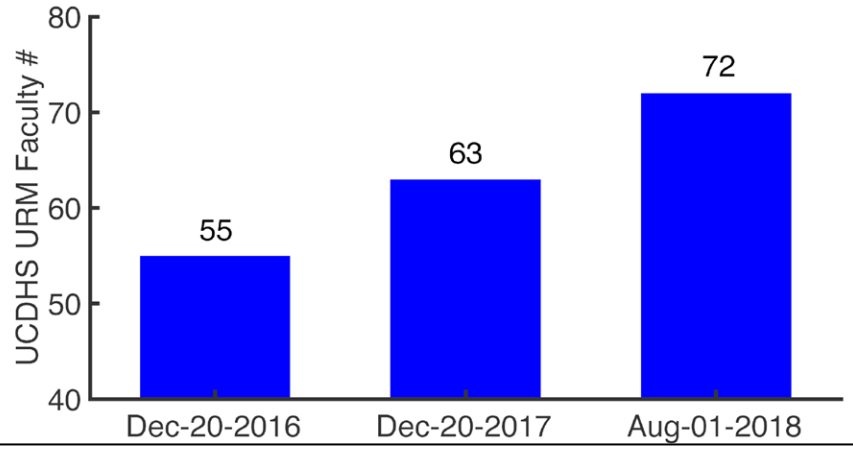


Table 3: Improved Retention of URM Faculty (2013-2017)

Study Group	**White**		**Asian**		**URM**	
Age < 60	*Cohort Size*	Years until **6 faculty** departures	*Cohort Size*	Years until **6 faculty** departures	*Cohort Size*	Years until **6 faculty** departures
Faculty	*637*	1.4	*318*	2.7	*64*	3.9

Table 4: Growth of SOM Underrepresented Minority Faculty



V.g. What are your program's current and proposed efforts to advance the recruitment and retention of diverse faculty?

The SOM has a multipronged approach to improving the recruitment and retention of diverse faculty. We have three leadership positions specifically accountable to diversity and inclusion, although multiple other leaders collaborate significantly to promote diversity. There are efforts focused specifically on faculty recruitment, particularly the Excellence in Diversity Pilot program that has led to increases in diverse faculty recruitment. We have several initiatives focused on diverse faculty recruitment including faculty

development, mentorship, and networking. In addition, in-depth interviews of diverse faculty are underway to learn how to better support diverse faculty within our School of Medicine, and health system as a whole.

Diversity Practice	Description
Leadership	
Senior-level diversity leaders	Senior-level positions that advance institutional priorities for diversity, equity, and inclusion as essential ingredients of academic excellence in higher education: Associate Vice Chancellor of Diversity and Inclusion, Associate Dean for Student and Resident Diversity, Associate Dean for Faculty Development and Diversity (newly created in 2016)
Faculty Recruitment	
Advertising	We have established diversity outreach guidelines to chairs about incorporating additional language about commitment to diversity, equal opportunity, and work-life integration into advertisements' position descriptions. We have also worked with search firms to better extend advertisement into diversity networks.
Federal and other programs to support URM preparation, recruitment, hiring	Given the challenge of recruiting diverse faculty, the SOM is a recipient of an Institutional Transformation ADVANCE grant that began in September 2012. This provides federal funding to support faculty diversity in research.
Candidate contributions to diversity statements	Since 2006, the Academic Personnel Manual has included contributions to diversity statements in the review criteria for appointment, promotion, and appraisal (state if this is optional or required and where in the search process the statement is considered). Diversity statements are now required of all SOM candidates and all search committee members are trained to review diversity statements.
Excellence in Diversity Pilot Program	Opt-in program with tight coordination between the AVC for Academic Personnel, the Office of Equity, Diversity and Inclusion and the Department Chairs and Search Committees. Specialized bias training for search committees in the program, AVC serves as an equity advisor, best practices in identifying objective criteria for candidates and corresponding evaluation, structured interviews, diversity and inclusion outreach (letter, email and phone) by AVC to candidates to encourage application, inclusion groups during interview, funding for advertising in diversity venues.

Diversity Practice	Description
Faculty Retention	
Faculty of color networks	We have several initiatives to enhance opportunities for informal networking, dialogue on campus issues, senior-junior mentoring, and other community building and support Spring 2018 Gathering of Black/African American Women in Health Sciences at Chancellor's Residence, planning for Fall 2018 Gathering of Latino Faculty in Health Sciences at Chancellor's Residence. The CAMPOS Initiative, part of the UC Davis ADVANCE Program, hosts a series of Cafecitos (coffee breaks) throughout the academic year, for faculty to network and discuss topics relevant to promoting, and sustaining a diverse community of STEM faculty.
Diversity DRIVE Initiative	SOM Faculty Development and Diversity is conducting interviews with URM and first generation faculty members to identify factors that lead to recruitment, retention, and increased satisfactions for diverse faculty with the intent of enhancing these factors in faculty development programming.
Mentoring Diverse Faculty	SOM Faculty Development and Diversity offers a robust Mentoring Academy. This year, the Academy will collaborate with the Vice Chancellor's Advisory Committee of Faculty Equity and Diversity to develop mentoring supports for diverse new faculty. We have also prioritized diversity in our faculty development programs
Improve Faculty "D&I IQ"	
Implicit/unconscious bias training in faculty recruitment and selection	The SOM offers (compulsory) Enhanced Training for Faculty Search Committee Members that must be repeated every three years intended to mitigate impact of implicit bias on recruitment and retention of attitudes or stereotypes that affect understanding, actions, and decisions in an unconscious manner. See: http://www.ucdmc.ucdavis.edu/facultydev/faculty-search-committee-training.html
Diversity training for faculty educators	The Office of Faculty Development and Diversity piloted a "Supporting Educational Excellence in Diversity" 3 hour "flipped classroom" series for teaching faculty to enhance inclusion in the learning environment. Plans have been made to require all course directors to attend future trainings.

VI. FINANCIAL AID STRATEGY AND PROGRAM AFFORDABILITY

VI.a. What are your financial aid/affordability goals for your program? How do you measure your success in meeting them? How will your financial aid strategies (e.g., eligibility criteria, packaging policy) help achieve these goals?

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 and merit, ensuring federal, state, and university compliance. We also strive to provide a substantial number of other funding opportunities by announcing numerous internal and external scholarship and research openings throughout the year. In addition, our goal is to offer scholarships to at least 2/3 of the medical students (which is above the national mean for medical schools), with high priority given to socio-economically disadvantaged medical students. One of our measures of success, therefore, is the total number of students who receive scholarships, particularly those from low income backgrounds. The AAMC 2018 Graduation Questionnaire (GQ) annually surveys graduating medical students across the country and our students consistently rank financial aid services high in many categories. For instance, financial aid administrative services were highly rated by our students (85.5% satisfied/very satisfied compared to 75% nationally). Our financial aid staff provides annual workshops on loan repayment strategies, exit loan counseling, and promotes AAMC's monthly Friday FIRST (Financial information, Resources, Services, and Tools) financial workshops. FIRST program provides free resources to help medical students and graduates make wise financial decisions. Services include whether one can afford medical school, applying for student loans, determining your loan repayment options, buying house, etc. Overall our educational debt management counseling on the GQ was also highly rated (73.8% satisfied/very satisfied compared to 67.5% nationally). The UCD Office of Medical Education (OME) surveys all medical students annually – a student satisfaction survey of the various UCD OME units. This survey confirms that our Financial Aid unit consistently ranks amongst the highest performing units in OME for the last decade. Of the over 30 units within OME, the Financial Aid unit has scored on average a 3.52 (scale of 0-4) as compared to all other units having an annual average ranking of 3.41 for the last decade.

Graduating Class	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Percent with Debt	88%	91%	91%	95%	88%	91%	86%
Cumulative Debt among Students with Debt	$118,285	$125,402	$132,348	$129,252	$138,227	$146,177	$149,509

VI.b. 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?

While we do see the trend of student debt rising, we are working hard to help students keep their debt as low as possible. Beginning in 2017-18, we changed the way we award scholarships to our matriculating students. These scholarships are promised for four years, and the larger awards are targeted to our neediest students (those coming from lower income families). These scholarship awards are coming from both the return-to-aid allocation funds as well as our general SOM endowment funds. After funding all our promised students, if there are funds left over, we target these funds to our highest debt students – awarding them some grant funds to reduce their loans. While we expect student debt to continue to grow, our focus is to strive to have our average medical student debt total less than the national public school average. Our "standard" cost of living tends to be lower than that of other UCs, but we are also quite aware that the Sacramento regional area is becoming more competitive with rental prices rising as the region grows. As shown in the table above, our student debt on average has historically grown at approximately 3% each year. Additionally, our PDST and overall medical school tuition has grown roughly 3% every year. Combining the average tuition and fee increases with expected annual cost of living increases, we hope to remain competitive with our comparative schools, again striving to ensure our M.D. program will continue to yield lower average debt levels among students relative to national private/public mean as shown in table below.

	Graduates with Debt	2016-17 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	86%	$149,509	$55,974	38%
Public comparisons	77%	$181,179	$55,974	46%
Private comparisons	72%	$206,204	$55,974	52%

Sources:
UC: Corporate data
Comparison institutions: Using national public and private averages as comparators debt information not available. AAMC 2017 Debt Fact Card (https://members.aamc.org/iweb/upload/2017%20Debt%20Fact%20Card.pdf)
Additional Comments: Please see AAMC's 2018-19 Survey of Resident/Fellow Stipends and Benefits Report, page 7 for median salary at graduation: https://www.aamc.org/download/493114/data/2018stipendsurveyreportfinal.pdf

VI.c. 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.

We conduct two different loan counseling sessions for our medical student graduates - one covers strategies for managing debt while in residency and the other offers a detailed review of the student's obligations and loan repayment options, covering required Dept. of Education exit topics. Granted we have seen the level of student debt rise, but we also witness that with the numbers of flexible repayment plans and loan repayment programs offered, our graduates are able to make payments that fit with their budget and income (or lack thereof) during the lean years of residency. Upon completion of residency, students are more aggressive and better equipped to pay down their debt if not participating in a loan repayment program. This is validated by our campus' particularly low loan default rate relative to the national average, which hovers around 10 to 11%, whereas ours is around 2%.

VI.d. Please describe any resources available to students in your program, while enrolled or following graduation, to promote lower-paying public interest careers or provide services to underserved populations. Examples may include targeted scholarships, fellowships, summer or academic-year internships, and Loan Repayment Assistance Plans.

We promote all types of loan repayment programs for our students. For example, we have a good number of students who tend to apply and be selected for the National Health Service Corps Loan Repayment Programs (LRPs) – namely the Students To Service LRP. These plans help place graduates in jobs working with underserved populations. As well, oftentimes past graduates are applying for NHSC LRP programs and come back to our Financial Aid staff validating that they met the definition of "disadvantaged" (either environmentally or economically) while enrolled. A number of our prior graduates are accepted for these competitive LRPs. In addition, we target awarding Title VII funds – both Loans for Disadvantaged Students and Scholarships for Disadvantaged Students – to those students who are committed to working in both primary care and with medically underserved patient populations. We have some Title VII Primary Care Loan (PCL) funds and also help to promote these funds, potentially awarding "Super" PCLs to those 4th year students' who matched into primary care residencies. Funding these Title VII monies helps to reduce a student's debt load and allows the graduate to defer interest-free much of their debt during residency.

VI.e. Do graduates of your program who pursue public interest careers (as defined by your discipline) typically earn substantially less upon graduation than students who enter the private sector? 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. UCDSOM is known for having matriculates who intend to work with the medically underserved. We encourage this type of work through our numerous student-run free clinics, and 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. Indeed, the UCD-SOM Tailored Clinical Tracks offer students additional curricula designed to equip students with the tools to practice in primary care (ACE-PC: Accelerated Competency-based Education in Primary Care), rural (RP: Rural PRIME), central 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 encourage our students to 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
- Providing an experience that leverages community-academic collaboration to improve the health of populations
- Increasing the number of UCD-SOM graduates who are leaders in the provision of high quality, equitable healthcare services.

Students accepted into these "track" programs, are awarded additional UCDSOM scholarship support. They are also given extra consideration for our various Title VII funds – "track" students who are extremely financially needy and confirm interest in working in primary care and for a medically underserved community are fairly certain to be awarded Title VII funds.

Both during students' final year of medical school and again just before graduation, we emphasize the broad range of loan repayment programs offered by a number of different agencies, (e.g. National Health Service Corp, Indian Health Service, and state options). We also provide in-depth information to our graduates regarding Public Service Loan Forgiveness and to consider making payments under an income-driven repayment plan. Providing this information allows our graduates the ability to give thorough consideration to the choice of public service as a possible career path, and highlights these incredible opportunities as a way to handle their significant debt load.

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

Our Office of Diversity team provides financial aid information to prospective applicants as part of their outreach programs. This outreach reaches over thirty K-12 schools annually in the surrounding Sacramento counties. Additionally, the office team outreaches to several hundred undergraduate students at UC Davis and CSU Sacramento. Lastly, these outreach efforts continue throughout the state through promotion of our UCD Post Baccalaureate program. More than 500 students attend our Post Baccalaureate outreach sessions annually – students from all the UC, CSU, and Community Colleges.

Financial aid information is also shared with applicants during their interview day orientation. Information includes general financial aid, scholarship information and how to better prepare financially for medical school by getting credit card debt paid off and/or adverse credit history cleared up or improved. The week after the applicant's interview, each and every interviewee is sent an individual email from our financial aid staff with more thorough information about applying for aid, debt information and resources, and scholarship information.

VI.g. Does your program make information available to prospective students regarding the average debt and median salary of program graduates? If so, how does your program approach sharing this information? If not, why not?

Information about both average historical debt levels and median salary information is on our financial aid website and provides links to more detailed salary information on AAMC's website. We also share this information in our required Exit Loan Counseling sessions.

VII. OTHER

VII.a. Please describe any other factors that may be relevant to your multi-year plan (such as additional measures relating to your program's affordability, measures that assess the quality of your program, etc.).

N/A

PART B

IX. 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 multi-year plan, which may be obtained in a variety of ways. Campuses are expected to have engaged in substantive consultation with students and faculty only in the year in which a new multi-year plan is prepared. At the program level, consultation should include information on (a) proposed new or increased PDSTs for 2018-19 and multi-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 in the program (or likely to be in the program)

IX.a. How did you consult with students about the PDST levels proposed in your multi-year plan? Check all that apply.

- ☐ (For proposed new PDST programs and one year programs) A good faith effort was made to discuss the plan and solicit feedback from prospective students and/or students from a related program (please describe):
- ☐ 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 student leaders and emailed to all students across the four classes.

IX.b. Below, please provide a summary of student feedback acquired during the opportunities for consultation selected above. If students provided written feedback, please also attach that feedback to this document. Lastly, please describe below any proposal changes that resulted from this feedback.

The MD program leadership consulted in-person with 24 peer-elected student leaders (2 class presidents, 2 curriculum representatives, and 2 representatives of the Committee on Student Promotion from each of the four medical school classes), the Education Council (which includes all key educators such as deans, directors, Instructors of Record, and faculty elected representatives), and administrators during a lunch meeting on October 17, 2018. In addition, through these peer-elected leaders,

all four classes received the topics discussed via email and feedback was solicited. 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 communication to the entire medical student body at large. Instead, these smaller focus group consultations, followed by having student leaders share the information with their classmates, have improved the consultation and feedback collection processes. The following topics were discussed during the meeting:

- Different types of fees
- Distribution of revenues
- Annual approval process
- 2018-19 fees and proposed 2019-20 fees as well as future plans for increases
- 2018-19 actual UCDSOM cost of medical education
- Impact on diversity/corresponding plan for more strategic distribution of "return to aid" monies
- Match results and graduate outcomes
- 2017-18 accomplishments
- 2018-19 goals

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 attached is feedback from students. While there was constructive feedback from students on all topics shared, there was nothing specific suggested that required changes to this proposal.

IX.c. In addition to consultation with program students and faculty, please confirm that this multi-year plan has been provided to the campus graduate student organization leadership and, if applicable, the program graduate student organization leadership. *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 graduate student leadership 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 Jonathan Minnick on 11/9/2018.
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 representatives (Class Presidents, Curriculum Representatives, and Committee on Student Promotion representatives on 10/17/2018.

☒ Comments or feedback was provided.

☐ Comments or feedback was not provided.

Nature of feedback or full comments: Summarized above.

Consultation with faculty

IX.d. How did you consult with faculty about the PDST levels proposed in your multi-year plan? Check all that apply.

☐ Agenda item at a regularly scheduled faculty meeting
☐ 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): Text

IX.e. Below, please provide a summary of faculty feedback acquired during the opportunities for consultation selected above. If faculty provided written feedback, please also attach that feedback to this document. Lastly, please describe below any proposal changes that resulted from this feedback.

The MD program leadership consulted with the Education Council (medical educators including deans, directors, Instructors of Records, School of Medicine faculty elected representatives, and School of Medicine Education Council – a key committee for Medical Education), and administrators during a lunch meeting on October 17, 2018. The following topics were discussed during the meeting:

- different types of fees
- distribution of revenues
- annual approval process
- 2018-19 fees and proposed 2019-20 fees, as well as future plans for increases
- 2018-19 actual UCDSOM cost of medical education
- impact on diversity/corresponding plan for more strategic distribution of “return to aid” monies

- Match results and graduate outcomes
- 2017-18 accomplishments
- 2018-19 goals

The faculty and administrative 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 increase in PDST for 2019-20, understanding that the increase is needed to sustain growth and innovation in the medical education program. Faculty were particularly supportive of proposed efforts to improve the curriculum and more effectively integrate content. They were also supportive of plans to increase class size to address the physician workforce shortage in California. They appreciated the efforts to find alternative funding sources for medical education, the efforts to control costs, and the total cost of medical education at the school relative to the cost of medical education at other schools. An email was sent to the Education Council, as well, and no written feedback was submitted.

IX.f. Please confirm that this multi-year plan template was provided to the campus Graduate Dean and endorsed by the Chancellor.

☒ Plan shared with Jean-Pierre Delplanque on November 08, 2018.
Graduate Dean

☒ Plan endorsed by Gary S. May on November 26, 2018.
Chancellor[1]

[1] Per the *Policy on Professional Degree Supplemental Tuition* Section 4, found at http://www.universityofcalifornia.edu/regents/policies/3103.html