The Regents of the University of California

ACADEMIC AND STUDENT AFFAIRS COMMITTEE
April 10, 2024

The Academic and Student Affairs Committee met on the above date at Carnesale Commons, Los Angeles campus and by teleconference at 1130 K Street, Sacramento and 450 East Harbor Boulevard, Ventura.

Members present: Regents Batchlor, Park, Raznick, Sarris, and Tesfai; Ex officio member Leib; Advisory members Salazar and Steintrager; Chancellors Muñoz, Wilcox, and Yang; Staff Advisor Mackness

In attendance: Regents Ellis and Makarechian, Faculty Representative Cheung, Secretary and Chief of Staff Lyall, Managing Counsel Shanle, Chancellor May, and Recording Secretary Li

The meeting convened at 2:40 p.m. with Committee Chair Park presiding.

1. **APPROVAL OF MULTI-YEAR PLANS FOR PROFESSIONAL DEGREE SUPPLEMENTAL TUITION FOR SIX GRADUATE PROFESSIONAL DEGREE PROGRAMS**

The President of the University recommended that the Regents approve the multi-year plans for charging Professional Degree Supplemental Tuition (PDST) for five graduate professional degree programs as shown in Display 1.

DISPLAY 1: Proposed Professional Degree Supplemental Tuition Levels[1] for Five Programs

	Current Level		Proposed Level			
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Joint Medical Program (JMP), Berkeley-San Francisco						
Resident PDST Level	$24,486	$25,464	$26,490	$27,540	$28,644	$29,790
Nonresident PDST Level	$24,486	$25,464	$26,490	$27,540	$28,644	$29,790
Medicine, Davis						
Resident PDST Level	$25,980	$26,760	$27,564	$28,392	$29,244	$30,120
Nonresident PDST Level	$25,980	$26,760	$27,564	$28,392	$29,244	$30,120
Medicine, Irvine						
Resident PDST Level	$25,986	$26,766	$27,570	$28,395	$29,247	$30,123
Nonresident PDST Level	$25,986	$26,766	$27,570	$28,395	$29,247	$30,123
Medicine, San Diego						
Resident PDST Level	$28,617	$29,478	$30,363	$31,275	$32,217	$33,186
Nonresident PDST Level	$28,617	$29,478	$30,363	$31,275	$32,217	$33,186
Medicine, San Francisco						
Resident PDST Level	$25,977	$26,754	$27,558	$28,386	$29,238	$30,114
Nonresident PDST Level	$25,977	$26,754	$27,558	$28,386	$29,238	$30,114

[1] The amounts reflect the maximum PDST levels to be assessed, effective as of the academic year indicated. Assessing PDST levels less than the level indicated requires approval by the President with the concurrence of the Chancellor. PDST levels may be assessed beyond the period covering the program's approved multi-year plan but not in excess of the maximum levels specified in the final year.

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Interim Associate Vice President Caín Díaz introduced the item, a request to approve Professional Degree Supplemental Tuition (PDST) proposals from the UC Berkeley–UCSF Joint Medical Program (JMP) and the Medicine programs at UC Davis, UC Irvine, UCSF, and UC San Diego. This year to date, the Regents have approved 15 PDST programs.

Mr. Díaz introduced the UC Berkeley–UCSF JMP.

Jyothi Marbin, Director of the UC Berkeley–UCSF JMP, stated her belief that the JMP offered the most unique and best opportunity to embed health equity and justice in medicine. Students spent the first half of this five-year M.S./M.D. program at UCB pursuing a Master's Degree in Health and Medical Sciences, with a focus on health equity and social justice. Then, students pursued their M.D. at UCSF. The JMP trained doctors who were equipped to provide excellent clinical care and who were able to address structural inequities that affect health outcomes. For instance, aside from being trained in the practice of cardiology, students also learned that Black and African American individuals were 30 percent more likely to die from cardiac disease than non-Hispanic white individuals. The JMP also taught changemaking skills by sending students to Sacramento to learn about health policy and legislation. Seventy percent of JMP graduates stayed in California to practice, many in underserved communities. In response to concerns raised by Regents two years ago, the JMP has made significant progress in diversifying its faculty and students. The percentage of underrepresented students in the program has risen from 18 percent two years ago to 29 percent, compared with nine percent among public comparators and 14 percent among private comparators. Underrepresented faculty made up around 17 percent of total faculty in 2021 and now made up around 30 percent. Dr. Marbin stated that increasing financial support has helped the JMP improve its student diversity. In 2022, the program provided $270,000 in aid awards and over $324,000 in 2023, which was 41 percent of PDST. Financial aid was expected to increase this year as well. All awards were need-based, which has allowed the program to attract a more racially and socioeconomically diverse student body. Last year, 19 percent of students were Pell Grant recipients, compared with six percent in 2021. In the past two years, the JMP has raised close to $1 million in philanthropic pledges for scholarships. The proposed PDST increase would go toward financial aid.

Committee Chair Park asked if graduates of the JMP pursued different careers. Dr. Marbin responded that alumni not only had careers in clinical care but also took leadership positions in government and academia. Michael Lu, Dean of the UCB School of Public Health, and Rohan Radhakrishna, Deputy Director of the California Department of Public Health were both graduates of the JMP.

Chancellor Wilcox noted that the student diversity numbers in the presentation differed from those in the written materials. He asked how international faculty were factored into the faculty numbers. Dr. Marbin explained that the JMP was 29 percent underrepresented

students with the inclusion of the current cohort, which was not reflected in the written materials. The program has engaged in important foundational work to support its students. She stated that the program did not currently have international faculty and that she would review the information provided in the written materials.

Staff Advisor Mackness commended the uniqueness of the JMP mission and wished that other programs would take note. She asked how a cohort of 16 students per year compared with other programs. Dr Marbin praised Dr. Lu for his vision for the program and stated that it was difficult to find exact comparators. The JMP was a small program with a tight community of students and a problem-based learning curriculum meant for small groups of students. Funding limitations and locating clinical sites were challenging.

Mr. Díaz introduced the Medicine program at UCSF.

UCSF Vice Dean for Education Karen Hauer stated that the program proposed a three percent increase in PDST from 2024 to 2029. Dr. Hauer shared that the UCSF School of Medicine educated 165 students in each class with a curriculum that prioritizes social justice and health equity. The School ranked among the top five in both research and primary care and was the number one public medical school in National Institutes of Health (NIH) research funding. In 2022, 46 percent of enrollees came from underrepresented groups (URG), up from 36 percent in 2018. Yield for URG students was over 50 percent for the past three years. UCSF's Differences Matter initiative, launched in 2015 and supported by an investment of over $6.4 million, aimed to build the most diverse, equitable, and inclusive academic health system in the nation. The School had a similar commitment to supporting URG students through its curriculum. Since 2020, efforts to enhance faculty diversity has led to increases in Black/African American and Hispanic/Latino(a) faculty and maintaining a steady number of Asian Pacific Islander faculty. From 2020 to 2023, 14 percent of the 1,456 new faculty hires were from URGs. One-third of new PDST revenue would go toward need-based financial aid. The School's financial aid was primarily need-based; since 2021, the percentage of Pell Grant recipients has increased to 30 percent due to the School's ability to provide larger financial aid packages. Enhancing financial aid and affordability have been key to growing enrollment of underrepresented students. Having successfully grown its philanthropy efforts, the School has been able to keep student debt below that of peer and other public institutions. Since fall 2021, UCSF has met 100 percent of students' full calculated need, and average debt at graduation was projected to fall from $140,000 in 2021 to below $130,000 in 2024. The School has also reduced average URG student debt from $140,000 in 2017 to $127,000 in 2022. UCSF had a range of high-quality programs and services to support students from diverse backgrounds and socioeconomic statuses. PDST funds would support the salary of an accommodations and enrollment system specialist with a focus on clinical training, students traveling to clerkships in areas not sufficiently supported by public transit, licensing examination question banks, language instruction, and conference travel.

Mr. Díaz introduced the Medicine program at UC Davis.

Susan Murin, Interim Dean of the UC Davis School of Medicine, stated that the School, founded just over 50 years ago with the mission of being a primary care medical school, has evolved into a top-quartile research institution and was delivering outstanding clinical care to a large region of Northern California. According to the American Association of Medical Colleges (AAMC) Mission Management Tool, the School ranked above the 95th percentile nationally in percentage of students going into family practice and other primary care specialties, practicing in the state, and planning to practice in underserved regions. Using what the AAMC called an "intentional, mission-oriented holistic approach to admissions," UC Davis School of Medicine was the third most diverse medical school in the country. While the diversity of postgraduate trainees and faculty lagged behind that of students, the School has more than doubled the number of underrepresented faculty between 2016 and 2023. Forty-three percent of the student body were first-generation students, and 70 percent came from socioeconomically disadvantaged backgrounds. Average parental income of UCD School of Medicine students fell below the tenth percentile nationally. The cost of attendance was slightly above the national average compared with the in-state cost of attendance at other public institutions, but student debt, which was in the 25th percentile at $144,000, has declined slightly over each of the last several years.

Mark Servis, Vice Dean for Medical Education at UC Davis School of Medicine, stated that the School's Pathway Programs, part of the campus' strategy for smart growth, targeted specific underserved communities and recruited students from those same communities. Rural–Programs in Medical Education (PRIME), the oldest Pathways Program, provided training near the Oregon border to students from rural settings. The newly launched Tribal Health PRIME trained Native American students for practice in indigenous settings. Since the pool of Native American students was very small, UCD partnered with Oregon Health and Science University and Washington State University, Spokane on Wy'east, a postbaccalaureate program that prepared Native American students for medical school. UCD recently launched similar programs with California State University, Chico and California Polytechnic University, Humboldt. In Reimagining Education to Advance Central California Health (REACH)-PRIME, students from Modesto, Stockton, and Manteca performed their clinical rotations in those communities. The Transforming Education and Community Health for Medical Students (TEACH-MS) program trained students in Federally Qualified Health Centers in Sacramento County. Accelerated Competency-Based Education in Primary Care (ACE-PC) provided eight students per year with a three-year medical school experience and residency training in primary care at UC Davis or Kaiser Permanente. Through California Oregon Medical Partnership to Address Disparities in Rural Education and Health (COMPADRE), a partnership between UC Davis and Oregon Health and Science University, Portland, students from underserved, high-disparity communities between Sacramento and Portland performed clinical rotations in those regions. COMPADRE provided curriculum in indigenous competency, wellness programming, and faculty development to graduate medical residency programs. The School of Medicine requested a three percent increase to continue supporting these Pathway Programs.

Regent Sarris emphasized the dire health outcomes in Native American communities and the opportunity to serve large Indian populations in Los Angeles, Oakland, around Davis, and the San Joaquin Valley. Regent Sarris' tribe, the Federated Indians of Graton Rancheria, had funding for educational programs. Dr. Servis replied that partnering with tribes was long overdue and that health disparities in the Native American community were the greatest among any ethnic group. Regent Sarris noted that, in some rural areas, infant mortality was 20 percent and life expectancy for a California Indian male was 47 years. There were more Native Americans in California than anywhere else in the country.

Dr. Servis noted that UC Davis was making use of the unfunded mandate to cover tuition for a student from a federally recognized tribe in California. Regent Sarris stated that his tribe has provided $2.5 million per year in perpetuity so that tuition is also covered for students from tribes that are not federally recognized.

Committee Chair Park asked how long UC Davis has offered the ACE-PC program, noting the size of the cohort. Dr. Servis replied that the program was in its 12th year. The retention rate of graduates who stay in primary care was over 90 percent, far above what was expected of medical students generally. He attributed the retention rate to having older students who had some healthcare experience and knew they wanted to become providers of primary care, as well as the effect of being in a cohort of students sharing the same goal. These students were "inoculated" against the academic specialty culture.

Committee Chair Park asked why ACE-PC was not a larger program. Dr. Servis responded that vice deans have discussed replicating this at other UC medical schools. This program has grown from six students per year to eight. These students were specially selected and given an integrated healthcare experience. Most clinical rotations occurred at Kaiser.

Committee Chair Park asked about the recruitment approach for ACE-PC. Dr. Servis stated that students must first be admitted to UC Davis School of Medicine before applying to a Pathway Program. Students interested in ACE-PC were committed to primary care and were incentivized by the reduced debt from a three-year experience. While these students were taking on a more challenging, accelerated curriculum, their Medical College Admission Test (MCAT) scores and grade point averages were not above those of four-year medical students.

Committee Chair Park remarked that one would have to be interested in UC Davis School of Medicine in order to submit the secondary application; ACE-PC could have broad appeal. Dr. Servis stated that UCD started this program with a grant from the American Medical Association Reimagining Medical Residency Initiative. Since then, there has been a dramatic increase in three-year pathways across the U.S. However, no other California medical schools have advanced this model.

Regent Sarris asked about outreach and recruitment for Pathway Programs. Dr. Servis replied that these opportunities were made known to applicants using a variety of communications, including the UC Davis website and application materials. UCD has engaged in studies and written and presented papers on the ACE-PC program, which have

been disseminated within the academic community. The School of Medicine was among a group of schools advancing this model, which was not without controversy as some were concerned about the lack of a fourth year of medical school.

Mr. Díaz introduced the Medicine program at UC Irvine.

Khanh-Van Le-Bucklin, Vice Dean for Medical Education at UC Irvine School of Medicine, shared that the School, home to over 450 medical students and 750 medical residents and fellows, broke ground last month on a new hospital that was scheduled to open in 2025. The School recently acquired a network of hospitals in Orange County and opened the newly renovated Medical Education Building, with optimized study and relaxation space and state-of-the-art learning facilities, such as a new anatomy laboratory. Known as a pioneer in medical education innovation and technology, the School has been designated an Apple Distinguished School since 2012. The Program in Medical Education for the Latino Community (PRIME-LC) was established two decades ago and was the first medical school program in the U.S. to train physicians to serve under-resourced Latino(a) communities. Almost 80 percent of PRIME-LC graduates practiced in California, and 80 percent of the program's attending alumni worked in high-poverty areas. In 2019, the School launched PRIME Leadership Education to Advance Diversity–African, Black and Caribbean (LEAD-ABC) to developing physicians serving the African, Black, and Caribbean communities. The School's average cost of attendance was $80,000 to $100,000 less than that of comparators. Following Committee Chair Park's feedback, the School intended to increase return-to-aid from 27 percent to 33 percent. In addition, the School invested over $4 million annually in financial aid. Two years ago, UCI School of Medicine increased its class size to from 104 to 114 students and planned to enroll 125 students in 2025. Approximately 95 percent of students were California residents. This year, 70 percent of upcoming graduates were staying in California for residency and 45 percent were staying within the UC system.

Mr. Díaz introduced the Medicine program at UC San Diego.

Michelle Daniel, Vice Dean for Medical Education at UC San Diego School of Medicine, stated that the School's mission was to educate and inspire physicians to provide innovative, compassionate, and equitable care. It admitted 140 students per year into its four-year M.D. program, 12 students enrolled annually in the PRIME–Health Equity (HEq) and six annually in PRIME–Transforming Indigenous Doctor Education (TIDE), both of which were combined M.D. and master's programs. Ten to 12 students enrolled every year in the M.D./Ph.D. program, creating a research pipeline for the state. In 2023, 70 percent of matriculants were California residents; this year, 62 percent of total graduates and 80 percent of PRIME graduates stayed in California. Seventy-six percent of UCSD PRIME graduates practiced primary care and 82 percent practiced in underserved communities. Several of the School's pathway programs for high school, community college, and undergraduate students have become models for diversification across the state. The School changed its admissions committee to include 40 percent underrepresented minorities, and philanthropic efforts for scholarships helped the School matriculate its most diverse class ever in 2023, with 33 percent from underrepresented groups. Eleven percent

were African American, 18 percent were Hispanic, and four percent were Native American. The percentage of African American and Native American students was nearly double the percentage of these groups in San Diego County, and the School aimed to increase its Hispanic representation with increased outreach. Between 2019 and 2023, the School's proportion of students from first-generation and socioeconomically disadvantaged backgrounds also increased, which has resulted in an urgent need for more return-to-aid. Therefore, the School has requested a three percent PDST increase for five years; 33 percent of PDST fees would go toward return-to-aid. Cost pressures have grown faster than revenues in the high inflationary environment since the COVID-19 pandemic. Ensuring an adequate number of faculty amidst a physician shortage, the PDST increase would partially support a new educator funding model to ensure fair, transparent, and equitable compensation. PDST revenues would also support a new curriculum that would emphasize health equity, systems science, compassion, and empathy, as well as a new assessment paradigm that would require technological upgrades to implement. UCSD School of Medicine was recognized as an Apple Distinguished School for its "technology-forward" approach to medical education. The School was establishing a new life coaching program, hiring new staff to oversee well-being initiatives and mental health access, and was investing in upgrades in study and relaxation space. UCSD has expanded fundraising efforts and was actively seeking a naming gift for the School of Medicine. On average, the School's total cost was $30,000 lower than that of public comparators and $120,000 lower than that of private comparators. Average debt was $133,000 compared to the national average of $205,000. Increasing PDST was critical for supporting the School's initiatives and for the success of its Liaison Committee on Medical Education (LCME) accreditation in 2026. Two years ago, class size was expanded by six students, but further expansion was constrained by the number of clinical training sites. The School was launching a new physician assistant program in June that would require clinical placements for 30 additional learners per year. Class size was anticipated to increase with the expansion of Jacobs Medical Center and the Hillcrest construction project. In the meantime, graduate training opportunities must be expanded so that new learners can successfully match into residency training programs in California.

John Carethers, UCSD Vice Chancellor for Health Sciences, stated that he was working with Interim Dean Steven Garfin and Dr. Daniel to improve student diversity, and, in addition to PDST revenue, the Dean's Office and the Vice Chancellor's Offices have contributed funding to support the new teaching model. The percentage of underrepresented ladder-rank faculty at the School of Medicine has grown from zero in 2003 to 11 percent in 2023, which Dr. Carethers attributed to several UCSD initiatives. The campus was able to recruit ten additional faculty with an award from the NIH Faculty Institutional Recruitment for Sustainable Transformation (FIRST) program.

Committee Chair Park, noting that the Health Services Committee has discussed the future work force and provider shortages given the pandemic and impending retirements, asked about conversations at the programmatic and system levels on the way enrollment growth could meaningfully contribute to California's workforce needs. Dr. Daniel replied that it would be unconscionable to grow the medical school student body without concurrently growing graduate medical education (GME) funding slots. All UC medical schools

exceeded the residency cap, and residency training positions beyond the cap were supported by departments, health systems, and grants, not federal funding. GME growth must be addressed in order to support undergraduate medical education growth. UCSD was expanding its health system because of the constraints on clinical sites.

Dr. Hauer echoed previous comments about GME funding. UCSF had a strategic initiative to centralize both the process for GME growth and decisions about trainees and future physicians. The San Joaquin Valley (SJV) PRIME+, which recently enrolled its second class of freshman students, was a Bachelor of Science/M.D. program that added training slots for those from the Valley and intending to practice there.

Dr. Servis shared that UC Davis School of Medicine has discussed growth and was committed to trying to grow in a challenging environment. The School was looking for GME positions and creative ways to fund them; the State was supporting new GME programs in under-resourced and underserved parts of the state. At UC Davis, the medical school has grown from about 90 students per class ten years ago to 144 students, at a rate higher than national growth percentages, and would need a major infrastructure investment to expand lecture hall space and grow the class size further. Dr. Servis shared that UCD was in talks with Enloe Health and other partners to support Rural-PRIME and Tribal Health PRIME, and with CSU Chico about the potentially establishing a UCD branch campus.

Committee Chair Park reiterated the need for a more robust conversation about how UC would contribute to this growth and what was required to do so.

Patricia Maysent, Chief Executive Officer for UCSD Health, underscored the dearth of funding in medical education. Last year, the federal government approved 1,000 new GME slots for the entire country, which Ms. Maysent noted were disproportionately allocated. Residency caps and reimbursements, set decades ago, were low and insufficient to grow unless these obstacles were overcome or new sources of funding were found.

Committee Chair Park, noting escalating cost, asked whether student support services at UC medical schools were making a difference and on par with what was being offered at other schools across the country. Dr. Murin responded that the need for more intensive services was the price of having a diverse and socioeconomically disadvantaged student body. These students had more self-doubt at the beginning but, according to data, performed equally well in national examinations near the end of medical school. Dr. Servis added that student wellness and academic support offices have grown tremendously at UC Davis. He opined that programs were not making enough of a difference as mental health issues continued to increase and students sought better wellness services. Dr. Hauer noted the rising number of students requesting accommodations in medical schools and residency programs. Early intervention and coaching programs have helped, as have efforts to promote a sense of belonging. UCSF worked to streamline the student experience of accessing services. Dr. Daniel stated that UC medical schools have offered additional learner support, disability services, and mental health support because of rising need. There

were future opportunities that could level off these investments. UCSD was developing a digital application that would support learner wellness.

Health Services Committee Advisor Lilly Marks recalled that James Eagan Holmes, the perpetrator in the Aurora theater mass shooting in 2012, had been a University of Colorado graduate student and had major mental health problems that were being treated by a campus psychiatrist. Following that tragedy, the University of Colorado discovered how much more it needed to invest in mental health services. Some students' mental health issues intensify as they enter medical school or a graduate program. Health Services Committee Advisor Sonia Ramamoorthy highlighted student basic needs challenges, adding that cost went beyond tuition and fees. The UCSD School of Health was constantly seeking more revenue to address these issues. Dr. Daniel recalled that the previous institution where she worked had observed increasing suicide rates and depression indices despite increasing well-being initiatives. The pandemic has exasperated these problems by isolating learners. Dr. Carethers noted that students have come to expect these services, which did not exist when he attended medical school over 30 years ago. Curricula have also completely changed; students were expected to have three or four times the amount of knowledge due to many advances, and instruction was packed into an ever-shrinking amount of time. These factors contributed to this generation's need for services.

Regent Batchlor recalled the financial struggle and emotional pressures she experienced while in medical school. In her view, current residency training was better at supporting the emotional and psychological aspects of becoming a doctor. Regent Batchlor expressed hope that this support was being provided to medical students as well.

Regent-designate Salazar asked about the role of UC medical school alumni, who were in a unique position to provide encouragement and support. Dr. Marbin responded that, during the well-attended JMP "Grand Rounds," alumni spoke about their non-traditional career paths. One challenge was that many alumni did not have time to engage with students outside of their busy work schedules and did not have high-paying careers, so the program tried to utilize their time wisely. Dr. Servis added that UCD alumni hosted student group dinners. Connecting first-generation students with alumni with similar experiences was very helpful to those students.

Committee Chair Park asked what could be done to address the "sticker shock" that is associated with the high cost of medical education that might dissuade capable students. Dr. Murin replied that AvenueM at UC Davis was recruiting medical students from community colleges and CSU. The LCME required medical schools to provide financial counseling, which UC Davis provided early to medical students. Dr. Servis added that UC Davis engaged in many pre-medical outreach efforts. He shared a quote from Chancellor May: "If you can see it, you can be it" and stressed the importance of faculty and physician outreach to groups that are underrepresented in medicine to prove that such a career is possible. Dr. Hauer stated that applicants were aware that some medical schools were free of cost due to philanthropic gifts and emphasized the need to make this more possible at UC. UCSF continued to take a need-based approach to financial aid and was committed to

maintaining class size in order to give larger financial aid packages to some students. The philosophy of the school and health system was important to guide decision making.

Regent Batchlor remarked that the University should look for more opportunities to defray the cost of medical education with philanthropy and suggested reaching out to individuals and organizations affiliated with UC or grateful patients. Cost was a significant barrier to students choosing primary care and practicing in underserved communities. Medical debt influenced decisions about medical specialty and employment. Dr. Carethers recalled having similar financial challenges as a medical student. Last year, he worked with Chancellor Khosla to fill gaps in scholarships. UCSD did not have the same level of endowment as other institutions but was actively pursuing donors to achieve free medical education.

Regent Tesfai stated that he has been discouraged by the PDST conversation. Many students were not aware of PDST until they attend UC. He appreciated efforts to increase diversity, support student services, and reduce debt, but it was difficult for him to support continual increases that would be borne by students. Regent Tesfai encouraged more conversation about holding tuition flat and providing more return-to-aid, even in an inflationary environment. Students who pursue public service and other worthy fields were choosing schools solely based on price and increasing fees by one or two percent every year had a tangible effect. He expressed appreciation to the JMP for lowering its PDST request upon consultation with students and encouraged more consultation with the graduate and professional student population generally.

Committee Chair Park expressed appreciation that the programs were seeking modest increases of three percent year over year. She noted that campuses were fundraising and cross-subsidizing with medical center revenue. Nurturing the next generation of physicians has become more difficult. Committee Chair Park underscored the need to build a physician work force that could care for California.

Upon motion duly made and seconded, the Committee approved the President's recommendation and voted to present it to the Board, Regents Batchlor, Leib, Park, Raznick, and Sarris voting "aye" and Regent Tesfai voting "no."

The meeting adjourned at 4:05 p.m.

Attest:

Secretary and Chief of Staff