Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels
Effective Beginning Summer or Fall 2024

PART A

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. For programs that plan to assess different PDST levels based on residency, provide an explanation under "Additional comments."

Table 1: Projected Fees

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2023-24		2024-25		2025-26		2026-27		2027-28	
							%	$	%	$	%	$	%	$	%	$
Prof. Degr. Suppl. Tuition (CA resident)	$24,486	$25,464	$26,490	$27,540	$28,644	$29,790	4.0%	$978	4.0%	$1,026	4.0%	$1,050	4.0%	$1,104	4.0%	$1,146
Prof. Degr. Suppl. Tuition (Nonresident)	$24,486	$25,464	$26,490	$27,540	$28,644	$29,790	4.0%	$978	4.0%	$1,026	4.0%	$1,050	4.0%	$1,104	4.0%	$1,146
Mandatory Systemwide Fees*	$13,470	$14,016	$14,430	$14,856	$15,294	$15,744	4.1%	$546	3.0%	$414	3.0%	$426	2.9%	$438	2.9%	$450
Campus-based Fees**	$1,791	$1,844	$1,899	$1,956	$2,015	$2,075	3.0%	$54	3.0%	$55	3.0%	$57	3.0%	$59	3.0%	$60
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)***	$235	$242	$249	$256	$264	$272	3.0%	$7	2.9%	$7	2.8%	$7	3.1%	$8	3.0%	$8
Est. First-Year Fees (CA resident)	**$39,982**	**$41,566**	**$43,068**	**$44,608**	**$46,217**	**$47,881**	4.0%	$1,585	3.6%	$1,502	3.6%	$1,540	3.6%	$1,609	3.6%	$1,664
Est. First-Year Fees (Nonresident)	**$52,227**	**$53,811**	**$55,313**	**$56,853**	**$58,462**	**$60,126**	3.0%	$1,585	2.8%	$1,502	2.8%	$1,540	2.8%	$1,609	2.8%	$1,664

* Mandatory systemwide charges include Tuition and Student Services Fee for the fall, winter, and spring terms.

** Includes compulsory campus-based fees for the fall, winter, and spring terms. Does not include the Student Health Insurance Program (SHIP) premium, since this may be waived for students with qualifying coverage under another program.

*** Includes Course Materials and Services Fees such as the Instructional Resilience & Enhancement Fee. Does not include voluntary fees like the UCGPC Fee and one-time fees like the "Document Fee."

Additional comments: Students in the 5-year UC Berkeley-UCSF Joint Medical Program (JMP) first enroll at UC Berkeley for 2.5 years and then finish at UCSF for the other half, starting with the winter term in their third year. The amounts in the fee table reflect charges for students enrolled at UC Berkeley.

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

The UC Berkeley-UCSF Joint Medical Program (JMP), established in 1971, is a five-year medical education pathway that combines graduate-level original research with instruction in foundational medical sciences and clinical skills during 2.5 years at UC Berkeley in the School of Public Health, leading to an MS degree, followed by 2.5 years of instruction at UCSF leading to a MD degree. The JMP matriculates 16 students each year. As the only medical school embedded in a school of public health, the JMP offers an opportunity for students to integrate work towards their MS degree with their preclinical education to become the next generation of diverse, antiracist physician changemakers who are grounded in public health. Training changemakers is aligned with UC Berkeley's campus-wide initiative to create agents of positive change who employ creative and critical thinking to imagine better futures, and then learn how to mobilize others to help create them.

The JMP continues to apply a lens of antiracism across a number of programmatic domains, including recruitment and retention of diverse students, recruitment and retention of diverse faculty, teaching a curriculum that discusses structural and interpersonal determinants of health, and through employing antiracist pedagogy. These strategies were described in detail in our 2022-23 application. We have continued to deepen the ways in which antiracism content is included in each branch of the curriculum, and we have responded to student feedback as to the most effective ways to incorporate this approach.

The JMP continues to have students each year who are part of the UCSF PRIME - Urban underserved (PRIME-US) program. These students are dedicated to the care of historically marginalized urban communities. PRIME students participate in community engagement, mentorship and leadership training as part of their medical school experience in order to prepare them to be transformative leaders in healthcare.

Upon graduation from the JMP and transition to UCSF, students are required to have demonstrated progress toward developing competence in the following areas: Patient Care, Medical Knowledge, Practice-Based Learning & Improvement, Interpersonal & Communication Skills, Professionalism, Systems-Based Practice, and Interprofessional Collaboration. Embedded within each of these competency areas are specific skills emphasizing cultural humility and an understanding of social determinants of health and their impact on health, and inclusive communication skills.

Since graduates of the JMP program also receive an MD from UCSF, all become physicians, with 70% eventually practicing in California (after residency/fellowship), and separately, nearly half entering primary-care specialties. The remainder match into

specialties including neurology, ophthalmology, anesthesiology, and surgery. Even in non-primary care specialties, many of our JMP graduates continue to work with historically marginalized populations. In addition, many of our graduates take on leadership roles in public health/health equity and medicine; one of our graduates is the Director of Health for Washington DC, and another leads the Office of Health Equity for the State of California. Two of our graduates lead Schools of Public Health. Regardless of their specialty, JMP students are able to bring a unique lens of public health to the way they practice medicine.

Our last application mentioned the JMP was navigating a time of transition. We are happy to report that the program has stabilized. Dean Lu has continued to provide excellent leadership and support to the JMP in his role as the Dean of the School of Public Health at UC Berkeley. Director Marbin & Associate Director Lewis have created a stable, outstanding team of diverse faculty who have provided excellent education to the students. This team has continued to improve the curriculum in order to meet the needs of our students and the patients they will eventually serve. We have continued our fundraising efforts and have raised $946,000 over the past two-year cycle; this is an increase over the previous three-year cycle, in which we raised $904,000. The program has continued to deepen and strengthen its partnership with the UCSF School of Medicine.

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 planned to charge proposed PDST levels, 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, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible. As appropriate, please describe your efforts to achieve your affordability and diversity goals in the context of your admissions data (up to the past five years).

Our last multi-year plan was for AY 2022-23 and 2023-24 and included no increases in PDST. We dedicated PDST funding to:

- **Maintain student affordability.** We continue to use our most restricted funds first to meet the return to aid requirements**.** We were able to achieve our goals as outlined in prior submissions using restricted funds**.** Over the last three years, we were able to apply an average of $291K/year to students over the last 2-year cycle, exceeding our 33% PDST return to aid goal ($267,000). We have given out $270,000 in FY22, and $324,000 in FY23. We continue to raise funds for student scholarships from other philanthropic sources as well. Maintaining affordability and ensuring that a JMP education is accessible to all students remains a programmatic priority.

- **Maintain the student experience by covering the costs of the faculty and academic staff who support our programs and investing in curriculum**
    - As detailed in our previous application, we were able to meet the educational needs of our students through hiring physicians to serve as clinical skills faculty from UCSF. Importantly, we have been able to pay them market rate, which ensures sustainability and consistency in instructors. We are proud that we have a diverse group of instructors, and that we have had zero turnover of our clinical skills physician faculty since hiring them three years ago under this model.
    - We have been able to build a robust standardized patient educational system in collaboration with UCSF. In course evaluations from the past two years, students have consistently rated their standardized patient interactions as the highlight of their curriculum. They have also performed exceedingly well on their clinical exams at UCSF designed to assess their ability to work with patients.

- **Diversity, Equity, Inclusion and Antiracism Goals to meet the needs of California's population.** In our previous application, we described the critical work the JMP is doing to advance our DEIA goals. This work is aligned with our vision of training a diverse class of antiracist physician changemakers who are trained to address health disparities and advance health equity. Over the past cycle, we have been working to ensure our program - including pedagogy and curriculum -are aligned with these goals. We have continued to make progress in these areas detailed in our previous application:

Focus area	**Progress 2022-2024**
● Recruitment & Selection of Diverse Students	● We have been able to increase the diversity of our student body, including: ○ Increasing matriculation of students from minoritized racial/ethnic backgrounds (URG) from 16% in the entering class of 2022 to 29% in 2023 (URG is defined as students who identify African American/ Black, Hispanic/ Latino(a), and Native American. ○ As noted below, 75% of our students took out loans in 2021-22, the highest percentage recorded ○ We have increased the number of students who received Pell grants - from 6.3% in 20-21 to 18.8% in 21-22 and 22-23. ○ Increasing the number of students who identify as gender non-binary
● Recruitment of Diverse Faculty:	● We have maintained the gains in diversity in our teaching faculty we shared in last year's report ● In the 2022-23 year, we had 21 teaching faculty ○ 6/21 (27%) were from backgrounds that are underrepresented in medicine ○ 13/21 (62%) identified as BIPOC

● Creating an inclusive learning environment to retain diverse faculty and students	● We have continued to work on this through the hiring and training of diverse faculty; working on our curriculum, and creating multiple forums for the students to share feedback and concerns
● Delivering a curriculum that names structural and social determinants of health in order to address health disparities and advance health equity.	● Clinical Skills: ○ We have integrated antiracism learning activities into the CS curriculum through developing antiracism learning objective for each clinical skills session, assigning readings and creating space for discussion around health disparities driven by racism ● Problem Based Learning ○ The PBL curriculum continues to incorporate discussions of the multiple levels on which oppression impacts health outcomes into each case ● Master's Program ○ We have continued to implement our antiracism curriculum through the Master's curriculum. ○ We have launched a new component of the Master's curriculum entitled "Antiracism in Action", which exposes to community partnerships and models of leadership with embrace cultural humility and community engagement
● Training faculty:	● Have held monthly faculty meetings and biannual faculty retreats focused on antiracism, equity in assessment, etc. We have partnered with other groups at UC Berkeley, including the Gender Equity Center, in training our faculty
● Building community partnerships	● As an integral strategy of our antiracist medical education we have made progress in developing a sustainable and equitable community engagement curriculum. We have built partnerships with academic institutions and federally qualified health centers (FQHC) committed to caring for historically marginalized patients, and we encourage our students to embrace an understanding of social determinants of health beyond the walls of the clinic. Our students have also engaged in community work with the Dream Youth Clinic, Destiny Arts Center, Insight Housing, and more. In addition, we are partnering with the California Pan Ethnic Health Network to understand how physicians can partner with communities to enact structural change.

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?

After holding PDST flat for two years in recognition of the economic strain from the COVID 19 pandemic and strongly factoring in student feedback, we propose increasing PDST by approximately 4% per year for our next cycle. Our goals for this next cycle are:

- **Maintain student affordability.**
  - We will continue to support affordability by applying the equivalent of the PDST increase (in addition to 33% of PDST) towards financial aid funded from endowments and restricted gifts. We have had success increasing the socioeconomic diversity of our students as described in greater detail in Section VI. Our ultimate goal is to cover 100% of need for our students with demonstrated financial need; despite our positive trajectory of fundraising, we are not yet able to do that. As the socioeconomic diversity of our student body increases, we anticipate increasing the amount of financial aid we can award. We have demonstrated this commitment to increasing financial aid over the past cycle. In FY22, we provided $270,000 in aid awards. This amount increased to over $324,000 in financial aid awards in FY23 and is expected to increase again this year. We anticipate that as we continue to increase SES diversity of our student body, we will spend the equivalent of PDST funds on increasing aid to students.
  - The JMP will continue to fundraise to provide grants for research expenses to qualifying students.

- **Academic & Wellbeing Support.**
  - Data collected in 2022 from our students revealed that the JMP needs to invest more in student support and career and personal advising. We note that mental health is a critical issue for medical students, and one which is essential for us to address. In a multi-institutional study, at least half of medical students report burnout. One study noted that "students experiencing burnout were approximately 3.5 times more likely to experience thoughts of self-harm. A meta-analysis of over 4,000 articles showed that exposure to burnout increased a student's risk of suicidal ideation by a factor of six." (source: IsHak W, Nikravesh R, Lederer S, et al. Burnout in medical students: a systematic review. Clin Teacher. 2013;10(4):242–245. doi: 10.1111/tct.12014.) We know that creating the foundation for mental health support during medical school can have in impact on reducing eventual physician burnout and suicide, which are also higher than the rest of the population. Connected to wellbeing, our students tell us that they need academic support in order to ensure

that they are prepared to learn the material and navigate the challenges of working towards a professional degree. We hear this especially from our first-generation students. Therefore, to advance student well-being, mental health, and academic support, we plan to invest our PDST increase in student support, including:

- Academic support & learning resources: In order to meet the changing academic needs of our students, we have been piloting a peer to peer tutoring (PTP) program. The students have been very positive about the impact of this program; one student shared: “PTP was instrumental to the consolidation of my learning as a first-year student. The sessions were key in helping me to better understand challenging concepts and to identify high yield topics." However, the increased cost of student tutors, in addition to the requirements for fee remission, have made this program cost prohibitive. The increase in PDST will help fund the peer to peer tutoring program.

  In addition to the tutoring program, we would invest PDST funds in learning resources for our students. Our unique PBL curriculum is a student led inquiry curriculum, in which students research topics and teach them to each other. A working group of students advising on the PBL curriculum shared that in order for this system to be most effective, students must all have access to the same online materials. The JMP is committed to providing a curated library of online resources to all students. These online resources have increased in cost over the past years, and the JMP will use the PDST funds to purchase a number of these resources for each student.
- Student Wellbeing: We recognize that wellbeing must be addressed on multiple levels, and we plan to invest in initiatives to promote student wellbeing. On a structural level, we are working to improve the learning environment and climate, as described above in section II. Providing academic support will also support student wellbeing. We are exploring ways to use some of the PDST funding to improve our students' access to mental health resources.

  We will also put funding towards additional student support resources at the JMP, including a food and basic needs pantry in our office and classroom space that is easily accessible to students. Additional activities include supporting student clubs, out of school activities, and community engagement activities designed to create stronger connections and bonds within the student body and to the larger community. Creating opportunities for students to connect with each other, faculty/staff and JMP alumni outside of the classroom helps to build community, and these connections are essential to supporting mental health.

We anticipate that increased investment in financial aid, student services and student wellbeing will improve our students’ educational outcomes and their overall experience during their time at the JMP. Regardless of whether or not the increase is not approved, we will continue to work hard to raise money to support our students and the program. If the increase is not approved, we will not be able to provide the level of academic and wellbeing services we described above.

III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2023-24 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).

Table 2: PDST Revenue Use

		Proposed Use of Incremental PDST Revenue					
	Total 2023-24 PDST Revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	Incremental 2028-29 PDST revenue	Total Projected PDST Revenue in Final Year
Faculty Salary Adjustments	$0	$0	$0	$0	$0	$0	$0
Benefits/UCRP Cost	$200,000	$0	$0	$0	$0	$0	$200,000
Providing Student Services	$67,552	$31,296	$32,832	$33,600	$35,328	$36,672	$237,280
Improving the Student-Faculty Ratio	$516,000	$0	$0	$0	$0	$0	$516,000
Expanding Instructional Support Staff	$0	$0	$0	$0	$0	$0	$0
Instructional Equipment Purchases	$0	$0	$0	$0	$0	$0	$0
Providing Student Financial Aid	$0	$0	$0	$0	$0	$0	$0
Other Non-salary Cost Increases	$0	$0	$0	$0	$0	$0	$0
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	$783,552	$31,296	$32,832	$33,600	$35,328	$36,672	$953,280

* Benefits costs and UCRP contributions should be reported as a single line item.

Additional comments: We continue to support affordability by using the equivalent of more than 33% of PDST for financial aid from restricted endowments and gifts.

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.

Berkeley Public Health and the JMP have worked hard to maintain the operational efficiency of the JMP. Since our report last year, we have continued to make progress towards streamlining our faculty and staff and maximizing efficiency in our partnership with UCSF in order to run our program. The UCSF SOM Office of Medical Education has reviewed the budget and staffing needs of the JMP as part of the ongoing LCME accreditation review and supports the JMP's improved balance of increased efficiency with a high-quality education.

In addition, the JMP is working closely with the UC Berkeley School of Public Health (SPH) development office to fundraise for the program. Most of the ~$946,000 raised over the past two years from alumni and other donors has been designated for student financial support. Some funding is in the form of endowments from which only interest can be used. The donated funds have been primarily allocated to lower-income students and to increase the diversity of the JMP student body. The JMP provides only need based scholarships and does not provide merit-based scholarships. Going forward, we will continue to allocate financial resources to scholarships with the goal of increasing the diversity of the JMP student body. We also note that our fundraising has been on an upward trajectory; in the previous three-year cycle we raised $904,000 and in this current two-year cycle we have exceeded that amount.

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. Changes in the proportions of resident and nonresident enrollment by the end of the plan should be explained under "Additional comments."

Table 3: Enrollment

	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Resident	22	22	22	22	22	22
Domestic Nonresident	9	9	9	9	9	9
International	1	1	1	1	1	1
Total	**32**	**32**	**32**	**32**	**32**	**32**

Additional comments: Resident enrollment comprises 69% of JMP's total enrollment in 2023-24. 70% of JMP graduates practice in California after completing their medical training (2022 JMP Alumni Survey Data). There are 48 students enrolled in the JMP; however, only 32 students pay PDST each year.

IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 comparators, including a minimum of 3 public institutions. If your program only compares to a small number of other programs or only private comparators, please list those. Please indicate the total student tuition and fee charges to degree completion of the comparison institutions in the following table.

Table 4: Market Comparators – Total Charges to Degree Completion

	Projections						Increases/Decreases									
Total *Resident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
Oregon Health and Science University	262,632	270,511	278,626	286,985	295,595	304,463	3.0%	7,879	3.0%	8,115	3.0%	8,359	3.0%	8,610	3.0%	8,868
University of Michigan	282,860	291,346	300,086	309,089	318,362	327,913	3.0%	8,486	3.0%	8,740	3.0%	9,003	3.0%	9,273	3.0%	9,551
University of Washington	286,131	294,715	303,556	312,663	322,043	331,704	3.0%	8,584	3.0%	8,841	3.0%	9,107	3.0%	9,380	3.0%	9,661
Harvard Medical School	375,781	387,054	398,666	410,626	422,945	435,633	3.0%	11,273	3.0%	11,612	3.0%	11,960	3.0%	12,319	3.0%	12,688
Johns Hopkins	339,020	349,191	359,667	370,457	381,571	393,018	3.0%	10,171	3.0%	10,476	3.0%	10,790	3.0%	11,114	3.0%	11,447
Stanford University	351,518	362,063	372,925	384,113	395,636	407,505	3.0%	10,545	3.0%	10,862	3.0%	11,188	3.0%	11,523	3.0%	11,869
University of Pennsylvania	381,913	393,370	405,171	417,326	429,846	442,741	3.0%	11,457	3.0%	11,801	3.0%	12,155	3.0%	12,520	3.0%	12,895
Average public comparison	**277,208**	**285,524**	**294,089**	**302,912**	**312,000**	**321,360**	**3.0%**	**8,316**	**3.0%**	**8,565**	**3.0%**	**8,823**	**3.0%**	**9,088**	**3.0%**	**9,360**
Average private comparison	**362,058**	**372,920**	**384,107**	**395,631**	**407,500**	**419,724**	**3.0%**	**10,862**	**3.0%**	**11,188**	**3.0%**	**11,523**	**3.0%**	**11,869**	**3.0%**	**12,225**
Average public and private comparison	**325,694**	**335,464**	**345,528**	**355,894**	**366,571**	**377,568**	**3.0%**	**9,771**	**3.0%**	**10,064**	**3.0%**	**10,366**	**3.0%**	**10,677**	**3.0%**	**10,997**
Your program	**215,856**	**222,941**	**230,109**	**237,529**	**245,055**	**252,533**	**3.3%**	**7,085**	**3.2%**	**7,169**	**3.2%**	**7,419**	**3.2%**	**7,526**	**3.1%**	**7,478**

	Projections						Increases/Decreases									
Total *Nonresident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
Oregon Health and Science University	396,869	408,775	421,038	433,669	446,679	460,079	3.0%	11,906	3.0%	12,263	3.0%	12,631	3.0%	13,010	3.0%	13,400
University of Michigan	383,872	395,388	407,250	419,468	432,052	445,014	3.0%	11,516	3.0%	11,862	3.0%	12,218	3.0%	12,584	3.0%	12,962
University of Washington	504,775	519,918	535,516	551,581	568,128	585,172	3.0%	15,143	3.0%	15,598	3.0%	16,065	3.0%	16,547	3.0%	17,044
Harvard Medical School	375,781	387,054	398,666	410,626	422,945	435,633	3.0%	11,273	3.0%	11,612	3.0%	11,960	3.0%	12,319	3.0%	12,688
Johns Hopkins	339,020	349,191	359,667	370,457	381,571	393,018	3.0%	10,171	3.0%	10,476	3.0%	10,790	3.0%	11,114	3.0%	11,447
Stanford University	351,518	362,063	372,925	384,113	395,636	407,505	3.0%	10,545	3.0%	10,862	3.0%	11,188	3.0%	11,523	3.0%	11,869
University of Pennsylvania	381,913	393,370	405,171	417,326	429,846	442,741	3.0%	11,457	3.0%	11,801	3.0%	12,155	3.0%	12,520	3.0%	12,895
Average public comparison	**428,505**	**441,360**	**454,601**	**468,239**	**482,286**	**496,755**	**3.0%**	**12,855**	**3.0%**	**13,241**	**3.0%**	**13,638**	**3.0%**	**14,047**	**3.0%**	**14,469**
Average private comparison	**362,058**	**372,920**	**384,107**	**395,631**	**407,500**	**419,724**	**3.0%**	**10,862**	**3.0%**	**11,188**	**3.0%**	**11,523**	**3.0%**	**11,869**	**3.0%**	**12,225**
Average public and private comparison	**390,535**	**402,251**	**414,319**	**426,749**	**439,551**	**452,737**	**3.0%**	**11,716**	**3.0%**	**12,068**	**3.0%**	**12,430**	**3.0%**	**12,802**	**3.0%**	**13,186**
Your program	**277,081**	**284,166**	**291,334**	**298,754**	**306,280**	**313,758**	**2.6%**	**7,085**	**2.5%**	**7,169**	**2.5%**	**7,419**	**2.5%**	**7,526**	**2.4%**	**7,478**

Source:
https://www.ohsu.edu/sites/default/files/2023-06/2023-24%20Tuition%20%26%20Fee%20Charts_final.pdf
https://medicine.umich.edu/medschool/education/md-program/financial-aid/cost-attendance
https://education.uwmedicine.org/student-affairs/financial-aid/cost-of-attendance/
https://meded.hms.harvard.edu/md-cost-attendance
https://www.hopkinsmedicine.org/som/offices/finaid/cost
https://studentservices.stanford.edu/tuition-rates-2023-2024/2023-2024-graduate-and-professional-tuition-rates#MedicalSchool
https://www.med.upenn.edu/admissions/tuition-fees.html

Additional Comments: The resident and nonresident total charges for JMP include 2.5 years of fees assessed at UC Berkeley and 2.5 years of fees assessed at UCSF. We note that our program has no direct comparison to the programs above (see response in IV.d.). It is also important to note that of the 2.5 years students are initially enrolled at UC Berkeley, they pay four semesters of PDST (no PDST in the fall of their first year) and five semesters of tuition. The 2.5 years at UCSF includes two required summer terms. The total charges for our program reflect both the MS and MD portions. For our comparators, total charges to dual MD/MS degree completion reflects a total of 5 years of student fees, similar to our program.

IV.b. Why was each of these institutions chosen as a comparator (and, as appropriate, explain why a minimum of three public comparators were not chosen)? 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 five years. Be specific (and if a program is unlikely to achieve comparability to an aspirational program within five years, the aspirational program should not be included).

There are no direct competitors to our program, as explained below in section IV.d. Nonetheless, each comparator is a part of a medical school that is ranked as a top 20 research-oriented medical school and/or is a top 20 primary care-oriented medical school in the US News & World Report national survey. They also reflect top quality educational and research training programs. We compete with many of these schools for the same applicant pool.

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

Please note that the amounts in the market comparator table reflect total student charges to complete a dual MD/MS degree for a total of five years, similar to our program. For in-state residents, the overall cost for our students is about $146K lower than the average private school competitor, and about $61K lower than the average public competitor. For out of state students, the overall cost of the MD/MS degree for our students is $113K lower than the average public and private school competitor. The JMP is

committed to keeping tuition and fees as affordable as possible to ensure a medical education is accessible to students of diverse backgrounds, regardless of ability to pay. Maintaining affordability at the JMP is one of our key strategies to support recruitment and retention of students from lower socioeconomic status backgrounds.

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

The JMP is unique among medical programs: it is the only medical education program that is housed in a School of Public Health, teaches foundational medical sciences solely using student-centered problem-based learning in small groups, provides graduate-level research training integrated into the medical education curriculum as opposed to sequential, and leads to a MS degree which allows course work in any discipline at the UC Berkeley campus and original research in any health-related field. Our mission is to train physicians who can provide not only excellent patient care but also affect larger systems, community, and global change as we seek to advance health equity and social justice. We are able to do so because of our unique location in a School of Public Health. The program has no direct comparator.

A survey of JMP alumni conducted in 2022 revealed that our program is meeting our educational goals. JMP respondents agreed or strongly agreed that the JMP prepared them to cultivate skills that foster lifelong learning (99%), foster a career of meaning and purpose (95%), develop skills to evaluate the structural causes of health inequities (93%), develop the skills to improve health systems (80%) and apply an anti-racist approach to the practice of medicine (74%). Aspects of the program mentioned by most graduates as contributors to the vision of JMP included problem-based learning, small-group learning, and opportunity for pursuing independent learning and a master's degree. Self-directed learning, teaching skills, and group learning were the top three mentioned aspects of JMP educational culture and pedagogy which prepared graduates for their careers (data from 2022 JMP Alumni Survey).

V. ENROLLMENT AND DIVERSITY STRATEGY

V.a. In the table, please provide details about enrollment in your program and in your comparison public and private institutions. The enrollment figures provided should align with the most recent three years for which data are available*. In the columns shown, programs should provide as many figures for comparison public and private institutions as are available.*

Table 5: Demographics

	Actual	Actual	Actual	Estimated	Comparison (2021-22)	
	2020-21	2021-22	2022-23	Fall 2023	Publics	Privates
Ethnicity						
Underrepresented						
African American	4.0%	6.1%	2.0%	6.25%	4.2%	8.3%
Hispanic/Latino(a)	14.0%	12.2%	14.3%	22.92%	3.9%	5.8%
American Indian	0.0%	0.0%	0.0%	0.00%	1.0%	0.1%
Subtotal Underrepresented	***18.0%***	***18.4%***	***16.3%***	***29.17%***	***9.1%***	***14.2%***
Asian/Pacific Islander	36.0%	40.8%	44.9%	41.67%	19.5%	34.2%
White	46.0%	38.8%	36.7%	20.83%	54.8%	32.7%
Domestic Unknown	0.0%	2.0%	2.0%	6.25%	16.1%	13.5%
International	0.0%	0.0%	0.0%	2.08%	0.5%	5.4%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Socioeconomic						
% Pell recipients	6.3%	18.8%	18.8%			
Gender						
% Female	66.0%	71.4%	65.3%	62.5%	40.2%	48.9%
% Male	34.0%	28.6%	34.7%	25%	59.8%	51.1%
% Non-Binary	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%
% Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Sources:
UC ethnicity, socioeconomic status: UC Corporate data
Comparison institutions: AAMC

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 students from underrepresented groups? What are your prior and prospective strategies 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 students from underrepresented groups?

Using the strategies outlined in our 2022-23 PDST application, the JMP has made significant progress in increasing the diversity of our student population. Specifically, we have increased the number of matriculants who identify as Black/African American and Latinx. According to the UC Regents definition, our 2023 entering class is 56% URG (7/16 Latinx, 2/16 Black/African American, 0/16 Native/Indigenous). This is up from 25% URG (4/16 Latinx, 0/16 Black/African American, 0/16 Native/Indigenous) from 2022.

In the last three years, total URG (Latinx, Black/African American, and Native/Idigenous) has ranged between 16-18%. We note that the UCSF definition of "underrepresented" includes students who identify as Black/African American and, Latinx, Native/Indigenous, and Filipinx. According to the UCSF definition, our 2023 entering class is 69% UIM, up from 38% last year and 31% the year prior.

We have also increased the diversity of our students in other ways, including socioeconomic diversity and gender identity. As compared to public/private institution data from the Association of American Medical Colleges (AAMC), the JMP is outperforming public institutions in enrolling students who identify from backgrounds considered UIM, including African American and Latinx. The JMP underperforms in recruiting students who identify as American Indian.

We have done this work through utilizing the strategies outlined in our 2022-23 application. We have been focusing on increasing outreach to prospective students through hiring a faculty member focused on recruiting students from diverse backgrounds. We conducted a survey of applicants who were admitted but chose to matriculate at another school, and learned that the major deterrents to matriculation were financial aid. This resulted in a renewed effort to raise scholarship funds for students. In addition, we have continued to work on maintaining faculty diversity and focusing on building an inclusive learning environment.

While we have not been able to matriculate students from Native American/Indigenous backgrounds this continues to be a work in progress. Historically, we only have a small number of students who identify as Native American apply to our program, and we have not had success actually matriculating Native American/Indigenous students who are admitted. Additionally,in a small program matriculating only 16 students annually, we recognize that recruitment of diverse students is not a box to be checked, but must also

include an authentic commitment to support students from diverse backgrounds. We will continue to partner with UCSF and our community partners to do outreach to Native American/Indigenous students, and to create a community which supports these students. We have made important strides over the past cycle, including securing an estate gift from an individual donor to provide significant scholarships to students who identify as Native American. This continues to be an active and important area of growth for our program.

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?

We continue our commitment to recruiting students from low socioeconomic backgrounds.

Our admission review is need-blind; however, the program is challenged by an inability to provide financial aid equivalent to our competitors. Despite this, we have made some progress in enrolling students from low SES backgrounds. We have increased the number of students who received Pell grants - from 6.3% in 20-21 to 18.8% in 21-22 and 22-23. We continue to make fundraising for scholarships a priority.

Scholarship funds raised by endowments/private gifts are primarily allocated to support students from low SES backgrounds. We offer two UCB-based full scholarships for students with demonstrated financial need which cover fees and tuition for two years and provide a small stipend. Funds allocated to us through a block grant from UCB allow us to offer some support during subsequent years. We have raised money from alumni and donors for a JMP Diversity Fund, from which we are also able to provide students grant aid; we prioritize this aid for students who demonstrate financial need. We have three other private scholarship funds that are specifically designated for students who identify as underrepresented or from low SES backgrounds. As noted previously, the State budget is now providing some funding for the PRIME program, and 33% of these funds will be dedicated to financial aid for students with financial need. The UCB Office of Financial Aid coordinates students' access to loans, which are available to cover the balance of tuition and fees, as well as living expenses.

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 (that is compliant with Proposition 209) 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?

The JMP is continuing to work to support women and people who identify as gender non-binary at all levels in medicine. Our current class is almost 63% women and 12.5% nonbinary; our hope is that by training more women and gender non-binary physicians we will increase the number of physicians with these identities in practice. Although we do not ask students for data on sexual orientation/gender identity, we note that the JMP has a reputation for being a welcoming program for LGBTQ students.

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 students from underrepresented groups, Pell Grant recipients, and gender? Explain your reasoning.

We are heartened by our progress in recruitment of students from underrepresented groups over the past 2 years since our last application. We anticipate that this progress will continue as this cycle continues.

In the long term, we are also committed to matriculating more students with financial need. We have made progress in fundraising; over the past two years, we have raised $946,000 in endowments, grants, and restricted gift funds, the majority of which are allocated to qualified students from low SES backgrounds and/or contribute to the diversity of the JMP student body. This represents an increase in funds raised; in the prior three-year period, we raised $904,000. With a school and program-wide focus on diversity, equity, inclusion, and belonging, we hope to emphasize that the JMP welcomes and supports students from all backgrounds.

We anticipate that in the final year of our multi-year plan, we will continue to improve the recruitment of diverse students into the JMP.

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.) The figures provided should align with the most recent three years for which data are available.

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.

Table 6: Faculty Diversity – UC Berkeley and UCSF Faculty Who Only Teach in the Joint Medical Program

All Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	5.9%	10.0%	10.5%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	5.9%	15.0%	10.5%
	International	0.0%	0.0%	0.0%
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	5.9%	15.0%	24.6%
	International	0.0%	0.0%	0.0%
White	Domestic	76.5%	50.0%	42.1%
	International	0.0%	0.0%	0.0%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	5.9%	10.0%	10.5%
	International	0.00%	0.00%	0.00%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		76.0%	75.0%	74.0%
Male		24.0%	25.0%	26.0%
Non-Binary/Unknown		0.0%	0.0%	0.0%
Total		17	20	19

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	50.0%	50.0%	50.0%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
White	Domestic	50.0%	50.0%	50.0%
	International	0.0%	0.0%	0.0%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		50.0%	50.0%	50.0%
Male		50.0%	50.0%	50.0%
Non-Binary/Unknown		0.0%	0.0%	0.0%
		2	2	2

V.g. What are your campus efforts and, specifically, your program's current and proposed efforts (that are compliant with Proposition 209) to advance the recruitment and retention of diverse faculty? In the past five years, what opportunities were available to hire new faculty and fill vacancies?

The JMP is in a unique position related to faculty hires, as we are located on the BPH campus but we are able to hire teaching faculty from both BPH and from UCSF. As noted above, a key strategy for achieving the JMP's vision is to support diversity among our faculty and to foster an inclusive environment for our faculty.

Since the previous cycle, we have been able to maintain our faculty diversity and have had little turnover in faculty. From 2020-21 to 2021-22, nine JMP teaching faculty members either retired or moved onto other roles. From 21-22 to 22-23 three of our faculty moved into other roles - including one junior faculty member who decided to pursue advanced training in clinical medicine. We were able to hire a highly qualified and diverse group of teaching faculty to replace those who had moved on. Overall, we hired eight women faculty and five faculty who are underrepresented in medicine. We feel confident that we have a talented, diverse and stable core group of faculty.

<u>UC Berkeley School of Public Health Efforts:</u>

The JMP generally follows BPH guidelines in hiring faculty. These practices are part of standard BPH search committee guidance and are now using a new standard BPH search plan template that sets minimum requirements for all faculty searches in the BPH.

The guidance document and search plan template draw on best practices from the literature on recruiting and hiring a diverse faculty as well as the successes of searches in other academic units on the UC Berkeley campus (Engineering and Life Sciences, College of Natural Resources), lessons learned from other universities, and the expertise of our experienced faculty; and is designed to recruit a broad and diverse candidate pool for all faculty searches. Our new standardized search process has been vetted with our Academic Personnel Committee and our Faculty Council and is currently being piloted for our two ongoing searches, after which we will determine any needed modifications and/or flexibilities.

The BPH faculty hiring process includes, among other things:

- The search committee is required to reflect diversity along a number of dimensions including, but not limited to, race and ethnicity, sexual and gender identity, first generation status and disability status to enhance the recruitment, review, and

selection process by ensuring that diverse perspectives are taken into account. This will also help identify DEIB issues for discussion early on that may surface in broader departmental deliberations at later stages of the search process.

- Required DEI training for all search committee chairs
- Required DEI training of all search committees
- Creation of a standard BPH outreach activities protocol and list of standard advertising outlets, as well as expanding our paid targeted URG recruitment (the protocol and list can be tailored to specific searches but must meet minimum standards)
- Personal outreach by the search committee
- Working closely with the PPFP office to conduct targeted outreach
- Blinded review of DEI statements and DEI calibration exercise among the search committee (reliability/usability)
- Evaluation of the DEI statement during phase I of the search process and weighing the DEI statement equally with research and teaching
- Requiring a DEI talk as part of the campus visit
- Close partnership of the Equity Adviser (EA) and requirement of the EA to approve the long, medium, and short list candidates as well as other clearly stated EA responsibilities
- Clearly stated responsibilities of the search committee chair, including upholding the integrity of the search and monitoring and addressing power imbalances and bias
- Creation of an online resource library of DEI best practices in faculty hiring (e.g., search committee composition, letters of reference, use of standard evaluation criteria and rubrics)

Since the JMP is located at UCB, the climate at UCB is the key climate experienced by our faculty. BPH has been working on improving Faculty Climate. Since Dean Michael Lu's arrival, BPH has taken a number of steps to improve equity and inclusion for all faculty, including implementation of new initiatives to provide supports and mentoring for junior faculty, addressing workload inequities (teaching and service), and improving school climate (e.g., UCOP-funded project to improve climate for underrepresented faculty, comprehensive sexual harassment prevention strategy, Beyond Diversity training for faculty and staff on equity and inclusion which has included participants from the BPH and from across campus). Additionally, BPH has focused particular attention on inequities across faculty titles (ladder, professors in residence, adjunct). The Junior Faculty Mentoring Program has served as a continual source of communication and support between junior faculty, senior faculty mentors/allies/sponsors, and the Dean's office; enabling community building, identification of pain points, and collective problem-solving and decision-making. Other efforts include piloting financial support for soft-money faculty (e.g., bridge funding program) and assuring consistency and equity in recruitment, teaching and service expectations, and other support for junior and soft-money faculty across the BPH.

The Anti-Racist Community for Justice and Social Transformative Change Program (ARC4JSTC) is a key component of BPH's efforts to become an anti-racism institution by examining our institutional policies, practices and norms. ARC4JSTC seeks to create and implement long term training and education for staff, students, academics, and faculty. Components of the program include 1) Strategic Planning: Center anti-racism and racial equity praxis in the overall mission of BPH by developing 1, 3, and 5-year goals, objectives, strategies, metrics, and evaluation plans for anti-racist pedagogy, practice, and administration; and 2) collaborate and align efforts: ensure alignment of BPH anti-racism and racial equity action program with the campus-level anti-racism initiative and other local efforts in BPH. Determine/Identify/Create opportunities to partner with other units across campus to coordinate anti-racism efforts across campus units and become a catalyst of anti-racism praxis on the UCB campus.

Collaboration with UCSF for hiring faculty:

The JMP is using a Multi Location Agreement (MLA) process to hire clinical faculty from UCSF. This is done in part to ensure that our faculty clinicians are compensated equitably, at rates comparable to their clinical rates. Equity in compensation is essential for attracting and retaining talented faculty. In hiring clinical faculty, the JMP works closely with UCSF School of Medicine to identify candidates who are experienced medical educators. Each job description includes a sentence encouraging applicants from UIM backgrounds to apply.

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?

We are cognizant that medical education is expensive, and that our students incur additional debt due to the additional year of study. It is important to note that upon graduation, our students move immediately into UCSF School of Medicine, where they complete 2.5 additional years of training and incur additional debt, which is further described in VIc below. We are committed to ultimately meeting all financial need for all JMP students; this is in line with our vision of developing a diverse workforce of antiracist physicians.

Given our small class size, we are able to carefully monitor the number of lower socioeconomic status students and graduate indebtedness. We have been able to fully fund tuition and fees for two students for four semesters for the matriculating class of 2021, 2022 and 2023. We are actively seeking donations to increase the number of full scholarships we can provide and have been

making progress in fundraising. Over the last two years, we have raised over $946,000 in scholarship funds and endowments and are using the majority of these funds to support those who are from low SES backgrounds and/or contribute to the diversity of the JMP student body. Our average award to recipients in 2022-23 was $14,700. Despite our upward trajectory in fundraising, we are still not able to meet 100% of the financial need of our students. We anticipate that as we continue to recruit and matriculate students from low SES backgrounds, financial need will continue to increase. We note that given our limited pool of funding, the JMP does not provide merit-based scholarship; we only provide need-based scholarships.

We currently offer four scholarship opportunities through restricted funds to support underrepresented students and students from low SES backgrounds. We will continue to prioritize fundraising for scholarships to support these students. We recognize that there is a high cost of living in the Bay Area; unfortunately, we do not at this point have the capacity to offer housing subsidies to low income students.

During our last PDST application cycle, we committed to surveying students to understand factors preventing them from enrolling in our program. The data from students reveals unsurprisingly that financial support is one of the primary factors driving decisions. We have been working on a number of fundraising efforts to increase scholarship opportunities for students. We will continue to monitor metrics including:

- % Pell grant recipients/low SES students applied, interviewed, accepted, matriculated
- Total amount of financial aid offered to students
- # full scholarships offered
- % financial need met
- Debt burden upon graduation from UC Berkeley
- Debt burden upon graduation from UCSF School of Medicine

We will capture data to assess progress towards meeting these goals for reporting during our next PDST cycle.

Table 7: Debt

Graduating Class		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Percent with Debt	URG	100.0%	0.0%	100.0%	50.0%	67.0%	80.0%
	Non-URG	67.0%	60.0%	50.0%	50.0%	50.0%	73.0%
	International						
	All	73.0%	56.0%	60.0%	50.0%	53.0%	75.0%
Average Debt among Students with Debt*	URG	$87,923		$85,432	$52,044	$134,862	$97,536
	Non-URG	$113,846	$83,523	$78,239	$78,316	$110,685	$105,064
	International						
	All	$106,776	$83,523	$80,637	$74,563	$116,057	$102,555

* Figures in the table do not reflect any existing debt incurred by students out of this program (e.g., undergraduate education).
Note: Blank cells reflect no data available in the PDST dashboard.

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?

The table above describes the average debt for the preclinical (UCB) portion of JMP students' medical education. The overall percentage of JMP students with debt upon completing their master's degree has decreased since 2014 but began increasing again in 2020-21 for both URG and non URG. It is difficult to draw conclusions from the average debt levels; these were declining, but now seem to be increasing for JMP students earning their master's degree from UCB. We suspect that as we increase the number of students from low SES backgrounds the average amount of debt is increasing. This points out the need for additional resources to support these students. We will need to continue to follow this data to get a better understanding of what the trend is over the next few years.

As noted in the table below, JMP students have a higher average debt as compared to other Masters students, which only reflects their preclinical education; section VIc. describes debt upon graduation from medical school, which is lower than average private and public comparators.

Table 8: Affordability

	Graduates with Debt	2021-22 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	75%	$102,555	$70,689	21%
Public comparisons	57%	$54,500	$70,689	11%
Private comparisons	60%	$71,900	$70,689	14%

Sources:
UC: Corporate data

Comparison institutions: Data based on most recent numbers from https://nces.ed.gov/programs/coe/indicator/tub and https://educationdata.org/average-medical-school-debt. Please see comments below. The comparison data above relates to average debt and median salary for an MS, which is the degree students have upon graduation from UCB.

Additional comments: Upon graduation from UCB, students have completed their pre-clinical medical education and received a Masters in Science; the numbers above reflect debt after graduating from UCB and do not reflect the additional expense of a medical education incurred during the students' time at UCSF. Average medical school debt upon graduation is ~ $198,000 for public institutions, ~$222,000 for private institutions, and~ $207,000 for all institutions. The comparison data above relates to median salary for an MS, which is the degree students have upon graduation from UCB.

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.

In addition to the debt incurred during the UCB portion of the JMP, students also incur a significant amount of debt in medical school at UCSF during their final 2.5 years. JMP students complete a 5-year MS/MD program, which is one year longer than a traditional MD program and has additional costs. The JMP students transfer their debt to UCSF while completing their final 2.5 years of the program. Therefore, we must consider their overall debt in the context of those who graduate at UCSF with the MD degree.

According to the AAMC Medical Student Education Fact Card for the Class of 2023, the average debt was ~ $198,000 for public institutions, ~$222,000 for private institutions, and~ $207,000 for all institutions. As noted in the UCB Master's debt table above, JMP students graduate with an MS from UC Berkeley with slightly higher average debt compared to other MS students. However, as reported in the San Francisco Campus Data Table below, overall debt for San Francisco students (which includes JMP students) upon

graduation from medical school is still lower than the national average for public medical schools.

We note that the debt data included in the PDST dashboard excludes debt incurred by students when enrolled as undergraduates or in other graduate programs. Accordingly, the UCSF MD data in the table below does not include the debt UCB JMP students incur during their time at Berkeley.

The $143k average debt estimate below for 2021-22 probably overstates the debt incurred by JMP students, since those students are only enrolled at UCSF for 2.5 years (instead of the full four). We estimate that JMP students leave UC Berkeley with an average of $102,555 in debt and then take on additional debt at UCSF of about $90k (the prorated amount), for total program debt closer to $190k.

San Francisco Campus Data

PROGRAM_NAME		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
MD Medicine	Graduates (excl. mult degrees)	157	146	143	149	157	162	136
	Borrowers	114	99	114	108	111	108	100
	Percent with Debt	73%	68%	80%	72%	71%	67%	74%
	Average Debt	$145,479	$142,480	$134,424	$148,787	$135,454	$140,587	$143,246

We anticipate that the PRIME State funding will continue to help decrease the indebtedness for JMP PRIME students, as one-third of the PRIME funding will be returned to aid for PRIME students. We have very few students who pursue private loans during medical school, and generally only in cases where they qualify for lower interest rates than Federal Direct loans. The default rate on Federal loans for UCSF MD graduates is <0.05% -- a good indication of the ability of our students to manage their debt during the first few years after graduation.

The manageability of the student loan debt upon graduation from medical school relates directly to the chosen career path. For those who choose more lucrative paths, the debt becomes manageable. For those who might otherwise choose less lucrative career paths such as general internal medicine, general pediatrics and family practice, debt is a strong disincentive. Loan repayment programs are valuable, but few students feel comfortable counting on them at the time that they are making their career choices. As a result, their potential impact is undermined.

While students are at UC Berkeley, they have access to a number of resources related to financial aid. All JMP students are invited to a special session on financial aid during orientation. They have access to a financial aid resource person at the BPH, who is available to meet with them at any point. There are also a number of online resources available to support students, including Financial Aid & Scholarships, Financial Aid for Current Students, Graduate Division Financial Aid, and Support for Student Parents & Caregivers. While at the JMP, students are supported and encouraged to apply for a number of fellowships and research awards.

During the students' time at UCSF, extensive opportunities to learn about student loan repayment options are provided by a Resource Advisor in the Financial Aid Office whose primary role and responsibility is to help our students understand their debt and the available payment plan options during residency and beyond. This staff member provides numerous group sessions to our students during organized class activities coordinated with the School of Medicine throughout the four years of study, and also meets one on one with any member of the community who needs assistance developing a loan repayment plan tailored to their specialty choice and career goals. Special sessions on loan forgiveness programs also provide our students with the information they need to take advantage of programs designed to help our students pursue primary care and other specialties that are covered by such plans. This support continues after graduation, and any former student may continue to work with our Resource Advisor throughout their Residency for advice and support.

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.

All of our students have program advisors at the JMP who help them consider what types of careers may align with their interests. Lower paying public interest careers and services to historically marginalized populations are included in opportunities discussed with students. Each student's JMP program advisor, as well as their career advisors at UCSF, counsel students on desired career paths to help them balance the competing demands of public service and educational debt. As the JMP has a long history of attracting students interested in social justice, these careers are of great interest to our students, and many choose to pursue public interest careers. We encourage such action and offer strong support encouraging students to enter public interest careers. For example, by virtue of being based in the Berkeley School of Public Health, our students have ample opportunity to attend lectures and meet public health physicians doing public interest work during formative years of the students' development. JMP students are invited to attend on campus lectures and to be involved in community service activities, including the Suitcase Clinic, a clinic that serves people experiencing homelessness.

Over the past two years, we have also launched two curricular initiatives to support students interested in public interest careers. “JMP Grand Rounds” is an opportunity for JMP alumni working in public service to speak with students about their career paths and experience. Speakers have included JMP alumni who are working in government, nonprofit, and clinical settings serving underserved populations. These talks help to demystify these careers and give students a clear idea of what a career in service might look like.

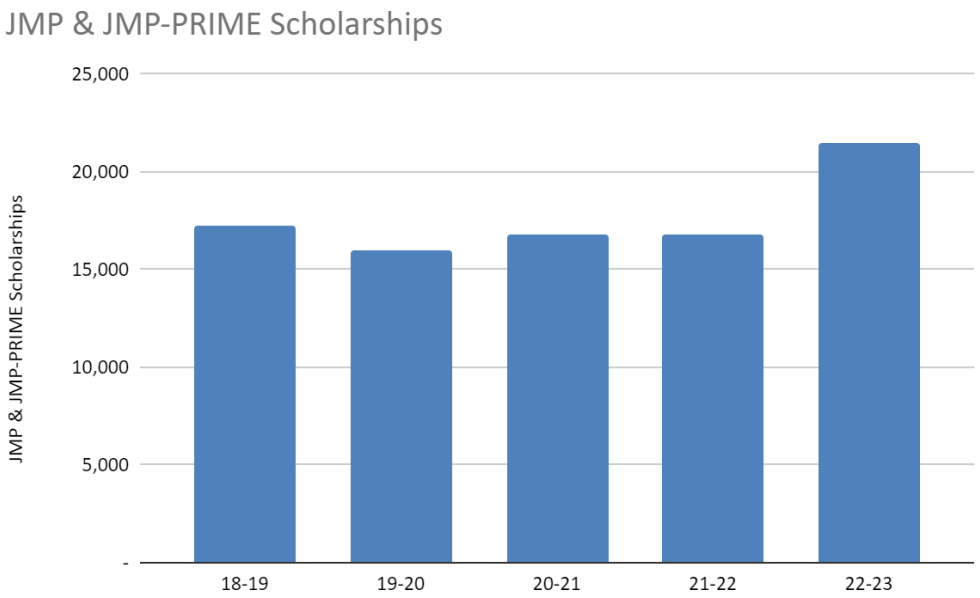
In addition, we have launched an “Antiracism in Action'' component of the Master’s seminars for our students. Through these sessions, students are exposed to community engagement opportunities focused on historically marginalized populations. These are partnered with clinical experiences in federally qualified health centers (FQHCs) and safety net hospitals. These experiences expose students to systems and physician mentors who can help provide guidance for students interested in service careers.

In addition, as noted above, the JMP has 4-5 students each year who are part of the UCSF PRIME-US program. The 25% of JMP students who are part of the UCSF PRIME-Urban Underserved program have dedicated themselves to the care of underserved communities. These students receive curricular support that encourages and prepares them to serve marginalized communities. This support includes:

- Core Seminar Series - regularly scheduled afternoon seminars that start during the first year of medical school at the JMP and include community-based experiences as well as interactive teaching sessions that explore the health and health care of urban underserved populations. Experts on homelessness, immigrant health, the prison system, health care disparities and more speak and share their work with PRIME-US students.
- Community Engagement Program - formal community-oriented curriculum (as part of the core seminar series), longitudinal clinical experiences at community-based clinics, and community-based service learning opportunities and project activities.
- Clinical clerkships in underserved communities including San Francisco General Hospital and the Fresno campus of UCSF.
- A fifth year of study to pursue a master's degree.
- A formal mentorship program and academic guidance provided by dedicated staff, faculty, and community members to ensure personal, professional, and academic success.

PRIME-US students receive additional scholarship support from UCSF, and now given the new State funding of the PRIME program, will also be eligible for additional aid during their years at UC Berkeley.

Please see table below for scholarship awards disbursed to JMP students from UCSF. UCSF also offers several scholarships to specifically honor students who perform exceptional community service.



Source: UCSF Office of Student Financial Aid

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?

Medical school graduates all earn about the same low salaries during their internship and residency years. The amount of income outside of residency depends on the specialty they go into. We have Income Based Repayment (IBR) and Public Service Loan Forgiveness for students in the primary care specialties and/or those working in nonprofit, clinical, medically underserved settings.

Students are encouraged to meet with financial advisors at UC Berkeley Graduate Division's office of financial aid. The JMP's Graduate Student Advising Officer (GSAO) is dedicated to ensuring students are connected to campus resources to help meet their financial need. As described in section VI.c, UCSF provides extensive opportunities to learn about student loan repayment options upon graduation from medical school, as well as opportunities for individualized counseling from Resource Advisors in the UCSF

Financial Aid Office. From recruitment to graduation, through counseling and workshops, we teach and stress to our premedical and medical students the importance of budgeting, careful spending, and wise borrowing, and that student loans are an investment in one's future and do not have to be a career obstacle.

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

During the JMP Admission process applicants are provided general information about financial aid programs. They are advised to submit financial aid information to UC Berkeley and UCSF Financial Aid departments. They are invited to contact the UC Berkeley Graduate Division Financial Aid department and UCSF Financial Aid department to gather more information specific to their situation.

JMP grants and scholarships are offered to students in a letter from UC Berkeley School of Public Health Financial Aid Officer prior to the deadline by which they must commit to matriculate at the JMP. After they matriculate at UCB, they receive a letter from the UCB Office of Financial aid with loan and additional grant information. As noted previously, all JMP students are invited to financial aid sessions as part of orientation, and a UC Berkeley financial aid resource advisor is available to meet with them as needed.

As noted above in Section IIa, we are planning to do outreach to increase knowledge of the JMP among UIM students and students who are from low SES backgrounds. We plan to partner with student groups, premedical societies, community colleges, post-baccalaureate programs and the California State University system, among others, to increase visibility of the JMP while simultaneously ensuring prospective applicants are aware of financial aid opportunities. For the past two years we have participated in outreach and information sessions for prospective medical students at CSU East Bay and Mills College. We are actively engaging representatives from the post-baccalaureate programs throughout California including UCSF, UC Davis, and CSU East Bay to participate in information sessions and student fairs. The JMP is also working closely with the UC Berkeley School of Public Health outreach and recruitment representatives to actively participate in joint graduate school fairs and informational sessions. Similarly, the JMP is collaborating with UCSF SOM to identify joint outreach opportunities to highlight the JMP to prospective students in an effort to expand the scope and increase knowledge of the program among UIM, first generation, and low-income students.

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?

We mention indebtedness at a high level during interviews with applicants. Information about average indebtedness at graduation is available to prospective students on the UCSF School of Medicine Admissions website (https://meded.ucsf.edu/md-program/prospective-students/admissions-md-program/tuition-and-costs). Average salary during post-graduate residency training is also available on the UCSF website. Applicants are made aware of these resources, and information and links explaining the cost of attendance and how to access financial aid are provided on the JMP website. Students are expected to access this information on their own.

Because each student has a unique set of debt and external financial resources, we encourage students to meet with a financial advisor to discuss their individual needs. The financial aid advisor can give them more relevant resources and options after they complete their FAFSA form. Financial advisors are available at UC Berkeley while they are on the UCB campus, and at UCSF once they transition to the UCSF School of Medicine.

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.).

Despite its unique character and the demonstrated excellence of its graduates, the JMP is not financially sustainable on the limited state resources that it receives (around $730,000). PDST revenue is budgeted to provide $776K, or 31%, of the JMP's annual budget in FY24. We currently have trouble recruiting talented low-income and UIM students because of our relative lack of student scholarship support. We lose these students to competitors that can provide substantial scholarship support. PDST provides much needed financial support for our students and student experience.

During the last cycle, we opted not to increase PDST due to the impact of the COVID-19 pandemic on our students. At that time, we noted that we anticipated we would need to increase PDST once recovery from the pandemic was underway.

Our previous application submitted in 2022 described in detail the changes we made to adapt to the COVID-19 pandemic and the impact on our students and our program. Since that time, we have continued the process of recovering from the programmatic impacts of COVID-19.

- Admissions: Like many medical schools, the JMP had a higher number of applicants than previous years in 2020-21 (250 applicants); in 2021-22, the number of applicants was more consistent with prior years (closer to 170). In 2022-23, the JMP had ~220 applicants, which may reflect an increased interest in medicine post pandemic, and likely also reflects increased outreach efforts. We will continue to monitor this data. The UCSF SOM and JMP Admissions processes continue to occur over zoom, which is financially advantageous for applicants and for our program. We have been able to resume an in person "accepted students" opportunity in which students can visit our program before making their final decision.
- Curricular impacts: As noted in our previous application, our classes are now fully in person again. We have been able to adapt our curriculum in some positive ways, including increasing the use of technology and zoom learning into some of our curriculum. This technology makes it possible for physicians and educators from across the country to participate in teaching. This also allows for flexibility around students attending class in person or remotely in order to mitigate risk to others when they are ill
- Student Support: Immediately after we resumed fully in person learning, students were hungry for community building events and in person engagement. We responded by providing a number of activities and events encouraging students to gather. We continue to actively work with our students to support their mental health and learning.

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 primarily 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 2023-24 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 and elaborate in Section IX.b.

☐ (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): N/A

☒ Scheduled in-person or virtual town-hall style meetings with students in the program to discuss the plan and solicit feedback

☐ Convened in-person or virtual focus groups of students in the program to discuss the plan and solicited feedback

☐ Convened in-person or virtual focus group with students representing underrepresented populations in your program to discuss the plan and solicit feedback

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

☒ Other (please describe): After the in-person meeting, notes describing the proposal were sent out along with a survey for feedback.

IX.b. Below, please elaborate on all student consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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.

All 48 JMP students were invited to a program wide community meeting on 9/28 in which the PDST proposal was presented and discussed. The proposal we shared with the students was to increase the PDST by 5% per year x 5 years. Multiple email invitations were sent out to maximize participation, and information about the meeting was added to the weekly JMP newsletter for several weeks ahead of the meeting. They were also reminded via a note on the community bulletin board at the entrance to the JMP classroom/office Suite.

Five students attended the community meeting where the Director presented the PDST proposal and answered questions. The students asked questions related to how the JMP PDST compares to other California medical schools, and shared concerns about the rising cost of medical education. They named the structural barriers in fairly compensating faculty in order to recruit and retain them - especially faculty from underrepresented backgrounds - and the tension with how to pay for that. They asked about how the JMP

raises funds to support students. They shared appreciation for the conversation and transparency of the information provided. After the meeting, the JMP Director sent an email to all students with the recording of the meeting and a slide deck used at the presentation, along with a survey to elicit feedback. Seven students responded to the survey (15% response rate).

When asked on a scale of 1 to 5 (1 = strongly support, 5 = strongly oppose) how students felt about the proposed increase, the average rating was a 4.1, indicating most students oppose the increase.

Representative comments from the survey include:

> **I think spending the PDST increase on student financial aid is the most important thing! I think also emergency funds to support students when they have crises come up, funding for thesis projects, and funding the curricular components and learning resources (e.g. SPs, Amboss, etc.) are important as well.**
>
> *I think it's incredibly important to spend PDST increase on financial aid to ensure we are able to not just recruit but also retain a JMP class that matches our vision.*
>
> *Financial aid is indeed crucial, it's important to make education accessible to everyone, regardless of their financial situation. However, it seems essential to consider alternative funding methods for financial aid, like seeking more donations, rather than increasing the PDST, which would burden the current students. It's about finding a balance between supporting incoming students and not overburdening the existing ones.*
>
> *Recruiting a more diverse class (more URM students, more students from economically disadvantaged backgrounds) is EXTREMELY important to me. So is providing a more equitable and inclusive learning environment. However, I don't think that increasing student financial aid should be the burden of students, who are already taking on absurd levels of debt.*
>
> *I would like the JMP to invest PDST funds in additional research funding so students are more encouraged to pursue passion projects for their Master's rather than hopping on an already existing, funded project; bringing in more specialists in-person to Clinical Skills, funding AMBOSS at least partially, psychiatric resources and learning resources on the same level that UCSF students have.*

Psychiatric resources – JMP students should have access to the same caliber of mental health resources that UCSF students have. ….Other than mental health resources, the JMP should continue to provide boards and beyond ($399/2 years) and osmosis ($499/2years) to students, and should consider including access to Amboss ($700/5 years, unsure of 2 year cost).

Given this feedback, we decided to decrease the proposed increase from **5%** to **approximately 4%**. We recognize the importance of balancing an increase in financial support to students with the impact of the increase on each individual student. We are planning to devote the equivalent of at least 33% of the PDST increase to financial aid as we continue to work on raising additional scholarships for financial aid. We are also investing the PDST funds in student services including learning and wellbeing support.

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 should be provided by the program.

☒ Plan shared with Krish Desai, Graduate Assembly VP of Campus Affairs on 11/3/23 .
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: Feedback on the JMP proposal is forthcoming.

☐ If applicable, plan shared with _____ on _____ .
Program graduate student organization (i.e., your program council or department GSA)

☐ Comments or feedback was provided.

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

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 and elaborate in Section IX.e.

- ☒ Agenda item at a regularly scheduled faculty meeting
- ☐ Scheduled in-person or virtual town-hall style meetings of faculty to discuss the plan and solicit feedback
- ☐ Convened in-person or virtual focus groups of faculty in the program to discuss the plan and solicit feedback
- ☐ Convened in-person or virtual focus group with faculty representing underrepresented populations in your 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): N/A

IX.e. Below, please elaborate on all faculty consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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 JMP Director led a discussion around PDST attended by nine JMP teaching faculty on September 19th, out of a total 22 teaching faculty. At the time, the proposed increase was 5%. The teaching faculty voiced appreciation that we did not increase PDST during the previous cycle, and noted that medical education is expensive. They shared their deep appreciation for seeing a more diverse class of students and recognized that in order to recruit and retain a diverse class, we need to be able to provide more financial aid.

The Director then sent an email along with a meeting recording and slides to the teaching faculty explaining PDST and inviting their feedback through a survey. Seven faculty members responded to the survey.

When asked on a scale of 1 to 5 (1 = strongly support, 5 = strongly oppose) how faculty felt about the proposed increase, the average rating was a 1.2, indicating most faculty support the increase.

Comments from the survey included:

Yes, very important to be more aligned with other campuses and also provide more money to students for financial need.

This is the right thing to do

Much needed.

It's always a struggle without deep pockets but I think we provide excellent value for the cost

The faculty were broadly in support of the 5% increase; however, given the feedback from students we have adjusted our proposal to approximately **4%** per year x 5 years.

IX.f. Please confirm that this multi-year plan template was provided to the campus Graduate Dean and Vice Chancellor Equity, Diversity, and Inclusion (or equivalent), as well as endorsed by the Chancellor.

☒ Plan shared with Lisa Garcia Bedolla, Vice Provost for Graduate Studies on 10/23/23 .
Graduate Dean

☒ Plan shared with Dania Matos, Vice Chancellor for Equity & Inclusion on 11/3/23 .
Vice Chancellor for Equity, Diversity and Inclusion (or equivalent)

☒ Plan endorsed by Carol T. Chris, Chancellor on 11/3/23 .
Chancellor

Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels
Effective Beginning Summer or Fall 2024

PART A

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. For programs that plan to assess different PDST levels based on residency, provide an explanation under "Additional comments."

Table 1: Projected Fees

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2024-25		2025-26		2026-27		2027-28		2028-29	
							%	$	%	$	%	$	%	$	%	$
Prof. Degr. Suppl. Tuition (CA resident)	$25,980	$26,760	$27,564	$28,392	$29,244	$30,120	3.0%	$780	3.0%	$804	3.0%	$828	3.0%	$852	3.0%	$876
Prof. Degr. Suppl. Tuition (Nonresident)	$25,980	$26,760	$27,564	$28,392	$29,244	$30,120	3.0%	$780	3.0%	$804	3.0%	$828	3.0%	$852	3.0%	$876
Mandatory Systemwide Fees*	$13,470	$14,016	$14,430	$14,856	$15,294	$15,744	4.1%	$546	3.0%	$414	3.0%	$426	2.9%	$438	2.9%	$450
Campus-based Fees**	$1,025	$1,056	$1,092	$1,128	$1,164	$1,200	3.0%	$31	3.4%	$36	3.3%	$36	3.2%	$36	3.1%	$36
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)***	$4,888	$5,059	$5,192	$5,329	$5,471	$5,616	3.5%	$171	2.6%	$133	2.6%	$137	2.7%	$142	2.7%	$145
Est. First-Year Fees (CA resident)	**$45,363**	**$46,891**	**$48,278**	**$49,705**	**$51,173**	**$52,680**	3.4%	$1,528	3.0%	$1,387	3.0%	$1,427	3.0%	$1,468	2.9%	$1,507
Est. First-Year Fees (Nonresident)	**$57,608**	**$59,136**	**$60,523**	**$61,950**	**$63,418**	**$64,925**	2.7%	$1,528	2.3%	$1,387	2.4%	$1,427	2.4%	$1,468	2.4%	$1,507

* Mandatory systemwide charges include Tuition and Student Services Fee for the fall, winter, and spring terms.

** Includes compulsory campus-based fees for the fall, winter, and spring terms. Does 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, disability insurance fee, and summer fees (Tuition, the SSF, and campus-based fees). Does not include voluntary fees like the UCGPC Fee and one-time fees like the "Document Fee."

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 medical school goal is to provide excellent learner-centered education to a diverse body of medical and graduate students, cultivating in them the passion to improve lives and transform the health of the communities, especially underserved communities, they will serve as physicians, scientists, and health care leaders**. We offer several unique workforce-oriented pathways for medical students including an accelerated primary care track (ACE-PC), urban underserved track (TEACH-MS), central valley track (REACH-PRIME), rural track (Rural PRIME), and Tribal Health PRIME track. The ACE-PC pathway takes 3-years to complete, and the traditional MD Track as well as the remaining workforce pathways take 4-years. Additionally, we offer 5-year (ARC-MD) and 8-year (MD/PhD) research tracks. The program matriculates 137 medical students with plans to grow to 144 over the next 2-3 year, for a total enrollment for academic year 2023-24 of 566.

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 planned to charge proposed PDST levels, 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, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible. As appropriate, please describe your efforts to achieve your affordability and diversity goals in the context of your admissions data (up to the past five years).

The expiring multi-year plan was for AY 2020-21 through 2023-24 and PDST funds were used for the following goals, all of which pertain to enhancing program quality:

1. **Improve and grow outreach pre-med programs** in order to increase diversity in the applicant pool, especially those from socio-economic disadvantaged backgrounds, through outreach programs that would help students prepare for and succeed in getting to medical school. The diversity of our student body continues to be a major deciding factor for our matriculating students, with 88.8% saying it is important or very important to them when making their decision to come to the UC Davis School of Medicine (AAMC 2023 Matriculating Student Questionnaire). The School of Medicine's outreach programs have increased the School's applicant pool and over time the School's student body's diversity, as shown in the table below. Since

the last PDST Multi-Year plan, PDST revenues supported two new pathway programs, Health Equity Academy – Leaders for Tomorrow's Healthcare (HEALTH) and the Wy'East pathway through staff and faculty support, and necessary supplies. Through these PDST supported outreach programs, we are able to reach applicants early in their educational careers, helping to reduce barriers to medical school, and provide necessary support.

		Applicants			Admits			Admit Rate		Enrollment			Yield Rate	
		URG	All	% URG	URG	All	% URG	URG	All	URG	All	% URG	URG	All
UC Davis School of Medicine	2019-20	1792	7161	25%	108	226	48%	6%	3%	61	123	33%	56%	54%
	2020-21	1784	7023	25%	129	246	52%	7%	4%	65	127	36%	50%	52%
	2021-22	2902	9709	30%	106	216	49%	4%	2%	58	132	37%	55%	61%
	2022-23	2223	7847	28%	145	247	59%	7%	3%	76	133	42%	52%	54%
	2023-24	1976	8215	24%	132	275	48%	7%	3%	63	137	42%	48%	50%
	All	10677	39955	27%	620	1210	51%	6%	3%	323	652	50%	52%	54%

2. **Provide strong student support services and student advising** in order to help students navigate through medical school with strong support and advising services. PDST revenues helped provide necessary funding to recruit, train, develop, and retain high quality faculty Academic Coaches. Academic Coaches meet the longitudinal advising needs of students, in both clinical and professional development domains, in small groups and one-on-one settings.
3. **Provide excellent support to medical students and faculty** through the Office of Medical Education (OME). PDST revenues supported the addition of an assessment unit and instructional designer to help faculty better prepare to teach their courses, providing students with strong administrative support systems to succeed as students and teachers.
4. **Improve and enhance curriculum**. A new innovative curriculum, I-EXPLORE, designed to prioritize collaboration, diversity, community needs, and learner-centered education resulted in more patient-centered care, with a goal to better equip students to do well on national exams, match into better specialty/programs of their choice, and become excellent physicians. PDST revenues supported the initial drafting, campaigning, and implementation of the new curriculum through support of faculty time.
5. **Increase class size to 144 medical students per class** to help address the ever-increasing physician shortage in California, especially in urban, rural, and central valley regions. At the expiration of the previous PDST multi-year plan in 2019-20, the

class enrollment was 123 students, which has grown to its current size of 137 students. We focus on matriculating students from socio-economic disadvantaged backgrounds who plan to graduate and practice in primary care and or in urban, rural, or central California. PDST revenues, in combination with additional funds from the School of Medicine Dean and Vice Chancellor's Offices, supported the increase of necessary faculty, staff, and educational resources required to meet the needs of additional students, thereby also improving the student-faculty ratios, the hiring of master clinical educators, academic coaches, an instructional designer, and a director of assessment.

COVID-19 created some challenges that led to either hybrid or virtual teaching and additional expenses occurred due to transitioning to new systems, pedagogies and more resource demand. While these challenges made us delay some efforts on the original goals and, in some cases, moving some PDST funds, this did not impede the progress of the initial priorities.

Our **affordability goal** is to remain below the national public and private medical school graduate debt average. We are proud to matriculate over 70% of our medical students from socio-economically disadvantaged backgrounds through our successful outreach and pipeline programs as well as our holistic admissions practices. While our students' parents' are financially in the bottom 10th percentile nationally compared to all medical schools and thus are less likely able to contribute to tuition, we continue to help students manage student debt through holistic financial aid practices and are below the national mean in average graduate debt for both public and private schools. These holistic practices include funding through a combination of 33% PDST revenues and various other scholarships, comprehensive debt management support, and encouraging students to utilization national student loan forgiveness programs. Of the 33% PDST revenues used toward financial aid monies, 100% is awarded as need-based aid and all scholarships are need-based unless the donor specifically states the scholarship must be merit based. Through these efforts, we have been able to keep our graduates' debt ($150,358) far below the national mean. Compared to both public ($193,000) and private ($224,000) medical schools, where estimated student debt payments are 43% and 50% of median salary respectively, UC Davis School of Medicine Students' estimated debt payment is approximately 33% of their salary.

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?

The UC Davis School of Medicine's proposed PDST plan limits PDST increases to 3% a year, while providing revenue necessary to **continue to support student scholarships, staff, faculty, and other related expenses needed to sustain and grow the medical education program**. The PDST revenue covers approximately 1/6 of the overall cost of medical education and the remaining 5/6 of the cost is covered through other resources. 33% of all PDST revenues will be allocated for financial aid, 100% of those fees will be awarded based on need. A fee increase will help launch the following important **new initiatives,** which are partially funded by PDST:

#	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 launch new outreach programs (This goal correlates with the following expense rows in the expenditure table below: Providing Student Services, Benefits/UCRP Cost, 5% of new PDST revenues)***	*This will allow us to continue to improve and launch new programs that meet the needs of a diverse California population.*	*Our ability to matriculate a diverse class to meet California population needs through our numerous outreach programs will be impacted if PDST funding is not approved, through loss of successful outreach activities such as outreach events, K-12 programs, undergrad prep programs, and postbac programs.*	*The essential benefit for the students is to train with other likeminded individuals from diverse backgrounds who plan to serve the many underserved areas of California.*

2	***Increase and improve clinical partnerships across California:*** • ***Recruit and onboard new clinical partners*** • ***Improve relationships with current partners including ensuring students' needs are met*** • ***Improve community faculty experience with UC Davis Health*** • ***Explore regional branch campuses in Rural and Central California (This goal correlates with the following expense rows in the expenditure table below: Providing Student Services, Faculty Salary Adjustments, Benefits/UCRP Cost, proving the Student-Faculty Ratio, Expanding Instructional Support Staff, Facilities Expansion/Renewal, Instructional Equipment Purchases, 5% of new PDST revenues)***	*Growing and maintaining strong relationships with clinical partners is critical to our mission to train and produce doctors that California needs most, and the PDST revenue will help us improve this.*	*Given the growing class size and loss of some clinical partners during the COVID pandemic, we would not be able to continue to meet the clinical site needs of our students, especially in third year of medical school. This is a core requirement of the curriculum and necessary for students to gain required clinical experience in their third and fourth years. Without these sites, the students, and courses, would be severely impacted in their ability to complete course requirements.*	*This will ensure we have sufficient clinical sites and improve student experience, especially for our pathway students.*

3	***Improve Student Support Services including Academic Services, Wellness, and Advising (This goal correlates with the following expense rows in the expenditure table below: Providing Student Services, Improving the Student-Faculty Ratio, Faculty Salary Adjustments, 10% of new PDST revenues)***	*The revenue will help offset some of the cost to meet the longitudinal advising needs of our students.*	*If the PDST is not approved, we will not be able to fully provide necessary support to our students in their medical school journey. This will impact support that includes but not limited to advising through coaches and specialty advisors, wellness support, and OSLER (academic services).*	*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's healthcare needs.*
4	***Address tribal healthcare disparities (This goal correlates with the following expense rows in the expenditure table below: Benefits/UCRP Cost, 5% of new PDST revenues)***	*The Office of Medical Education is critical in implementing our leadership and faculty mission to help medical students succeed in their path to becoming a physician to tribal communities.*	*Given the rising cost of benefits, we would not be able to continue with the current staffing model and will have to cut services.*	*Students and faculty will have strong administrative support systems in place to help them succeed as students and teachers.*
5	***Improve assessments of all programs, especially the new I-EXPLORE curriculum (This goal correlates with the following expense rows in the expenditure table below: Other Non-salary Cost Increases, Expanding Instructional Support Staff, 10% of new PDST revenues)***	*The additional revenue will help us improve and automate our assessment systems and team, which help us quantitatively measure our programs and continue to improve them using an educational quality improvement model.*	*If the PDST is not approved, we will not be able to assess our many programs effectively and it will have direct impact on student experiences.*	*Students will directly experience a positive impact as a result of a continuous quality improvement process through their medical education journey.*

6	***Maintain affordability of tuition for our students compared to national comparator schools (This goal correlates with the following expense rows in the expenditure table below: Providing Student Financial Aid, 33.00% of new PDST revenues)***	*Financial Considerations/Cost of attending continues to be one of the most important factors for our incoming students when applying and deciding to matriculate to UCDSOM, with 95% of students stating is important or very important to them when making their decision to come to UC Davis. The additional revenues will help us maintain our revised financial aid model of awarding funds to students for the duration of their education.**	*Without the additional PDST funds, we will not be able to provide as much need-based aid to all students and that will impact the overall student debt as well given the rising cost in all other areas.*	*Students will continue to receive guaranteed need-based aid over the course of their education, which has helped to reduce our students overall debt over time.*

*AAMC 2023 Matriculating Student Questionnaire (MSQ)

III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2023-24 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).

Table 2: PDST Revenue Use

		Proposed Use of Incremental PDST Revenue					
	Total 2023-24 PDST Revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	Incremental 2028-29 PDST revenue	Total Projected PDST Revenue in Final Year
Faculty Salary Adjustments	$4,029,082	$135,630	$140,233	$144,876	$149,558	$154,280	$4,753,659
Benefits/UCRP Cost	$1,007,271	$33,908	$35,058	$36,219	$37,389	$38,570	$1,188,415
Providing Student Services	$1,874,847	$63,113	$65,255	$67,415	$69,594	$71,791	$2,212,013
Improving the Student-Faculty Ratio	$294,094	$9,900	$10,236	$10,575	$10,917	$11,261	$346,982
Expanding Instructional Support Staff	$1,470,468	$49,500	$51,180	$52,874	$54,583	$56,306	$1,734,912
Instructional Equipment Purchases	$735,234	$24,750	$25,590	$26,437	$27,292	$28,153	$867,456
Providing Student Financial Aid	$4,852,544	$163,350	$168,894	$174,486	$180,125	$185,811	$5,725,210
Other Non-salary Cost Increases	$147,047	$4,950	$5,118	$5,287	$5,458	$5,631	$173,491
Facilities Expansion/Renewal	$294,094	$9,900	$10,236	$10,575	$10,917	$11,261	$346,982
Other	$0	$0	$0	$0	$0	$0	$0
Total use/projected use of revenue	$14,704,680	$495,000	$511,800	$528,744	$545,832	$563,064	$17,349,120

* Benefits costs and UCRP contributions should be reported as a single line item.

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 efficiencies that will meet student needs as well as increase student satisfaction and reduce cost while providing a high-quality program. This is done through utilization of technology, reducing, or sharing cost with other units. Recent innovations include our internal Student Dashboard, an online platform that allows students, their coaches, and other

support staff to monitor and track student progress through the curriculum, automated Medical Student Performance Evaluation (MSPE) system (also called the Dean's letter), Faculty Dashboard, modifications to the Admissions system, and purchase of several commercial software systems. This helps streamline students and faculty needs so that they can focus on more important things such as student learning and allow us to allocate staff to other unmet needs. 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. The School's Development Office has added staff and continues to make increasing the number and amount of student scholarships a priority. Beyond PDST, almost two thirds of the cost of medical education is supplemented by other means through the Dean's Office to ensure we continue to provide excellent education to our medical students.

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

Not Applicable

III.e. Please indicate your program's current and expected resident and nonresident enrollment in the table below. Changes in the proportions of resident and nonresident enrollment by the end of the plan should be explained under "Additional comments."

Table 3: Enrollment

	Enrollment					
	2023-24	**2024-25**	**2025-26**	**2026-27**	**2027-28**	**2028-29**
Resident	564	566	568	570	572	574
Domestic Nonresident	2	2	2	2	2	2
International	0	0	0	0	0	0
Total	**566**	**568**	**570**	**572**	**574**	**576**

Additional comments:
The program matriculated 137 medical students this academic year and slowly plans to grow to 144 over the next 2-3 years, which has been approved by the school's accrediting body.

IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table, identify a *minimum* of 3 comparators, including a minimum of 3 public institutions. If your program only compares to a small number of other programs or only private comparators, please list those. Please indicate the total student tuition and fee charges to degree completion of the comparison institutions in the following table.

Table 4: Market Comparators: TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR

	Projections						Increases/Decreases									
Total *Resident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
University of Colorado	172,947	178,135	183,479	188,983	194,652	200,492	3.0%	5,188	3.0%	5,344	3.0%	5,504	3.0%	5,669	3.0%	5,840
University of Michigan	203,489	209,594	215,882	222,358	229,029	235,900	3.0%	6,105	3.0%	6,288	3.0%	6,476	3.0%	6,671	3.0%	6,871
University of Oregon	206,956	213,165	219,560	226,147	232,931	239,919	3.0%	6,209	3.0%	6,395	3.0%	6,587	3.0%	6,784	3.0%	6,988
University of Pittsburg	270,287	278,396	286,748	295,350	304,211	313,337	3.0%	8,109	3.0%	8,352	3.0%	8,602	3.0%	8,861	3.0%	9,126
University of Washington	224,669	231,409	238,351	245,502	252,867	260,453	3.0%	6,740	3.0%	6,942	3.0%	7,151	3.0%	7,365	3.0%	7,586
Harvard Medical School	296,117	305,001	314,151	323,576	333,283	343,281	3.0%	8,884	3.0%	9,150	3.0%	9,425	3.0%	9,707	3.0%	9,998
Johns Hopkins	267,150	275,165	283,420	291,923	300,681	309,701	3.0%	8,015	3.0%	8,255	3.0%	8,503	3.0%	8,758	3.0%	9,020
Stanford	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
University of Pennsylvania	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
USC	303,074	312,166	321,531	331,177	341,112	351,345	3.0%	9,092	3.0%	9,365	3.0%	9,646	3.0%	9,935	3.0%	10,233
Washington-St. Louis	286,176	294,761	303,604	312,712	322,093	331,756	3.0%	8,585	3.0%	8,843	3.0%	9,108	3.0%	9,381	3.0%	9,663
Average public comparison	**215,670**	**222,140**	**228,804**	**235,668**	**242,738**	**250,020**	**3.0%**	**6,470**	**3.0%**	**6,664**	**3.0%**	**6,864**	**3.0%**	**7,070**	**3.0%**	**7,282**
Average private comparison	**288,411**	**297,063**	**305,975**	**315,154**	**324,609**	**334,347**	**3.0%**	**8,652**	**3.0%**	**8,912**	**3.0%**	**9,179**	**3.0%**	**9,455**	**3.0%**	**9,738**
Average public and private comparison	**255,347**	**263,007**	**270,897**	**279,024**	**287,395**	**296,017**	**3.0%**	**7,660**	**3.0%**	**7,890**	**3.0%**	**8,127**	**3.0%**	**8,371**	**3.0%**	**8,622**
Your program	**191,527**	**197,788**	**203,621**	**209,650**	**215,883**	**222,329**	**3.3%**	**6,261**	**2.9%**	**5,833**	**3.0%**	**6,029**	**3.0%**	**6,233**	**3.0%**	**6,446**

	Projections						Increases/Decreases									
Total *Nonresident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
University of Colorado	281,700	290,151	298,856	307,822	317,057	326,569	3.0%	8,451	3.0%	8,705	3.0%	8,966	3.0%	9,235	3.0%	9,512
University of Michigan	276,157	284,442	292,975	301,764	310,817	320,142	3.0%	8,285	3.0%	8,533	3.0%	8,789	3.0%	9,053	3.0%	9,325
University of Oregon	312,734	322,116	331,779	341,732	351,984	362,544	3.0%	9,382	3.0%	9,663	3.0%	9,953	3.0%	10,252	3.0%	10,560
University of Pittsburg	280,604	289,022	297,693	306,624	315,823	325,298	3.0%	8,418	3.0%	8,671	3.0%	8,931	3.0%	9,199	3.0%	9,475
University of Washington	396,175	408,060	420,302	432,911	445,898	459,275	3.0%	11,885	3.0%	12,242	3.0%	12,609	3.0%	12,987	3.0%	13,377
Harvard Medical School	296,117	305,001	314,151	323,576	333,283	343,281	3.0%	8,884	3.0%	9,150	3.0%	9,425	3.0%	9,707	3.0%	9,998
Johns Hopkins	267,150	275,165	283,420	291,923	300,681	309,701	3.0%	8,015	3.0%	8,255	3.0%	8,503	3.0%	8,758	3.0%	9,020
Stanford	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
University of Pennsylvania	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
USC	303,074	312,166	321,531	331,177	341,112	351,345	3.0%	9,092	3.0%	9,365	3.0%	9,646	3.0%	9,935	3.0%	10,233
Washington-St. Louis	286,176	294,761	303,604	312,712	322,093	331,756	3.0%	8,585	3.0%	8,843	3.0%	9,108	3.0%	9,381	3.0%	9,663
Average public comparison	**309,474**	**318,758**	**328,321**	**338,171**	**348,316**	**358,766**	**3.0%**	**9,284**	**3.0%**	**9,563**	**3.0%**	**9,850**	**3.0%**	**10,145**	**3.0%**	**10,450**
Average private comparison	**288,411**	**297,063**	**305,975**	**315,154**	**324,609**	**334,347**	**3.0%**	**8,652**	**3.0%**	**8,912**	**3.0%**	**9,179**	**3.0%**	**9,455**	**3.0%**	**9,738**
Average public and private comparison	**297,985**	**306,924**	**316,132**	**325,616**	**335,385**	**345,446**	**3.0%**	**8,940**	**3.0%**	**9,208**	**3.0%**	**9,484**	**3.0%**	**9,768**	**3.0%**	**10,062**
Your program	**240,507**	**246,768**	**252,601**	**258,630**	**264,863**	**271,309**	**2.6%**	**6,261**	**2.4%**	**5,833**	**2.4%**	**6,029**	**2.4%**	**6,233**	**2.4%**	**6,446**

Source(s):
https://www.cuanschutz.edu/docs/librariesprovider267/2023-2024-cost-of-attendance/med-class-of-2024.pdf?sfvrsn=41438bb_2
https://medicine.umich.edu/medschool/education/md-program/financial-aid/cost-attendance
https://www.ohsu.edu/sites/default/files/2023-06/2023-24%20Tuition%20%26%20Fee%20Charts_final.pdf
https://www.medadmissions.pitt.edu/financial-aid/cost-attendance
https://education.uwmedicine.org/student-affairs/financial-aid/cost-of-attendance/
https://meded.hms.harvard.edu/md-cost-attendance
https://www.hopkinsmedicine.org/som/offices/finaid/cost#medstudent
https://med.stanford.edu/md/mdhandbook/section-7-tuition-and-financial-aid/tuition---fees.html#cost-of-attendance
https://www.med.upenn.edu/admissions/tuition-fees.html
https://financialaid.usc.edu/graduate-professional-financial-aid/keck-school-of-medicine/the-cost-of-your-medical-school-education/
https://mdadmissions.wustl.edu/how-to-apply/financial-aid/cost-of-education/

Additional Comments: The total student charges for our program includes 16 quarters, inclusive of 4 summer terms.

IV.b. Why was each of these institutions chosen as a comparator (and, as appropriate, explain why a minimum of three public comparators were not chosen)? 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 five years. Be specific (and if a program is unlikely to achieve comparability to an aspirational program within five 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 highly rated in research and/or a top ranked primary care-oriented medical school. These schools share the excellence in educational, research, and clinical programs exemplified by the UC Davis School of Medicine. 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 pools. Specifically for the M.D. program, we compete with all the schools listed for the same students who are underrepresented in medicine (URiM, as defined by the AAMC*) and/or socio-economically disadvantaged.
*https://www.aamc.org/professional-development/affinity-groups/gfa/unique-populations

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

The UC Davis School of Medicine program resident tuition is lower than the averages of our public and private school peer institutions by 11% and 22% respectively. Annually, over 99% of the UC Davis School of Medicine's 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 tuition is below both the private and public-school peer institution averages, by 34% and 17% respectively. Our fee structure, which has increased over the past decade at an annual rate of a little over 3%, has not affected application numbers. Applications continue to steadily increase, from a little over 5,000 applications in 2013 to just over 8,000 in the 2022-23 admissions 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 98% of incoming students from California, our program is unique among our comparators because approximately 70% of our incoming students are underrepresented in medicine or from socio-economically disadvantaged backgrounds, and nearly 60% are female medical students. Also, nearly 60% 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 have been ranked in the top 15 in primary care by *US News and World Report* consecutively since 2018, most recently #6 in 2023. The average ranking of the comparative schools in primary care is 32.18, though our list includes the #1 rated primary care school in the University of Washington. 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 table, please provide details about enrollment in your program and in your comparison public and private institutions. The enrollment figures provided should align with the most recent three years for which data are available. In the columns shown, programs should provide as many figures for comparison public and private institutions as are available.

Table 5: Demographics

	Actual	Actual	Actual	Estimated	Comparison (2021-22)	
	2020-21	2021-22	2022-23	Fall 2023	Publics	Privates
Ethnicity						
Underrepresented						
African American	10.2%	11.4%	13.3%	13.0%	5.4%	7.8%
Hispanic/Latino(a)	24.8%	24.3%	26.7%	24.0%	3.9%	7.0%
American Indian	0.8%	1.5%	1.5%	5.0%	0.7%	0.1%
Subtotal Underrepresented	***35.8%***	***37.3%***	***41.5%***	***42.0%***	***10.0%***	***14.9%***
Asian/Pacific Islander	34.6%	33.2%	31.9%	34.0%	19.7%	33.1%
White	26.2%	25.3%	21.2%	18.0%	53.8%	33.3%
Domestic Unknown	2.6%	2.7%	5.4%	4.0%	15.6%	13.9%
International	0.8%	1.5%	0.0%	2.0%	0.9%	4.8%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Socioeconomic						
% Pell recipients	55.2%	58.3%	61.1%			
Gender						
% Male	38.6%	37.1%	38.1%	32.0%	42.0%	49.0%
% Female	61.4%	62.5%	61.3%	58.0%	58.0%	51.0%
% Non-Binary	0.0%	0.4%	0.4%	4.0%	N/A	N/A
% Unknown	0.0%	0.0%	0.2%	6.0%	N/A	N/A

Sources:
UC ethnicity, socioeconomic status: UC Corporate data
Comparison institutions: Publics/Privates comparison data: Table B-5.1: Total Enrollment by U.S. MD-Granting Medical School and Race/Ethnicity, 2021-2022. 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 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 students from underrepresented groups? What are your prior and prospective strategies 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 students from underrepresented groups?

UC Davis School of Medicine is a national leader in diversity (ranked 3rd most diverse medical school), in primary care (ranked 6th), and in family medicine (ranked 7th) in the USNWR rankings. In 2022, 66% of SOM graduates matched to primary care residencies – leading all other UC schools by at least 20% – and 76% matched in California. There is a national shortage of primary care physicians, especially in underserved communities, and we are proud to be able to graduate a diverse and high number of graduates to help address these community needs. As a land grant university, UC Davis School of Medicine is committed to addressing the regional workforce needs and improving healthcare outcomes for all in our community. Workforce diversity is a fundamental tool to achieve health equity.

Our strategies for ensuring a diverse applicant pool include **developing and implementing pathway programs** to increase the number of individuals from medically underserved communities and/or groups traditionally underrepresented in medicine (URiM). UC Davis School of Medicine's Office of Student and Resident Diversity (OSRD) is responsible for the development and execution of pathway programs for high school, undergraduate, and medical students leading into health careers, medical school, and residency. Annually, the team conducts presentations and hosts exhibitor booths at approximately 80 events, reaching over 13,000 prospective applications. Below are examples of OSRD's, as well as the UC Davis School of Medicine's, efforts to increase the number of underrepresented students in our medical school class:

1. **Diversity Revisit Day:** invites all admitted UC Davis School of Medicine applicants back to the SOM to learn more about the culture and student life at UC Davis. This program also focuses on our school's commitment to serving underserved communities and striving toward health equity. Over 90 accepted applicants attend each year.
2. **UC Davis Postbaccalaureate Program:** prepares educationally (placed at a disadvantage educational background due to circumstances not in their control) and/or socioeconomically disadvantaged students to become more competitive to medical school. Since 1991, a total of 441 students (over 50% from socio-economic disadvantaged backgrounds) have participated, and 85% have gone on to medical school, including 121 to the UC Davis School of Medicine.

3. **Prep Médico:** is a pathway for pre-med students committed to advancing Latino health. The program provides scholars with weeks of programming consisting of professional development, science and math intensive sessions, clinical immersion experiences, technical skills development, community immersion opportunities, and mentorship. Since 2016, 250 students (nearly all from socio-economic disadvantaged background) have participated; 72% of scholars are interested in medicine.
4. **California Postbaccalaureate Consortium:** UC Davis is the administrative home for a consortium of 5 postbaccalaureate programs that encompass UC Davis, UC Irvine, UC Los Angeles, UC San Francisco, and Charles Drew University. The program prepares socioeconomically disadvantaged students to gain admission to medical school and shares a joint online application service that allows candidates to apply to one or more of the programs simultaneously. Since 1986, a total of 1,305 students (over 75% from socio-economic disadvantaged backgrounds) have participated, and 82% have gone on to medical school.
5. **Medical School Preparatory Enhancement Program:** is a collaborative program between OSRD and California State University, Sacramento for socio-economic disadvantaged students to pursue careers in medicine. Since 2004, a total of 183 students have participated. In the past two years, 14 of 30 participants were from disadvantaged backgrounds and 11 were from rural areas; 14 participants went on to attend the UC Davis School of Medicine.
6. **MCAT Prep Scholarship:** Applicants with underrepresented, disadvantaged, or rural backgrounds are strongly considered. Since 2017, a total of 84 pre-medical applicants (71 participants from disadvantaged backgrounds and 13 from rural areas) have participated; 5 participants went on to attend the UC Davis School of Medicine.
7. **Health Equity Academy – Leaders for Tomorrow's Health (HEALTH):** is a free "mini medical school" taught by faculty, medical students, residents, and community partners over six full-day sessions at the UC Davis School of Medicine. Since 2018, a total of 198 high school students (over 75% from disadvantaged backgrounds) have participated.
8. OSRD is a primary participant in two additional pre-med programs. The **UC Davis Summer Mathematics and Science Honors Academy (SMASH)** is a free, three-year summer residential college preparatory program for high school students from low-income or historically underrepresented backgrounds, or who will be the first in their family to attend college. This rigorous academy inspires and prepares students from the surrounding region to be college-competitive in science, technology, engineering, and math fields. **The UC Davis – Sacramento Charter High School Science of Cancer Partnership** is a year-long classroom-based program and summer research internship designed for students from Oak Park, the historically African American community adjoining the UC Davis Health campus. Most of the participants are disadvantaged and historically underrepresented in medicine. The program curriculum is designed to encourage them to enter college, graduate school, and medical school, and to inspire them to become future scientists, physician-scientists, and physicians.
9. The **Reimagine Indians into Medicine (RISE):** Native American or American Indian medical school re-applicants who are affiliated with a federally recognized tribe participate in the eight-month Wy'east Postbaccalaureate Pathway at Oregon

Health and Science University (OHSU). Upon successfully completing the postbaccalaureate program, students matriculate to UC Davis, Washington State University's Elson S. Floyd College of Medicine, or OHSU.

10. 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.

Although our outreach efforts focus broadly on the State of California, we prioritize the following regions that are significantly underserved in California for outreach and recruitment: rural northern, central valley, and inland empire. According to the January 2019 report by the California Health Foundation, rural regions, including the San Joaquin Valley, and the Northern and Sierra areas, have fewer than 50 primary care physicians for every 100,000 people, categorizing these regions as "Insufficient Coverage." The Inland Empire, a rapidly growing area of about 4 million people, has fewer than 30 primary care physicians for every 100,000 people, making it a "Critical Shortage" region. Having the right physicians in the right places are key to combatting unequal health outcomes, yet urban and rural health centers and hospitals remain understaffed: 95% of health centers report multi-year physician vacancies, 50% have openings for primary care physicians and 90% of providers working at health centers were trained in nearby health centers, speaking to the importance of training healthcare providers in our region. Having more primary care physicians in a community extends life expectancy, and racially and ethnically concordant physicians improve health outcomes.

Key **retention activities** for current School of Medicine students who are from socio-economic disadvantaged backgrounds include the medical student Diversity Advisory Council, diversity Student Interest Groups, and diversity and inclusion events that celebrate diversity and bring people together for mentorship and community building. In addition, OSRD provides funding for students to attend conferences that focus on diversity, inclusion, and health equity. The Community Health Scholars programs include:

- **Accelerated Competency-based Education in Primary Care (ACE-PC)**: complete their MD in 3 years equipped with the knowledge and skills to be positioned to match into a PC residency and enter primary care practice one year earlier.
- **Reimagining Education to Advance central California Health (REACH):** Launched in 2018 to strengthen our commitment to central California and students take their third-year clinical rotation in central California.
- University of California's "PRograms In Medical Education" or PRIME programs:
  - **Rural PRIME** - created to train the best and the brightest medical students for a fulfilling career in a rural community. Students take their third-year clinical rotation in rural clinical sites and exposed to rural community needs.

- **Tribal Health PRIME** Community Health Scholars Program - Designed to provide students with the appropriate knowledge and skills to practice medicine in California's urban and rural tribal communities. UC Davis aims to partner with communities to recruit and support students on their journey to careers in medicine.
- **Transforming Education and Community Health for Medical Students (TEACH-MS)** - is a four-year tailored M.D program at the UC Davis School of Medicine for students with a strong interest in primary care for the urban underserved.

These programs serve as a retention and preparation resource for diverse medical student leaders to understand and serve the unique health needs of California's rural, urban, and valley communities.

Combined with our known student body diversity, our **student support and health equity focused supplemental curriculum** attracts a diverse pool of missioned-aligned applicants who want to join our community. Since 2010, five UC Davis School of Medicine students have been awarded the Association of American Medical Colleges (AAMC)'s Herbert W. Nickens Medical Student Scholarship for their demonstrated leadership in addressing educational, societal, and health care needs of racial and ethnic minorities in the United States.

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 diverse learners. The trend in enrollment of students from socio-economic disadvantaged backgrounds is strong, continuously increasing over the last 13 years. Often, there is a correlation between socio-economic status and income, and medically underserved communities. We have multiple strategies for promoting access for students from socio-economic disadvantaged backgrounds:

- As detailed in section Vb, we have comprehensive outreach programs, most of them geared toward supporting and preparing students from socio-economic disadvantaged background to apply to medical school.
- We also apply holistic admission practices to ensure all aspects of applicant's backgrounds are considered, including distance travelled.

- Financial aid provides prospective and enrolled students with information and resources to facilitate access to their educational needs. Aid is awarded to students based on financial need and merit, ensuring federal, state, and university compliance. The UC Davis School of Medicine's 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 greatest measures of success, is the total number of students who receive a scholarship, particularly those from low-income backgrounds and ensuring our debt is below the national mean, especially for students from socio-economic disadvantaged backgrounds.
- We also offer multiple pathways for students to find their calling as well as help address primary care shortage and or underserved community needs at the same time.
- We also provide comprehensive support system while in medical school that includes Wellness Office, Office of Students Resources and Educational Resources, Coaching Program, Specialty Advisors, and a team of both faculty and staff from the Office of Medical Education.
- Our 7 Student-Run Clinics also provide opportunity for our students to get early exposure to patient care and help under/uninsured local community members. This helps them understand the challenges and opportunities within healthcare and prepare them for their own practice, especially in medically underserved areas.

Enrollment trends for medical students from socio-economic disadvantaged background

Year	Class Total	SED*
2010	96	38%
2011	100	28%
2012	109	44%
2013	104	42%
2014	110	55%
2015	110	55%
2016	110	55%
2017	114	53%
2018	119	49%
2019	123	67%
2020	127	72%
2021	132	78%
2022	133	69%
2023	137	70%

* Socio-economic disadvantage trend data below is based on Health Resources and Services Administration (HRSA)'s definition.

We had a huge increase in applicants in 2021, nearly 40% for overall applicants (from 7023 to 9709) and over 60% in URG applicants (from 1784 to 2902), mainly due to the pandemic. Those applicants' numbers have steadily declined since for both groups and thus resulted in decrease in our % of applicants matriculating from socio-economic disadvantaged background. This is also partially caused by other local competitors more aggressively pursuing applicants from socio-economic disadvantaged backgrounds. Combined, this has led to a slight decline in our overall % of matriculants from socio-economic backgrounds but we are holistically trying to address this and our current numbers are still above the ten year averages, as shown in the table above.

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 (that is compliant with Proposition 209) 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 thirteen years, the UC Davis School of Medicine entering medical student class has been more than 50% women, the most recent entering class with female students at 57.7%. This trend is on target with all medical schools (most recent data: 2022, 46.2% male and 53.8% female). Recruitment of women is bolstered by our holistic approach to admissions, use of the Multi-Mini Interview (MMI) and strong student support services. Traditional admission practices primarily focus on metrics, whereas holistic practices look at metrics while placing equal importance on attributes and experiences. This holistic approach allows our admissions committee to look at an applicant as a whole, including but not limited to their experience, distance travelled, resilience, altruism and compassion, etc. The use of MMI in interviews similarly ensure we get to delve more deeply into an applicant's experiences and gain a deeper understanding of attributes relevant to a medical career. Combined, this helps impact diversity positively by almost any measure.

The UC Davis School of Medicine also has high levels of representation of women in leadership roles, and offers several programs designed to help support women medical students including the American Medical Women's Association (AMWA), Women in Medicine and Health Sciences (WIMHS), Spouse-support programs, and dedicated lactation nursing facilities. In California, women doctors are less than 40% of the physician workforce. To help address the physician shortage of women 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 students from underrepresented groups, Pell Grant recipients, and gender? Explain your reasoning.

In the final year of our multi-year plan, we expect the composition of students in our program to continue to be very diverse, especially a high number from socio-economic disadvantaged backgrounds. The reason for this projection is because we expect to continue the strategies, such as our PDST supported outreach and pipeline programs, that have led to a diverse composition of our medical students and that the future student body will continue to include a diverse representation of historically underrepresented students, Pell Grant recipients, and students who identify as women or non-binary.

V.f. In the tables, 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.) The figures provided should align with the most recent three years for which data are available.

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.

Table 6: Faculty Diversity

All Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	2.6%	3.0%	3.1%
	International	0.0%	0.0%	0.1%
Hispanic/ Latino(a)	Domestic	5.1%	6.0%	6.4%
	International	0.3%	0.2%	0.2%
American Indian	Domestic	0.2%	0.2%	0.1%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	30.0%	29.9%	30.6%
	International	1.3%	1.2%	1.2%
White	Domestic	55.8%	54.9%	52.9%
	International	1.0%	1.1%	0.9%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	3.2%	3.2%	4.1%
	International	0.5%	0.3%	0.4%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		42.7%	44.4%	45.3%
Male		51.7%	50.6%	49.3%
Non-Binary/Unknown		5.6%	5.0%	5.4%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	3.0%	3.0%	3.7%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	6.1%	6.8%	7.4%
	International	0.9%	0.4%	0.4%
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	23.8%	24.2%	24.8%
	International	0.4%	0.4%	0.4%
White	Domestic	63.7%	62.7%	60.8%
	International	0.4%	0.4%	0.4%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	1.7%	2.1%	2.1%
	International	0.0%	0.0%	0.0%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		35.9%	37.3%	37.2%
Male		58.0%	56.8%	57.0%
Non-Binary/Unknown		6.1%	5.9%	5.8%

V.g. What are your campus efforts and, specifically, your program's current and proposed efforts (that are compliant with Proposition 209) to advance the recruitment and retention of diverse faculty? In the past five years, what opportunities were available to hire new faculty and fill vacancies?

UC Davis Health operates as a matrix organization, and many concerted efforts occur through collaboration across multiple units focused on recruitment and retention of faculty. UC Davis School of Medicine faculty and leaders collaborate via multiple initiatives that are led by the Office of Academic Personnel (OAP) and the Office of Health Equity, Diversity, and Inclusion (HEDI). Combined, the two offices budget is over $7 million and approximately half of it is dedicated to recruitment and retention of faculty.
The School of Medicine has a multi-pronged approach to **outreach and recruitment of faculty** with an internal "grow our own" recruitment strategy focused on retaining the school's diverse students and residents for faculty opportunities, and external recruitment strategies to attract diverse applicants for faculty positions through various methods, including but not limited to:

- OAP & HEDI offered Enhanced Training for Faculty Search Committee workshops
- OAP written diversity statement for all faculty applicants
- A campus-wide initiative to hire leading research faculty with a strong commitment to teaching, research, and service
- OAP provided financial support to department chairs to assist in recruitments of faculty through various mean, including but not limited to:
    - UC President's Postdoctoral Fellows Program
    - UC Davis Chancellor's Postdoctoral Fellowship Program
    - Center for the Advancement of Multicultural Perspectives on Science (CAMPOS)

The School of Medicine has a multi-pronged approach to **retaining and supporting** faculty through following initiatives:

- UC Davis Center for the Advancement of Multicultural Perspectives on Science (CAMPOS)
- The ADVANCE Scholar Award Program
- Advancing Leadership Across the Health Sciences program
- Women in Medicine and Health Sciences Program
- "Celebrating the Principles of Community" series at UC Davis Health
- Office for Health Equity, Diversity, and Inclusion (HEDI) committees and Employee Resource Groups (ERGs)
- Vice Chancellor's Advisory Committee on Faculty in Excellence and Diversity (FED)
- Inclusion, Diversity, Anti-Racism, and Equity (IDARE)
- Additional DEI, Climate, and Belonging Programming Addressing All Diversity Categories

As shown in the graph, since 2016, utilizing many of outreach and recruitment initiatives available, efforts have been made to hire a diverse faculty that represent that community we are a part of. Given that there is limited pool of diverse faculty candidates, one of our long-term strategies is to recruit and retain our own medical students and residents as they progress in their path to becoming a faculty.

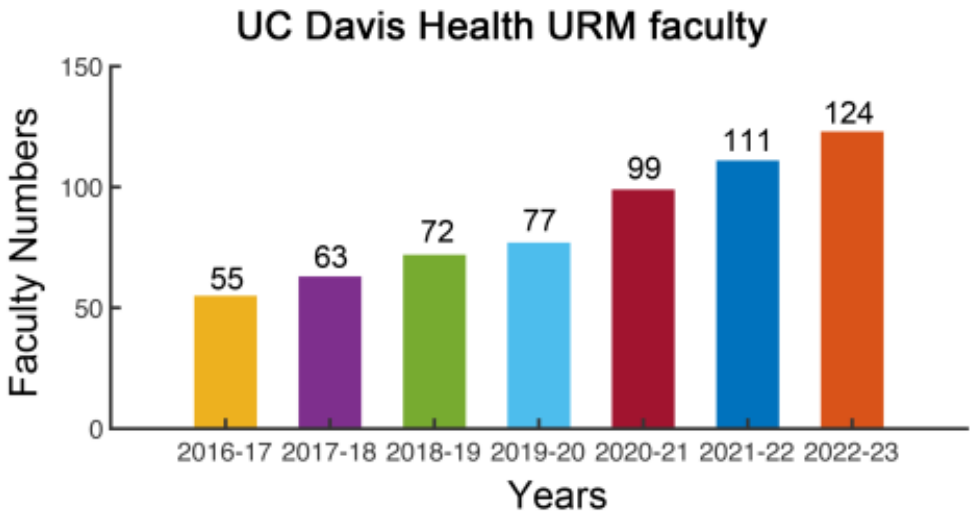


Figure 2: Shown on the Y-axis is the number of URM faculty since 2016. Years are shown on the X-axis.

https://health.ucdavis.edu/media-resources/academic-personnel/documents/diversity-reports/2022-23/2022-23-school-of-medicine-department-diversity-reports-05192023.pdf

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?

The goal for financial aid is **to provide prospective and enrolled students with information and resources to facilitate access to their educational needs**. Aid is awarded to students based on financial need and merit, ensuring federal, state, and university compliance. The UC Davis School of Medicine's 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 greatest measures of success, is the total number of students who receive a scholarship, particularly those from low-income backgrounds. For the matriculating class of AY2023-24 the UC Davis School of Medicine was able to offer over 75% of students a scholarship.

As part of its offering of resources, the financial aid office provides annual workshops to all classes. For fourth year medical students specifically, sessions are given on preparing for residency, loan repayment strategies and exit loan counseling. Each month we send out a newsletter promoting scholarship opportunities and the Associate of American Medical Colleges' Financial information, Resources, Services, and Tools (AAMC's FIRST) financial workshops. The FIRST program provides free resources to help medical students and graduates make wise financial decisions. Services available through the FIRST program include medical school affordability calculators, applying for student loans, determining loan repayment options, or options for buying a house. With this increased emphasis on these resources, we have seen our AAMC Graduation Questionnaire results improve in overall student satisfaction with debt management counseling and senior loan exit interviews.

Beginning in 2017-18, the UC Davis School of Medicine changed the way it awards scholarships to matriculating students. These scholarships are promised for four years, with the larger scholarships awarded (slots ranges increased from $5k-$15K to $20K-$45K) to students who meet the Mission of the School of Medicine as determined by the holistic admission scholarship review process. These scholarship awards come from both the PDST return-to-aid allocation funds (33% total) as well as general UC Davis School of Medicine endowment funds. After funding all promised students, any remaining funds are targeted to those considered as 'highest debt' students, to grant funds to reduce their loans. The table on the following page shows the UC Davis School of Medicine's average debt amount among graduates has decreased over the last two years, the first two cohorts to receive the new four-year scholarships, reinforcing the changes in the way that we award scholarships is having a positive impact on average student debt amounts.

Table 7: Debt

Graduating Class		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Percent with Debt	URG	100.0%	96.0%	96.0%	95.0%	87.0%	83.0%
	Non-URG	81.0%	87.0%	76.0%	87.0%	82.0%	78.0%
	International		100.0%			**	**
	All	86.0%	89.0%	82.0%	90.0%	83.0%	79.0%
Average Debt among Students with Debt*	URG	$152,084	$147,817	$156,751	$168,552	$139,645	$121,325
	Non-URG	$148,560	$152,729	$158,950	$160,029	$160,492	$162,751
	International		$160,553			**	**
	All	$149,509	$151,577	$158,246	$163,214	$156,126	$150,358

* Figures in the table do not reflect any existing debt incurred by students out of this program (e.g., undergraduate education).

** Figures for these students are included in the 'All' rows but are not shown separately due to the small number of students in this category and the resulting privacy concerns.

Note: Blank cells reflect no data available in the PDST dashboard.

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 it is expected that student debt will continue to grow nationally, the average debt among UC Davis School of Medicine students with debt has been decreasing, first in 2020-21 and then again in 2021-22. Historically the UC Davis School of Medicine's student debt rose approximately 3% annually, however with the changes to scholarship awards described above, the average increase over the last 5 years has been 0.18%. Notably, underrepresented group (URG) student debt has seen a decrease of over 20% in the last 6 years from $152,084 in 2016-17 to $121,325 in 2021-22. When looking specifically at the 2020-21 and 2021-22 graduating class debt, the first two graduating classes to be awarded the 4-year promised scholarships started in 2017-18, the decrease is significant. The change in the way the UC Davis School of Medicine is awarding these scholarships is having positive impact on students' average debt when they graduate. Additionally, the UC Davis School of Medicine's PDST and overall medical school tuition has grown roughly 3% every year. Even with the proposed average tuition and PDST increases as well as annual cost of living increases, the UC Davis School of Medicine expects to remain competitive with its comparator schools. Average debt levels compare favorably relative to national private/public median data as shown in table 8.

Table 8: Affordability

	Graduates with Debt	2021-22 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	79%	$150,358	$64,137	33%
Public comparisons	73%	$193,000	$64,137	43%
Private comparisons	68%	$224,000	$64,137	50%

Sources:
UC: Corporate data
Comparison institutions: https://store.aamc.org/medical-student-education-debt-costs-and-loan-repayment-fact-card-for-the-class-of-2022.html

Additional comments: Please see AAMC's Survey of Resident/Fellow Stipends and Benefits Report tab 9. The total section shows the Median Salary for a year 1 resident in the western region. https://www.aamc.org/data-reports/students-residents/report/aamc-survey-resident/fellow-stipends-and-benefits. For the Graduates with Debt and Average debt for Public and Private Comparisons look at the AAMC Medical Student Education: Debt, Costs and Loan Repayment Fact card for the class of 2022 - https://store.aamc.org/medical-student-education-debt-costs-and-loan-repayment-fact-card-for-the-class-of-2022.html

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.
The level of debt incurred by School of Medicine students given as the ratio of estimated debt payment as percent of median salary averages to approximately 33%, is lower compared to that of 43% and 50% for public and private medical school comparators. We also rank in the 90th percentile in terms of graduates utilizing the National Health Service Corps Students to Service Loan Repayment Program. Graduates have the option for Public Service Loan Forgiveness available if they make their student payments on time for 10 years, while working full time at a 501c3 employer such as UC Davis.

Two different loan counseling sessions are offered to 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. Opportunities are also provided for graduates with debt to meet with a third party student loan advisory (Doctors Without Quarters) for a 30-minute review of their loan portfolio, to help ensure the student has a full understanding of what their repayment strategy is going to be. There are several income-based repayment plans available to students with federal loans that allow them to have lower payments while they are in residency, which will then increase as their income increases. These plans make repaying their student loans manageable while in residency and their income in not yet that of a full medical physician. This is validated by our campus' particularly low loan default rate of 1.9% relative to the national average of 9.8% (https://fsapartners.ed.gov/knowledge-center/topics/default-management/official-cohort-default-rates-schools).

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.

All types of loan repayment programs are promoted to UC Davis School of Medicine students. For example, a large number of students often apply and are selected for the National Health Service Corps Students To Service Loan Repayment Program. Also, once students graduate, they can apply for National Health Service Corp loan repayment program, where they commit to working with underserved populations for a number of years in exchange for some loan repayment. In addition, we target awarding Title VII funds – both Loans 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 award these funds to those committed to serving in Primary Care. Graduates also have the option for Public Service Loan Forgiveness, where if they make their student payments on time for 10 years, while working full time at a 501c3 (UC Davis) during that same period, they can have the

remainder of their federal loans forgiven. This option is shared with students throughout their four years in medical school as part of financial literary curriculum as well as by our third party student loan advisory group.

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 and costs, many of our graduates choose public interest careers. UC Davis School of Medicine 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, REACH-PRIME program, Tribal Health-PRIME Transforming Education and Community Health for Medical Student program (TEACH-MS), and Accelerated Competency-based Education for Primary Care), and our Global Health electives. 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 (Rural PRIME), tribal communities (Tribal Health PRIME), central valley (REACH PRIME), urban underserved settings (TEACH-MS: Transforming Education and Community Health for Medical Students), and research (ARC-MD). 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 UC Davis School of Medicine scholarship support.

Both during students' final year of medical school and again just before graduation, we emphasize the broad range of loan repayment programs offered by several 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 consider the choice of public service as a possible career path and highlights these incredible opportunities to handle their debt load.

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

The UC Davis School of Medicine's Office of Student and Resident Diversity (OSDR) 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, OSRD performs outreach 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, every interviewee is sent an email 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. This information is also shared 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.).

Overall, we continue to thrive in our core areas being ranked in the top 10 in USNWR in several areas (#3 medical school diversity, #7 family medicine specialty, and #6 primary care), and over 99% of our graduates have matched into residency over the last 20 years.

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 primarily 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 2023-24 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 and elaborate in Section IX.b.

- ☐ (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): N/A
- ☒ Scheduled in-person or virtual town-hall style meetings with students in the program to discuss the plan and solicit feedback
- ☒ Convened in-person or virtual focus groups of students in the program to discuss the plan and solicited feedback
- ☐ Convened in-person or virtual focus group with students representing underrepresented populations in your program to discuss the plan and solicit feedback
- ☒ Described the plan to students in the program via email, solicited their feedback, and reviewed the comments received
- ☒ Other (please describe): Presentations at every medical education committee meetings to answer any questions and solicit feedback. Right after the feedback period, these committees include elected faculty and elected student representatives.

IX.b. Below, please elaborate on all student consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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 and virtually with students through the following methods:

a) Email campaign & Survey to **ALL 566 Students** October 6-19, 2023: Students were distributed the proposed plan along with an open survey multiple times, and through multiple avenues (OME Friday Update, October OME Newsletter, Elentra [LMS system], Distribution lists), within a 2-week period to allow students who were not primarily on campus or those unable to attend the available meetings an opportunity to ask questions and provide feedback. Survey responses and updates were provided to students on November 30, 2023 for an additional review and feedback period through December 8, 2023.
b) Open Hours for **ALL 566 Students**: In-Person/Virtual Town Halls
   i) October 11, 2023, 12-1pm (Virtual) (566 students invited, 0 attended)
   ii) October 13, 2023, 12-1pm (In-person) (566 students invited, 0 attended)
c) Additional communication & feedback options for **ALL 566 Students**:
   i) Students can provide commentary, questions to Leadership via email
   ii) Students can schedule one-on-one meetings with Leadership
   All students feedback came from survey and scheduled meetings, no students provided additional feedback through email or requested a one-on-one meeting with leadership
d) In Person Luncheon with **Class-Elected Student Representatives** (22 Students invited, 11 attended)
   i) October 18, 2023, 12:00-1:00pm
e) Standing Medical Education Committees **for Class-Elected Student Representatives and School-Elected Faculty Representatives** (41 Invited, 25 attended) Student leaders were very active and engaged in the meeting discussions.
   i) October 10, 2023 – Pre-Clerkship Workgroup; Committee on Student Promotions (CSP) Student Workgroup
   ii) October 11, 2023 – Committee on Student Promotions (CSP) Faculty
   iii) October 16, 2023 – Curriculum Evaluation and Outcomes Subcommittee (CEOS)
   iv) October 18, 2023 – Curriculum Steering Subcommittee (CSS)
   v) October 20, 2023 – Honor & Professionalism Council (HPC)
   vi) October 25, 2023 – Clerkship Director's Workgroup; SOM Admissions Steering/Selection Committee Meeting
   vii) October 26, 2023 – Committee on Educational Policy (CEP); Learning Climate Committee (LCC)

The following topics were discussed during each meeting:

- Background of Professional Degree Supplemental Tuition (PTSD)
- Different types of fees
- Distribution of revenues
- Annual approval process
- 2022-2023 fees and proposed 2023-24 fees, as well as future plans for increases
- Previous accomplishments through PTSD revenues
- 2023-24 PTSD Proposed goals
- Impact on diversity/corresponding plan for more strategic distribution of “return to aid” monies
- Actual UCDSOM cost of medical education

The students, and student leaders, actively participated in the discussion with many good questions, comments, and suggestions. A total of 9 Students responded to the survey over the course of both feedback periods. A summary of **Student** questions and comments from our **virtual and in person meetings and survey responses** are below:

1. Will the fee increase amount proportionally go back towards student scholarship?
2. What is our graduate’s match rate?
3. A request to use funds to help increase wellness support
4. How is the fee compared to the national mean for all medical schools?
5. What is the true cost of educating a medical student?
6. Do the proposed fees apply to current medical students? Or only new medical students?

- Survey Questions and Comments:
    - Fee level proposals
        - “too high”
        - “I'd like to know more about the breakdown of campus-based fees and other.”
    - How the revenue will be used (distribution of revenues; Impact on diversity/corresponding plan for more strategic distribution of “return to aid” monies)
        - “disagree”
        - “Please see comment box below”
        - “It's unsettling that the school will be relying on students, many of whom are poor, on government loans, and require government benefits to survive, to fund DEI programs. This should not come from students; rather, it

should come from grants and/or donors. It seems exploitative to use students, who essentially have no say in determining the cost of tuition due to how hard it is to get into any medical school now, as funding sources. Students should not be forced to fund projects that do not directly benefit their educational experiences. I am skeptical of use of funds to support improvement of curriculum without seeing exact numbers as to how much of our tuition costs are going towards curriculum and program improvement. These seem like abstract goals without clear evidence of how much improvement is being made using funds. I very much support the strategic goal of expanding upon clinical partnerships and opportunities in rural areas in Northern California. As someone who got interested in rural medicine only through rotating at rural sites and UC Davis' emphasis on rural medicine, I think this is great."

- Cost of the program in light of affordability (2023-24 actual UCDSOM cost of medical education)
  - "do not agree with the cost increase"
  - "The cost of attending medical school is a major barrier that prevents people from less privileged socioeconomic backgrounds from pursuing a medical education. Raising tuition, even with the aim of creating more programs meant to tackle social inequities, continues to perpetuate these barriers for people from less privileged backgrounds--the same people who are most likely to return to the communities that need them most as practicing physicians. Additionally, we all know there is a shortage of primary care physicians especially in medically underserved areas. Higher tuition means more debt which pushes more students away from primary care specialties due to concerns about compensation and repayment. With interest rates significantly higher than at any time in recent years, any increase in tuition hurts students that much more and furthers these negative trends. Please weigh any increases in tuition with these concerns in mind."
  - "Wondering about the breakdown of how much it costs annually per student, $100k doesn't sound unreasonable but it did surprise me."
  - "I really appreciate loan repayment programs, and hope the school will continue to elucidate the many loan repayment programs available (not just NHSC) for students who practice in underserved areas. I benefited from the Loan for Disadvantage Students, which helped tremendously."
- Outcomes (Graduate outcomes)
  - "disagree"
- Additional Comments
  - "If the School of Medicine plans to increase costs for students, then it must do a better job at ensuring that all students who matriculate ultimately graduate with their degrees and that the attrition rate is much lower. UC Davis needs to invest in its students as much as students are investing in their education."

- “Tuition is already very expensive for medical students, it is unfair that tuition is going to support scholarships for other students - this money should come from other students, not by putting other students in increasing debt.”
- “The plan makes a great point for recruitment but the retention is not as clearly laid out. What will assessments of the I-EXPLORE look like and who is doing them? If this money is added to student tuition, how will student feedback be incorporated into changes for future matriculating classes? Does any money plan to be used to address the Step 1 Pass rates and deferral rates of current and future classes?”
- “In light of the poor financial climate that this country finds itself in, the PDST proposal comes at a bad time. The cost of everything from rent, to gas to groceries is increasing and students already struggle to pay for these essentials. The increase in tuition will only set them back even more. Additionally, the interest rate on student loans has and will likely continue to increase. That means that the proposed increase in tuition will add to the already overwhelming debt students are incurring. I support the use of funds for increasing diversity, improving the advising system and support services for students. However, the cost for making these necessary changes should not be put on the student. I believe the money can come from elsewhere.”
- “I think it's disingenuous to claim that part of the increase in PDST will go to "Improv[ing] assessments of all educational programs, especially the new I-EXPLORE curriculum," when much of the feedback we have given about I-EXPLORE is ignored. We understand a lot of work, educational data, and thought went into designing I-EXPLORE, and there are aspects in which I-EXPLORE excels. But the way TBLs are carried out currently does not work. This is feedback we have given time and time again, and I'm sure it can be difficult to hear, but the proof is in the pudding (aka, the Class of 2025's STEP 1 deferral/fail rates). We have given so much thought and voiced so much feedback about how TBLs could be better learning experiences, but are always told that the way they are executed is non-negotiable. We're told that we'll be given more support, more resources for STEP 1, but that it's separate from the curriculum as it is. These responsive are blind to the fact that a lot of the time we spend in the classroom in TBLs is not as effective as it can be. Giving us extra work to do on top of the curriculum is not what we asked for or needed.

  And yet, despite that we are always shot down when we try to give feedback on I-EXPLORE, the PDST wants us to pay more money to assess I-EXPLORE. I agree that it needs to be assessed and improved (and celebrated where it has succeeded). But it is very frustrating because based on the administration's responses to our feedback thus far, it feels like that money will be spent examining the wrong things, because they refuse to acknowledge that TBLs could be improved on.”

- I am a student who did not receive any base scholarship after getting accepted, but I did get accepted quite late in the cycle. Wondering if there are any initiatives within the financial aid department that takes into account timing of acceptances and saving some of the financial aid for students who get accepted later in the cycle.
- I am bothered by frequent announcements about record-high external research funding ($401 million) for the UC Davis School of Medicine. If there is so much money going to the school for research, why do medical students, who are an essential entity in the School of Medicine, continue to work many hours each week for no compensation at all? Travel funds for presenting at conferences are also limited. I am fortunate to have a research mentor who has supported me financially, but a school that receives $401 million in research funding should not be having students (without which there would be no school of medicine) pay out-of-pocket for participating in research-related events and/or be exploited for free labor out of desperation for getting publications to apply to residency programs, especially when they are relying on government loans and EBT to buy groceries.
- On a separate note, given our concerning shortage of primary care providers, I urge the school to consider expansion of scholarships to students who may not identify as disadvantaged but intend to practice in primary care and/or rural settings or FQHCs. I feel that there is a conception that students from diverse backgrounds who identify as disadvantaged will almost certainly want to practice primary care, but this is not necessarily the case. Many students in my class do not want to go into primary care. Many want to go into anesthesiology, derm, ophtho, and other lifestyle specialties. In fact, it has been very unfortunate to see that many students in my class look down on primary care. Please consider additional means of supporting students who intend to practice primary care and/or practice in communities with few healthcare providers. I love that our school is the third most diverse in the country. It's trailblazing for medical institutions. However, please ensure that you continue to prioritize primary care and choosing students who intend to go into primary care. Our communities need more primary care doctors.
- I'd also like to inquire into the possibility of expanding resources available to students in track programs to the general student body. I was disappointed when I didn't get into ACE-PC or TEACH-MS, and luckily was able to find opportunities to get involved in promoting health equity and exploring my interest in primary care outside of it. However, I know students who are interested in accessing the materials that students in TEACH-MS get but feel that these are not available to general medical students. I am now interested in rural health, but was only able to become interested by taking initiative and creating those opportunities for myself. It seems the tracks are rigid in that resources are gate-kept. It feels like the tracks intend for only the 5-10 students who get into them to go into those respective areas (healthcare for the urban underserved, rural health etc.) without taking into account that students may organically become interested in them as they progress in their medical journeys. With the

shortages of providers in rural communities, isn't this counter to what our objective as a medical school should be? Shouldn't we be getting everyone excited about the opportunities there are to engage in policies to promote health equity, improve rural health outcomes, etc. through the practical experiences offered by track programs?

- I concur with the above comments on the the proposal. Is there a limit to tuition increase? Otherwise, the tuition could rise exponentially. Per the proposed plan, the tuition would rise by ~$800/year (in the professional degree supplemental tuition fees only!), but over five years that amounts to a $4,000 increase. It is understandable that cost per student might be rising; however, our residency salary do not appear to be inflation-adjusted on the annual basis, limiting the students' ability to repay debt swiftly and successfully. It is also important that the school factors in the rising cost of living in Sacramento and updates the current cost attendance estimates as they do not reflect the actual costs students incur with rising rental and gas prices. Increasing student debt will only perpetuate financial instability and deter students from pursuing careers in primary care, as pointed out previously.
- Some classmates accurately brought up concerns over the portion of funds going to I-EXPLORE improvements. While change, especially on a large institutional level, is understandably a time-consuming process, the school appears to have failed to heed our feedback. We actively participated and gave feedback+suggestions at every single curriculum conversation hour that resulted in [little to] no change. We would be eager to share the same feedback, that was likely conveyed through a consultant earlier this year. Many students voiced their concerns regarding the TBL format that may not be suitable to all learners; as adult learners, many of us have solidified and excelled at a learning practice that works for each individual, and it may not always involve TBL. We are yet to see any changes regarding step preparation for Step 2 or Step 1 in classes below us. Considering the high deferral rate and significant number of step 1 fails in our class, none of the suggestions on improving board exam prep have been incorporated thus far.
- Although it obviously does not work in such a simplistic way, if we were to approximately divide the tuition by the number of learning weeks, 7-8 weeks out of MS1+MS2 and MS3 years are directed towards intercessions, which translates to ~$1000 per week of intercession. This would be a reasonable curriculum portion to augment and reduce costs. ACE-PC students do not have intersessions and appear to graduate with equal success as the rest of the MD program students. Intercessions are very poorly attended and largely unpopular with the students. The week-long content could be easily combined into a one or two-day course, at most. While it is nice to have a relative "break" from rotations, many of us would have much preferred to use this time to pursue other activities, such as studying (in a manner that suits each learner), working on research, or shadowing. Removing intercessions and instead allotting a dedicated Step 2 studying period at the end of MS3 year would be welcomed by most

students, as it remains the only objective metric of our educational performance. Additionally, removing (or reducing) intercessions would also be a cost-saving effort, requiring less time from the administration and faculty to prepare and oversee those activities.

- While it is a pious goal to support two thirds of students with scholarships, the school could do a better job to promote scholarship opportunities that apply to a broader range of students and a broader scholarship eligibility criteria. A lot of scholarships appear to be advertised only to certain groups, such as ARC-MD students. The scholarships would offer both professional opportunities to students and relieve the debt burden. If any of our tuition is allocated towards SIG funds, the school could also considering going back to the $250 annual spending limit.

The student leaders shared the presentation with their respective classes to solicit any additional feedback. While there was constructive feedback from students on all topics shared, including thoughtful suggestions on where to more granularly allocate funds within the currently PDST proposed goals, there was nothing specific suggested that required changes to this proposal.

The SOM response to the following faculty questions is outlined below:

- #1: Thirty three percent of the total PDST will go back to student scholarship.
- #2: Over 99% of our graduates have matched into residency over the last 20 years.
- #4: for the 2023-24AY, according to the AAMC, the (national) average cost percent change of fees from the prior year for public and private medical schools is shown below:

UC Davis		Public Institutions (94)		Private Institutions (63)	
Resident	Non-Resident	Resident	Non-Resident	Resident	Non-Resident
3%	3%	8.30%	7.0%	-0.10%	-0.10%

Referenced from: https://www.aamc.org/data-reports/reporting-tools/report/tuition-and-student-fees-reports

- Breakdown for true cost of educating a medical student (#s 5, 14): Our internal analysis and past studies across the country have shown the true cost per medical student is approximately $100,000 per student per year. After using 1/3 of the PDST funds for scholarships, approximately $30,000 is left for meeting operating costs. The remaining $70,000 is covered through Dean's Office and hospital revenues.
- #6: If approved, the proposed fees will be effective for all students enrolled beginning fall quarter, AY2024-25.

- #8: Please see section I.a. under additional comments. It can also be found here: https://ucdavis.app.box.com/s/76mgq20ai9kujkbt360f7w6cuwuhjnym
- Student concerns regarding the Curriculum, including TBL (#s 11, 16, 19, 20, 21, 23, 24): Based on concerns raised by the students regarding the curriculum, and TBL specifically, a TBL task force has been created. The task force includes student representatives and is actively working to make improvements to the pedagogy based on student feedback. An example of a an implemented change is a recent update to guided labs that was approved by our Curriculum Committee and will be implemented with AY2024-25. This change will reduce the number of TBL sessions, as well as many other benefits to students. SOM leadership and I-EXPLORE Faculty continue to implement changes to the curriculum based on student feedback through focus groups, Curriculum Conversation Hours, and student forums. I-Explore is a new curriculum that was implemented over the last two years and upon full implementation, we are actively engaged with students to hear their feedback and implement changes upon approval by the governing faculty. The process ensures thorough review of the student feedback while ensuring it is reviewed and approved by the faculty leadership.
  Student concerns regarding increased tuition (#s 7, 9, 11, 12, 13, 16, 17, 18, 19, 20, 23, 24): The School of Medicine recognizes any increase in tuition or fees can be alarming or anxiety inducing. We continue to work efficiently to maintain expenses and supplement as much as we can through other resources so the burden on students is limited. Furthermore, development has made great progress in finding endowments to improve student scholarships. While nearly 80% of our matriculants come from socio-economic disadvantaged backgrounds, we continue to match over 99% of students into residencies while their graduate debt is below the national mean. Lastly, the projected increased is still within the range of average medical school cost in the country.

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 should be provided by the program.

☒ Plan shared with Ben Ruilin Fong on 10/2/23 (Part A) & 10/23/23 (Part B)
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:

The proposal was shared with campus graduate student leadership. Comments were provided generally for all PDSTs and, specifically, on this proposal. Please see Attachment 1.

☐ If applicable, plan shared with _____ on _____
Program graduate student organization (i.e., your program council or department GSA)

☐ Comments or feedback was provided.
☐ Comments or feedback was not provided.

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 and elaborate in Section IX.e.

☒ Agenda item at a regularly scheduled faculty meeting
☒ Scheduled in-person or virtual town-hall style meetings of faculty to discuss the plan and solicit feedback
☐ Convened in-person or virtual focus groups of faculty in the program to discuss the plan and solicit feedback
☐ Convened in-person or virtual focus group with faculty representing underrepresented populations in your 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): N/A

IX.e. Below, please elaborate on all faculty consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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 in-person and virtually with faculty through the following methods:

a) Email campaign & Survey to **ALL 300 Core MedEd Faculty** October 6-19, 2023: Survey were distributed the proposed plan along with an open survey multiple times, and through multiple avenues (OME Friday Update, October OME Newsletter, Elentra [LMS system], Distribution lists), within a 2-week period to allow Faculty who were not primarily on campus or those unable to attend the available meetings an opportunity to ask questions and provide feedback. Survey responses and

updates were provided to faculty on November 30, 2023 for an additional review and feedback period through December 8, 2023.

b) Open Hours for **ALL 300 Core MedEd Faculty**: In-Person/Virtual Town Halls
   i) October 11, 2023, 12-1pm (Virtual) (300 faculty invited, 0 attended)
   ii) October 13, 2023, 12-1pm (In-person) (300 faculty invited, 0 attended)

c) Additional communication & feedback options for **ALL 300 Core MedEd Faculty**:
   i) Faculty can provide commentary, questions to Leadership via email
   ii) Faculty can schedule one-on-one meetings with Leadership
   All faculty feedback was received through the survey, no faculty provided additional feedback through email or requested a one-on-one meeting with leadership

d) Standing Medical Education Committees for **Class-Elected Student Representatives and School-Elected Faculty Representatives** (185 invited, 95 attended) Faculty leaders were very active and engaged in the meeting discussions.
   i) October 10, 2023 – Pre-Clerkship Workgroup; Committee on Student Promotions (CSP) Student Workgroup
   ii) October 11, 2023 – Committee on Student Promotions (CSP) Faculty
   iii) October 16, 2023 – Curriculum Evaluation and Outcomes Subcommittee (CEOS)
   iv) October 18, 2023 – Curriculum Steering Subcommittee (CSS)
   v) October 20, 2023 – Honor & Professionalism Council (HPC)
   vi) October 25, 2023 – Clerkship Director's Workgroup; SOM Admissions Steering/Selection Committee Meeting; Faculty Executive Committee (FEC)
   vii) October 26, 2023 – Committee on Educational Policy (CEP); Learning Climate Committee (LCC)

The following topics were discussed during each meeting:

- Background of Professional Degree Supplemental Tuition (PDST)
- Different types of fees
- Distribution of revenues
- Annual approval process
- 2022-2023 fees and proposed 2023-24 fees, as well as future plans for increases
- Previous accomplishments through PDST revenues
- 2023-24 PDST Proposed goals
- Impact on diversity/corresponding plan for more strategic distribution of "return to aid" monies
- Actual UCDSOM cost of medical education

The faculty actively participated in the discussion with many good questions, comments, and suggestions. 30 faculty responded to the survey. Summary of **Faculty** questions and comments from **meetings and survey**:

1. Are faculty expected to vote or just provide feedback?
2. Given the inflation, how does the school cover the total cost above what the PDST fee covers?

Survey Questions and Comments:

- Fee level proposals:
    - "Seems reasonable and consistent with the UC approach"
    - "Seems reasonable"
    - "Reviewed"
    - "Probably necessary but should be spent in a way that advances the core mission of UCDSOM"
    - "Ok"
    - "Appropriate"
    - "no comment"
    - "clearly presented"
    - "Seems appropriate"
- How the revenue will be used (distribution of revenues; Impact on diversity/corresponding plan for more strategic distribution of "return to aid" monies):
    - "I believe the revenues should be focused primarily on improving student support services as many students at UCDSOM are from diverse backgrounds and educational upbringings. There is a lot of feedback students have given, especially with STEP 1 and the current curriculum. There should be a focus on access and equity so that students do not struggle on their own and do not feel like they do not have support from the school after being accepted into medical school."
    - "The plan is appreciated. However, I woluld like to emphasize the need to allocate resources to current students who are disadvantaged or have been impacted by disparities during medical school. Current students (from diverse backgrounds) are in need of adequate academic guidance, attention for mental health, and appropriate care when it comes to students with disabilities. Please see additional comments."
    - "As above, would want much more support to go to needier students e.g. 60% of our students were PELL grant recipients in college so have tremendous financial needs."
    - "ok"
    - "Appropriate"

    - "worry about sufficient clinical training sites, and if students will view this more negatively if we are unable to train students for an on-time graduation"
    - "fine"
- Cost of the program in light of affordability:
    - "Excellent"
    - "Kind of high but okay"
    - "Despite some progress in lowering debt, medical school is still very (at times, prohibitively) expensive for middle and low-income students"
    - "Reviewed"
    - "Ok"
    - "None"
    - "fine"
- Outcomes (Graduate outcomes):
    - "Superb, something UC Davis is deservedly receiving national acclaim for."
    - "Reasonable"
    - "Reviewed"
    - "Ok"
    - "Appropriate"
    - "none"
    - "fine"
- Additional Comments:
    - "It is appreciated how much diversity UCDSOM is bringing to medical school. It is acknowledged that students from disadvantaged backgrounds are needed to improve health care. However, I strongly believe that although there is a wealth of diversity, there is still a lack to address the needs of these students at the medical school level. Therefore, it would be of utmost important to allocate resources in areas that will allow these students to succeed. When students with disadvantaged backgrounds come to medical school, most are in need of equitable access to academics. For this to happen, more attention should be put to provide professional tutoring (group or one-on-one) availability for students, especially in preparation for board exams. Many students need extra resources to understand the English in medical language and need to be taught the basics in order to understand complex level medicine, therefore becoming better prepared for medical standardized testing. Also, it would be important to have access to a designated specialist for disabilities on-campus who can refer resources to students

in need. Many students from under-resourced backgrounds do not have the opportunity to be diagnosed before medical school, until they face traumatic experiences during stressful testing situations. At this point, many will go on to "work harder" and find themselves performing at below average level due to an undiagnosed mental health disability that needs attention to achieve equal access as other peers."

- "I saw the presentation for fee changes"
- "Looks good"
- "Thanks for the opportunity to have input!"
- "No comments - I saw the presentation and have no comments"
- "I have seen the proposed plan and heard the presentation by UCD OME."
- "I have seen the presentation. I don't think an increase in class size is realistic at this time as we have not been able to manifest sites to train the current class size in MS3 year.
  Even recruiting sites and retaining/training sites is exceptionally difficult in today's climate of medical burnout and willingness of private entities to be involved in med ed. Most do NOT want to engage, even with money. Increase should not be attempted until we have worked out our current issues."
- "I don't have specific objections to the fee increases that would apply anywhere other than at a state policy level -- training doctors is in the public interest and should be fully funded by the state.
  I do not think it is reasonable in any way to use current student fees to fund future strategic goals of the health system or medical school, such as class expansion or establishing regional campuses. "
- "Thanks for sharing this. Good work."
- "Thank you for providing the context and information related to fee increases. It was especially helpful to see the information related to average student debt and that this number is actually decreasing. It would be nice to also see the fees and cost in comparison to other similar medical schools (are we on par with others? more expensive? less expensive? ...this can affect enrollment and student's decision to choose our school)."
- "well written document"
- "UC Davis is impressive in the diversity of students and the relatively low debt at finalizing medical school. "
- "I saw the presentation."
- "The fee increase seems appropriate after seeing the presentation"
- "Read the proposal and it makes sense"
- "I listened to the presentation on planned changes and appreciate the information. I have no additional comments at this time. "

- "An increase in class size to 144 does represent a significant expansion and will require additional funding/supports to ensure there are enough clinical rotation sites to support this in the 3rd and 4th year, particularly given the competition for sites with California Northstate med school."

The faculty shared the presentation with their respective colleagues to solicit any additional feedback. While there was constructive feedback from faculty on all topics shared, there was nothing specific suggested that required changes to this proposal.

The SOM response to the following faculty questions is outlined below:

- #1: Faculty are not expected to vote, but to provide feedback on the proposal, fees proposed, goals, etc.
- #2: PDST revenues do not cover the total cost of the medical school education for students. 33% of PDST revenues are awarded as need-based return to aid monies, while the rest are used to partially cover the goals outlined in the proposal. All remaining costs are covered by the Dean's Office and the Hospital. PDST fee increases remain lower than the rate of inflation.
- Concerns regarding increasing class size and need to more clinical sites (#s 17, 39, 49): While the class size has been approved up to 144 per class, we have increased by 2 students per year to ensure we are addressing gaps including clinical sites. Some of the clinical site shortages are due to the COVID pandemic and we are revisiting those partners to increase the site capacity. Furthermore, as detailed under the goals section, we are exploring branch campuses both in Chico and Modesto to help alleviate some of the clinical site stress on our local partners in Sacramento.
- #42: This is provided as part of the comparator calculations in Table 4.

IX.f. Please confirm that this multi-year plan template was provided to the campus Graduate Dean and Vice Chancellor Equity, Diversity, and Inclusion (or equivalent), as well as endorsed by the Chancellor.

☒ Plan shared with Jean-Pierre Delplanque on 10/2/23 (Part A) & 10/23/23 (Part B)
Graduate Dean

☒ Plan shared with Renetta Tull on 10/2/23 (Part A) & 10/24/23 (Part B)
Vice Chancellor for Equity, Diversity and Inclusion (or equivalent)

☒ Plan endorsed by Gary S. May on 11/3/2023
Chancellor

ATTACHMENT 1

Feedback from Campus Graduate Student Leadership

Comments applicable for all PDST

Any increase to cost will add to the economic disparity in higher education and damage diversity. Higher costs create a barrier to entry and will make higher education more and more exclusive for folks from higher economic classes. This will work against the programs' DEI efforts. Student feedback on the Public Health proposal pointed out that annual increases will disproportionately affect students who take longer to complete the program. These are likely students who have to work full-time to support themselves (lower income) or have families, etc. This feedback could be applied across the board.

All programs should provide clear and transparent data around revenue and expenditures.

These proposals seem to be off-loading the increased TA cost back onto students. Many cited the UAW contract as part of the increased costs of running the programs. Importantly, PDST would not be remissed for TAs (only base tuition and campus & student fees). One major point of the UAW contract was to improve the cost of living for students, but if programs just raise PDST then it counteracts what was negotiated. We understand there are deep budget cuts and something must be addressed, but we felt it was a point worth raising. It would be helpful to see an in-depth analysis of program spending to ensure that increases are proportional to costs.

We want to highlight part of the student feedback listed on the Public Health proposal: "Additionally, the drop in the number of TA positions (while not the fault of those proposing the fee increase, is something that should be considered. A more expensive program with less opportunity for flexible income is detrimental to students. I felt that TA positions were advertised as if it was easy to land the position, which helped me decide to come to this program. And yet, I haven't been able to secure an opportunity and it is hard to find them." Programs absolutely should not be claiming to increase PDST to cover higher TA costs while simultaneously removing TA positions.

Every program makes compelling arguments for why they need to increase fees. CPI is up 4.3% in the last year and UCOP gave non-represented employees a 4.6% raise. These programs all propose to increase PDST around the 4-5% mark per year which, though citing UAW increases among others, still isn't a huge disparity given inflation and seems to be reasonably in-line with rising costs. These programs all show a commitment to improved DEI and support for their students (whether through hiring to improve instruction, mentorship, and general support and/or through providing financial aid) and it looks like they have good placement rates for when folks graduate. We don't doubt that every program could use more money. That said, will increasing cost to students really help these programs achieve their DEI goals? How can you claim increased tuition helps DEI if it actually creates a barrier for underrepresented groups? We understand that for most programs, 1/3 of PDST is going to financial aid, but we felt it was worth mentioning.

Several of the proposals were missing data in their tables or just didn't have any data at all in some tables which made it difficult to accurately assess these proposals.

Can current students be grandfathered in and maintain their current fee structure?

Medicine (MD) Program

The SoM program's work with DEI is exemplary for both UC and the country. The GSA is also pleased with the thought and attention given to reducing student debt. Student feedback has brought up two points for further consideration: (1) Program needs to improve retention and decrease fail rate; (2) Students do not feel like their feedback on programs has been taken seriously or implemented. If the SoM wants to increase fees, they need to address these concerns and provide some explanation/transparency around why they are failing in these areas or refusing to make changes. Maybe the increased fees can be used to address these areas in particular. Can current students be grandfathered in and maintain their current fee structure? Finally, any increase to cost will add to the economic disparity in higher education and damage diversity. Higher costs create a barrier to entry and will make higher education more and more exclusive for folks from higher economic classes. This will work against the programs' DEI efforts.

Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels
Effective Beginning Summer or Fall 2024

PART A

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. For programs that plan to assess different PDST levels based on residency, provide an explanation under "Additional comments."

Table 1: Projected Fees

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2024-25		2025-26		2026-27		2027-28		2028-29	
							%	$	%	$	%	$	%	$	%	$
Prof. Degr. Suppl. Tuition (CA	$25,986	$26,766	$27,570	$28,395	$29,247	$30,123	3.0%	$780	3.0%	$804	3.0%	$825	3.0%	$852	3.0%	$876
Prof. Degr. Suppl. Tuition	$25,986	$26,766	$27,570	$28,395	$29,247	$30,123	3.0%	$780	3.0%	$804	3.0%	$825	3.0%	$852	3.0%	$876
Mandatory Systemwide Fees*	$13,470	$14,016	$14,430	$14,856	$15,294	$15,744	4.1%	$546	3.0%	$414	3.0%	$426	2.9%	$438	2.9%	$450
Campus-based Fees**	$835	$842	$848	$854	$859	$865	0.8%	$7	0.7%	$6	0.7%	$6	0.6%	$5	0.7%	$6
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)***	$61	$61	$61	$61	$61	$61	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0
Est. First-Year Fees (CA resident)	**$40,352**	**$41,685**	**$42,909**	**$44,166**	**$45,461**	**$46,793**	3.3%	$1,333	2.9%	$1,224	2.9%	$1,257	2.9%	$1,295	2.9%	$1,332
Est. First-Year Fees (Nonresident)	**$52,597**	**$53,930**	**$55,154**	**$56,411**	**$57,706**	**$59,038**	2.5%	$1,333	2.3%	$1,224	2.3%	$1,257	2.3%	$1,295	2.3%	$1,332

* Mandatory systemwide charges include Tuition and Student Services Fee for the fall, winter, and spring terms.
** Includes compulsory campus-based fees for the fall, winter, and spring terms. Does not include the Student Health Insurance Program (SHIP) premium, since this may be waived for students with qualifying coverage under another program.
*** Includes disability insurance fee. Does not include voluntary fees like the UCGPC Fee and one-time fees like the "Document Fee."

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

The UC Irvine School of Medicine was founded in 1896 by A.C. Moore, one of the first graduates of osteopathic medicine, and B.W. Scheurer, a medical doctor with German and American training. UC Irvine School of Medicine began as the Pacific Sanitarium and School of Osteopathic Medicine. Known as the California College of Medicine when it was first accredited by the Liaison Committee on Medical Education (LCME) in 1961, the name was subsequently changed to the University of California, Irvine College of Medicine, which it remained until 2004 when the name became University of California, Irvine School of Medicine.

The nature and purpose of the program is to educate and train more than 440 medical students per year. Using novel and advanced learning methods, as well as inter-professional collaborations, we aim to produce future healthcare leaders with the skill and vision to meet our growing and diverse society's needs. Graduates of the program go on to become prominent physicians and researchers, including providing care underserved populations and the dissemination of research advances for the benefit of society.

Students follow a rigorous four-year curriculum leading to the MD degree. The school also offers a number of dual-degree programs, allowing medical students to get additional advanced degrees to enhance their training. They include:

- A combined MD/PhD medical scientist training program
- A combined MD and master of science degree in Biomedical and Translational Science (MS-BATS)
- A combined MD and master's degree in public health
- A combined MD/MBA program

Professional Degree Supplemental Tuition represents a significant portion of the funding needed to operate the implementation of the MD curriculum for our students, support student services and provide financial aid.

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 planned to charge proposed PDST levels, 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, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible. As appropriate, please describe your efforts to achieve your affordability and diversity goals in the context of your admissions data (up to the past five years).

Our last multi-year plan was from AY 2019-20 through AY 203-24. PDST funds were used to primarily fund initiatives with the following goals:

Prior Goal 1: Continue to improve the MD curriculum, iTEACH.
The initial implementation phases of the iTEACH were a novel departure from a traditional discipline-based medical curriculum wherein the core subjects (anatomy, physiology, pharmacology, etc.) were often siloed and taught independent of one another. The iTEACH curriculum reorganized this core content into thematic blocks, such as Normal Human Structure and Function, Mind and Brain, and the Molecular Basis of Medicine, that created a more integrated and holistic approach to the medical school curriculum. Our prior goal was to continue building upon the successful implementation of the iTEACH curriculum. PDST funds were utilized for further integration of clinical relevance throughout the first and second years of a four-year curriculum. This was accomplished by a focus in two areas – improving clinical relevance within the basic sciences curriculum and improving basic science content integration in the required clinical experiences.

<u>Improving clinical relevance within the basic sciences curriculum:</u> Clinical Foundations, our longitudinal "doctoring skills" course, was restructured to heavily utilize small-group learning over large-group didactic teaching. Each small group is facilitated by a clinical faculty member and features four domains of teaching – case-based discussions, clinical skills training with low-fidelity task trainers and standardized patients, high-fidelity simulation, and point-of-care ultrasound training with the students' Butterfly iQ devices. This course meets two afternoons per week for the duration of the MS1 and MS2 curriculum.

Within the Clinical Foundations course for MS1 students, structured "Early Clinical Experiences" have been added to the course to provide clinical exposure and clinical relevance to the basic sciences content they are receiving. Students are paired with clinical preceptors for this half-day experience.
Within the Physiology course, digital health devices and wearables have been used to augment teaching. Most notably, the modules that discuss cardiac physiology and electrocardiograms now utilize the Kardia Mobile 6L ECG devices paired to an iPad for small-

group hands-on teaching. Working with a mixture of physiologists and clinical faculty, students will use these devices to perform and interpret their own ECGs.

Starting in AY22, a clinical bootcamp was introduced at the start of the MS1 curriculum. This curriculum was designed to provide early clinical exposure and "set the stage" for students starting their medical school journey. This immersive experience uses a combination of small-group teaching with clinical faculty facilitators and high-fidelity and low-fidelity simulation to meet its objectives. In addition to clinical faculty, our physiology, anatomy, and pharmacology faculty would participate in case-based discussions and debriefs in order to anchor the clinical experience to the basic sciences.

Basic science-focused clinical experiences were also introduced into the Physiology course during this time period, leveraging synchronous remote instruction using the Zoom platform. The departments of Internal Medicine and Physiology collaborate so that there are multiple sessions throughout the academic year where MS1 students will join an Internal Medicine hospitalist team for case-based learning. These sessions are organized so that the focus of the discussion corresponds to the organ-system being covered within the Physiology course. Plans are underway to replicate this model with the basic science Microbiology course and the Infectious Disease clinical team.

The impact of COVID on this goal: During the height of the pandemic, much of the MS1 and MS2 curriculum was transitioned to an emergency remote teaching platform using Zoom. These were primarily remote synchronous sessions of the material that were then made available afterwards as asynchronous records. The Clinical Foundations course had to undergo significant structural changes as much of the instruction had moved to hands-on skills-based teaching to allow students to interact with standardized patients remotely. We also utilized our makerspace to create low-cost training materials for home use, such as suture training skins. The post-pandemic curriculum prioritizes in-person teaching for sessions that are difficult to replicate remotely, such as those within the Clinical Foundations course. We continue to leverage Zoom-based instruction to provide easier access to clinicians and clinical content, eliminating the need for these faculty to physically drive to the medical school campus to teach. This has required updates to our instructional spaces to enable two-way remote instruction. We also have increased utilization of our Multimedia Studio to create asynchronous materials for the coursework.

Improving basic science content integration in the required clinical experiences: After a faculty retreat with course directors from the MS3 clerkships and the basic science courses, there has been increased instructional focus on highlighting the basic science foundations that drive clinical medicine. Didactic and case-based discussion materials now include improved signaling of basic science content to help learners better reinforce previously learned foundational content.

Fresh-tissue cadaver “mini-labs” have been successfully added as a component of each offering of the Surgery and Ob/Gyn clerkship, therefore each student will receive this applied anatomy session two times in their MS3 curriculum.

The Clinical Foundations III course has a one-week “Intersession” near the half-way point of the MS3 curriculum. This course includes case-based sessions on antibiotic choice and stewardship, culture interpretation, lab test interpretation, and blood banking with our microbiology and clinical pathology faculty. During the MS3 year, the number and frequency of these intersessions has expanded, so that there are five additional half-day sessions. These sessions will expand upon basic sciences content with topics such as pain control and the opioid crisis to be co-instructed by pharmacology faculty.

In the MS4 curriculum, the Clinical Foundations IV course includes a specialty-specific “intern boot camp” to better prepare students for their starting in their matched specialty. We have successfully implemented an additional fresh tissue cadaver lab for surgical procedural anatomy for procedural-heavy specialties such as Surgery, OB/Gyn, and Emergency Medicine. Pediatric Advanced Life Support (PALS) training for Pediatrics and Family Medicine students reviews for neonatal, newborn, and child pathophysiology and pharmacology for Pediatrics and Family Medicine students. Advanced Cardiac Life Support (ACLS) training for the remaining medical specialties reviews cardiac pathophysiology and pharmacology.

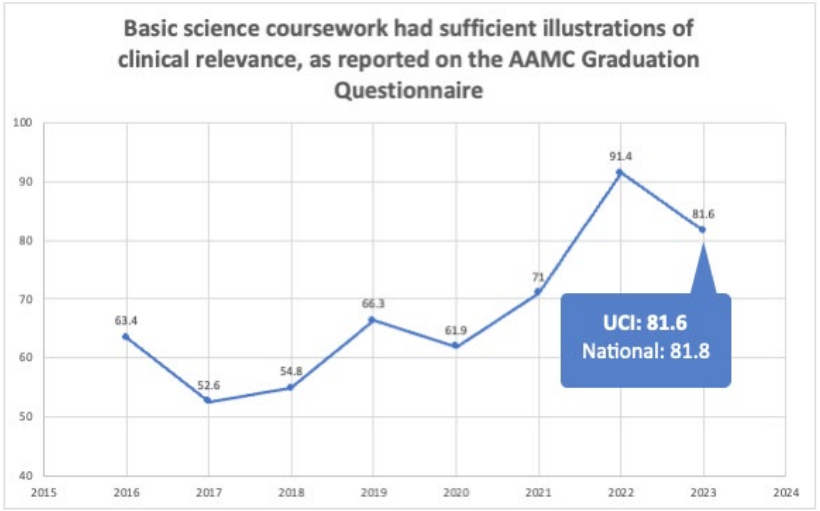
To build upon the bedside ultrasound skills learned by our students during Clinical Foundations I and II in the pre-clerkship curriculum, we have created the Integrated Ultrasound Competency Curriculum (IUCC) in the MS3 curriculum. Using their provided Butterfly iQ devices, students perform educational ultrasounds during their clerkships to demonstrate competence in cardiac, eFAST, Obstetric, Gallbladder, and Soft Tissue imaging modalities. Images and feedback are provided utilizing the Butterfly Cloud, a HIPAA-compliant imaging review platform.

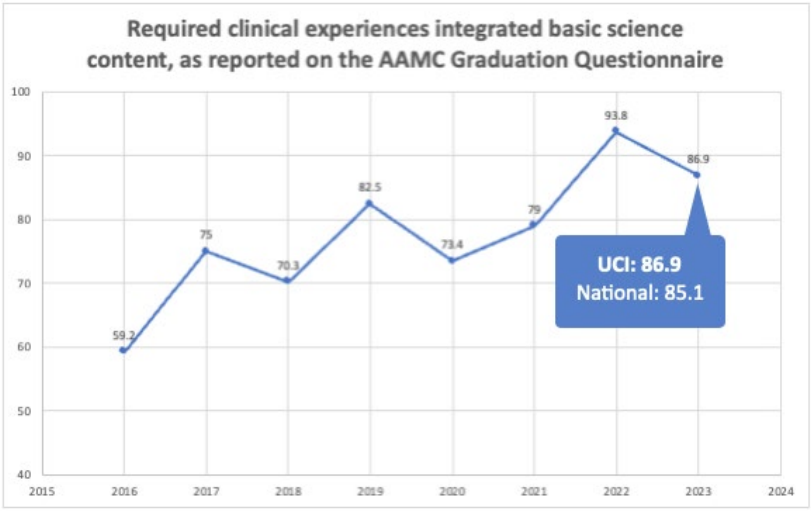
The impact of COVID on this goal: At the onset of the pandemic, we had to institute a brief clinical pause in order to ensure that our students had ready access to appropriate PPE in the clinical environment. During this several week pause, the instructional focus shifted to knowledge acquisition as we utilized online clinical case platforms such as Aquifer. While these could not replace actual clinical learning, they provided our students with clinically relevant scenarios to maintain their clinical acumen. We also began to utilize Zoom for COVID rounds using a newly created ZotBot Zoom-cart. To minimize exposure to COVID for large inpatient teams during rounds, the physician directly providing care for COVID patients would bring the ZotBot with them into the patient’s room and the remainder of the team would observe and interact with the patient from the safety of a nearby conference room. This was heavily used within the Internal Medicine clerkship.

As the pandemic progressed, these two strategies were used to accommodate students who had their clinical training interrupted by quarantine/isolation requirements from COVID infections. Each clerkship created a robust set of asynchronous learning tasks which would utilize a mixture of faculty-created content and online clinical case platforms. Students could also join rounds via the ZotBot or in team-rounding spaces using a Zoom Room.

The majority of the expenses incurred to support these goals came from existing PDST and non-PDST resources, but approximately $92,185 of incremental PDST per year was utilized for the cost of educational devices, fresh cadaver specimens and educational software.

Measuring success of these goals: The following two figures highlight our progress to date on these two goals. We opted to use the AAMC's Graduation Questionnaire as the main outcome data since it provides national benchmarks annually. For both goals, we have been near or above the national mean for the past two years (2022 and 2023).





Prior Goal 2: Increase financial aid opportunities

Our prior objective was structured around a three-pronged strategy. Firstly, it entailed the annual enhancement of need-based scholarships through the utilization of existing and incremental PDST revenue. Secondly, it involved allocating resources for new

scholarships in alignment with diversity and strategic plan objectives. Ultimately, we hoped to achieve a reduction in medical school debt levels for our students upon graduation.

Since the inception of this goal, UCISOM has successfully leveraged existing resources and incremental PDST revenue to increase the overall allocation for need-based scholarships year to year as evident in Figure 1 below. Furthermore, Figure 2 differentiates the PDST amounts allocated for need-based aid versus merit-based aid. In the past five years, an average of 59% of PDST-related aid has been allocated for need-based scholarships. In the latest academic year, 2022-2023, UCISOM disbursed approximately $5.2 million in total need-based scholarships, with a substantial portion amounting to $3.8 million originating from PDST return-to-aid funds. UCISOM projects a total disbursement of $5.3 million in total need-based scholarships for the 2023-2024 academic year, with approximately $3.9 million sourced from PDST, both existing and incremental.

Figure 1: Total Need-based Aid Per Year

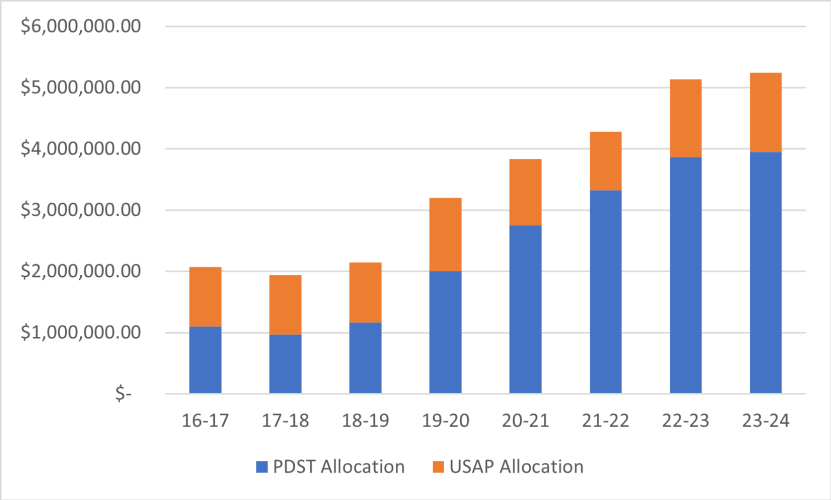
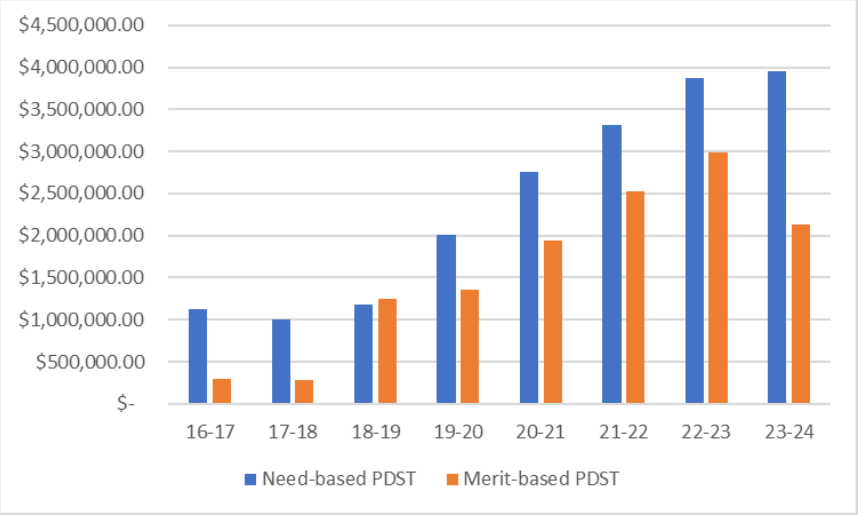


Figure 2: Need-based PDST vs. Merit-Based PDST Aid Per Year



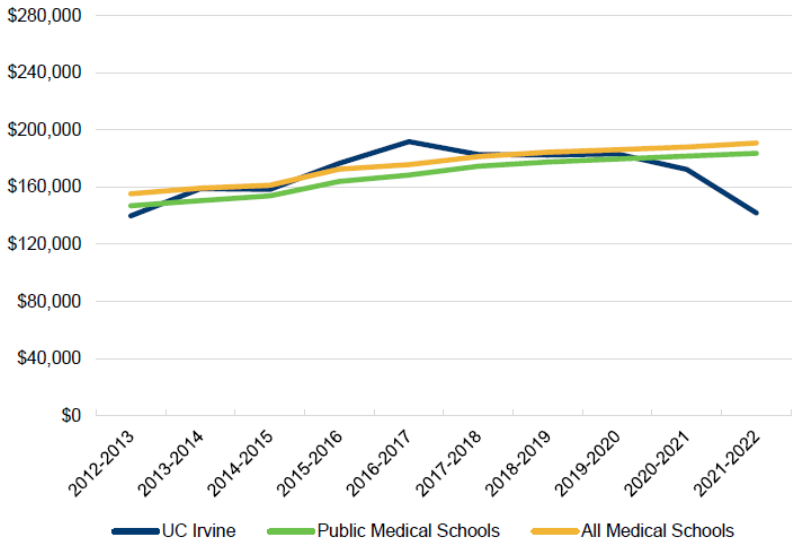
Note: 23-24 AY is projected amount

Additionally, new scholarships that aligned with both diversity and strategic plan goals were made available through the use of PDST revenue. PDST initially funded scholarships for students enrolled in the Program in Medical Education for the Latino Community (PRIME-LC), as well as the introduction of scholarships encompassing full tuition and fees for students enrolled in the Leadership Education to Advance Diversity–African, Black and Caribbean (LEAD-ABC) program. PDST funding has since been partially replaced

with permanent state funding that now supports these two mission-based programs. PDST funds were shifted to cover other scholarship obligations beyond the PRIME programs. The PDST funds have proven instrumental in the school's ability to recruit and retain qualified students into these programs.

Lastly, we have observed a declining trend in the average of medical school indebtedness of our students upon graduation. In 2016, UCI SOM's average medical school indebtedness was $191,832. In 2022, the average decreased to $141,935. According to AAMC's 2021-2022 Financial Aid Summary Report, our graduates' average total medical school debt is positioned substantially lower than public and private medical schools' average medical school debt of indebted graduates (See Figure 3). We attribute this achievement as being linked to UCISOM's persistent commitment to enhancing the return on aid over the years.

Figure 3: Average Medical School Debt of Indebted Graduates



Sources: LCME Part I-B Student Financial Aid Questionnaire
AAMC Tuition and Student Fees Questionnaire
2021-2022 Financial Aid Summary Report (FASR) Executive Overview

Prior Goal 3: Expand services related to career advising, counseling services, and student wellness services.

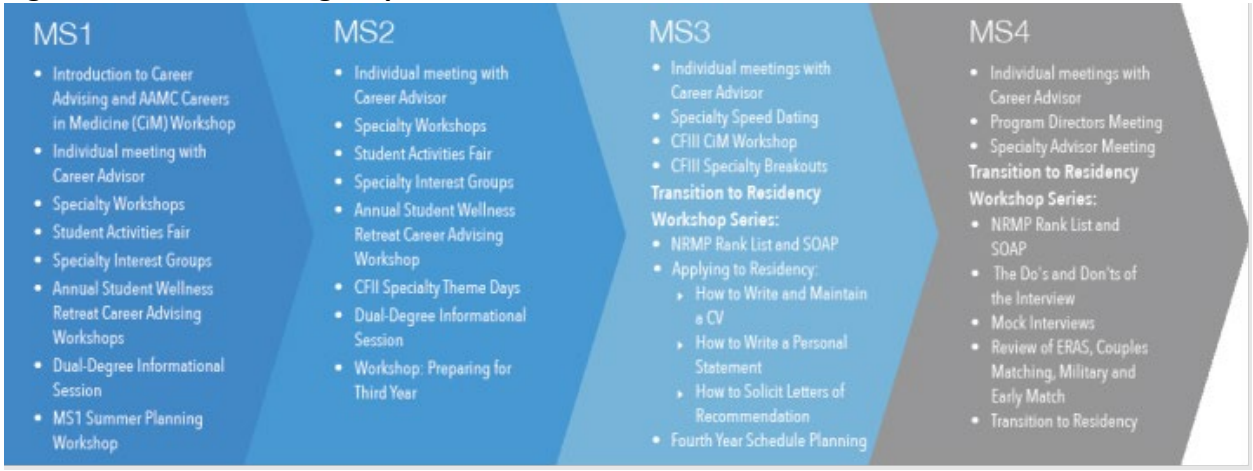
Our previous goal was to expand services related to career advising, counseling services, and student wellness services. In 2019, we combined the Office of Admissions and Office of Student Affairs to create a cohesive Office of Student Support. We have used PDST funds to hire new staff and reorganize existing staff, in order to expand services in the areas of career advising, counseling, and wellness. Firstly, we hired a Director of Student Support, who currently has a dual appointment as Assistant Dean for Student Affairs. Under her leadership, we added administrative staff to support programs related to goal three.

Prior Goal 3: Achievements

- *Career Advising:* Our plan for goal three was to implement a career advising map to guide students through their career advising journey. To do this, we created a career advising curriculum, housed in our learning management system, Canvas. Upon matriculation, students are enrolled in the course, the Career Advising Passport (CAP) and are encouraged to complete the tasks described in Figure 4 during each academic year. The CAP also houses many resources for students, such as informational videos

created by the student support team and links to external career advising resources. One of our student support staff updates this course regularly to ensure that resources stay up to date and relevant to the students. In addition to the CAP, we expanded our career advising team to include four dedicated faculty career advisors, in addition to the three career advisors already on our student support team (Assistant and Associate Deans). Each student is assigned to one of our seven career advisors upon matriculation. Career advisors meet with students one on one, but also plan group career advising events throughout the year.

Figure 4: Career Advising Map



- *Counseling Services:* Since our goal was set, we hired two new mental health counselors dedicated to serve our medical students with access above and beyond what they receive from campus services. Students are provided with up to eight free sessions per year with one of our counselors. The counselors also provide students with support if they need to transition to longer term therapy or mental health treatment. In addition to one-on-one sessions with students, our counselors host process groups throughout the year. Process groups are an opportunity for students to come together to discuss any wellness or mental health topics, with the guidance of the medical student counselors. We host general sessions, as well as sessions related to current events or stressful times during the year.
- *Student Wellness Services:* Wellness continues to be a central focus for the UCI School of Medicine. Due to Covid, the retreat was on hiatus for a few years (it is currently being revived for this academic year). In lieu of the SOM retreat, we were able to create a school wide Disneyland outing to encourage activities and cohesion among the classes (during a time when this was a difficult thing to do). In addition, we were able find ways to weave wellness programming into the SOM curriculum through lunchtime clinical foundations sessions. Another component of wellness that is encouraged and supported through the school is the peer mentor program. The School of Medicine funds the peer mentor program and activities led by our peer mentors.

Prior Goal 3: Outcomes Data

- *Career Advising:* Career advising success is measured via the AAMC Graduation Questionnaire (GQ), which demonstrates that satisfaction with career advising for the past two years has improved to be above national average benchmarks (Table 1). While there were some dips in numbers, especially during COVID-19 years, reflective of the overall AAMC GQ, these have improved through the intentional career advising programming. For 2023, students had a similar rate of "very satisfied" with career advising when compared to the national average and 8% higher rate of "satisfied" when compared to the national average, as well as lower rates of "neutral," "dissatisfied," and "very dissatisfied."

Table 1: Overall satisfaction with career planning

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N =
2023	3.1	7.7	15.4	50.8	23.1	65
2022	2.9	8.7	23.2	46.4	18.8	69
2021	2.9	13.2	26.5	38.2	19.1	68
2020	12.7	14.5	25.5	25.5	21.8	55
2019	2.8	9.7	22.2	40.3	25.0	72
National Average 2023	3.8	8.8	21.1	42.4	23.8	13,994

- *Counseling Services:* Counseling services success is measured via the AAMC graduation questionnaire (GQ), which demonstrates that satisfaction with counseling services for the past two years approach the national benchmark (Table 2). There was a dip in 2020, reflective of the overall AAMC GQ, these have improved. For 2023 and 2022, students had a similar rate of "very satisfied" or "satisfied" (72.5%, 2023; 80.5, 2022) as compared to national average (73.1% in 2023), as well as similar rates of "neutral," "dissatisfied," and "very dissatisfied."

Table 2: Overall satisfaction with counseling services

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N=
2023	4.8	7.1	16.7	43.9	28.6	42
2022	0	6.5	13.0	43.5	37.0	46
2021	2.2	4.4	13.3	51.1	28.9	45
2020	15.4	7.7	23.1	26.9	26.9	26
2019	4.7	7.0	2.3	44.2	41.9	43
National Average 2023	4.1	8.6	14.1	33.7	39.4	9,793

- *Student Wellness Services:* Wellness success is measured via the AAMC graduation questionnaire (GQ), which demonstrates that satisfaction with wellness for 2022 and 2023 was at or above benchmark (Table 3). For 2023, students had a higher rate of "very satisfied" and "satisfied" as compared to national average (73.1% in 2023), and lower rates of "dissatisfied," and "very dissatisfied."

Table 3: Overall satisfaction with student wellness services

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N =
2023	1.6	4.8	25.8	41.9	25.8	62
2022	2.7	12.3	20.5	42.5	21.9	73
2021	1.4	5.4	24.3	37.8	31.1	74
2020	5.4	10.7	25.0	35.7	23.2	56
2019	1.4	4.2	18.1	41.7	34.7	72
National Average 2023	4.2	9.8	22.8	39.7	23.5	14,536

Prior Goal 3: Impact of COVID-19 on goal: COVID-19 had a significant impact on all three parts of this goal. For counseling services, we saw an increased demand for individual counseling appointments; therefore, we hired a second counselor to meet the needs of our students. We have continued to support this second counselor as we return to normal function. For career advising, we moved individual career advising appointments to zoom or telephone, since face-to-face meetings were discouraged. Unfortunately, for student wellness services, we were unable to have the student retreat in 2020. In 2021 and 2022, we could not host the retreat in the same format as prior years (large group gatherings), so we moved wellness days to outdoor events at theme parks, in order to promote interconnectedness, without posing significant risks with gatherings.

The majority of the expenses incurred to support these goals came from existing PDST and non-PDST resources, but approximately $110,000 of incremental PDST per year was utilized for the cost of supporting dedicated faculty career advisors and mental health practitioners that service our students exclusively.

Prior Goal 4: Increase the enrollment of medical students underrepresented in medicine.

Our previous goal was to increase the enrollment of medical students who are underrepresented in medicine. We have had significant success in this area, described below. For the purposes of this document, underrepresented in medicine includes those listed in Table 5, two pages below.

Prior Goal 4: Achievements: *PRIME Mission-Based Programs:* In 2003, we created the Program in Medical Education for the Latino Community (PRIME-LC), which offers an enhanced five-year medical student curriculum that aims to create physician leaders for the Latino community. In 2019, we created a second program, Leadership to Advance Diversity-African, Black, Caribbean (PRIME-LEAD-ABC) to create physician leaders for the ABC community. We matriculated four students in the first cohort of student into the PRIME-LEAD-ABC program in 2019; in subsequent years, we have expanded this program to approximately 12 students per class (table 4). In 2020, we expanded scholarship support for the two PRIME programs, offering full tuition scholarships to most students accepted into these programs. The PRIME-LC and PRIME-LEAD-ABC have enabled us to attract students who are committed to the communities served by these two mission-based programs and consequently, the number of students who identify as underrepresented in medicine has increased significantly. With the increased diversity, we also needed to increase support resources for these students. We formed a diversity task force in 2020 to improve support for students from diverse backgrounds. As a result of this task force, we appointed a new Assistant Dean for Diversity, Equity, and Inclusion and formed the Belonging, Equity, and Empowerment (BEE) unit. The BEE unit is focused on improving resident and faculty recruitment, providing training to students, residents, and staff, and creating an environment of belonging at UCI School of Medicine.

- Pathway Programs: Students from disadvantaged backgrounds are invited to apply to our post-baccalaureate program. Through MCAT preparation, university coursework, and mentorship, our post-baccalaureate program has been successful in preparing students to matriculate to medical school. We admit 10-12 students per year to our post-baccalaureate program.

Prior Goal 4: Outcomes Data:

- PRIME-LEAD-ABC: Since starting the program in 2019, the PRIME-LEAD-ABC program has expanded to recruit the desired complement of students each academic year (Table 4).

Table 4: Number of students matriculating to PRIME-LEAD-ABC

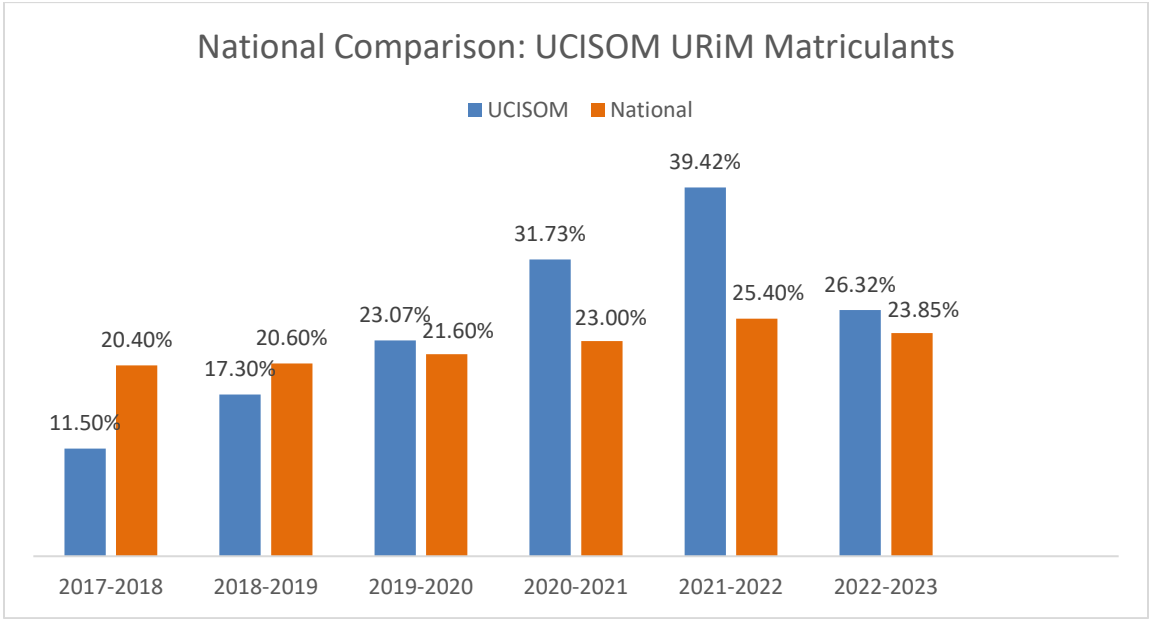
Year	Number of Students
2019	4
2020	10
2021	13
2022	12
2023	13

In the same period, our proportion of students identifying as underrepresented in medicine (URiM) has also increased (Table 5). For example, in 2017 and 2018, our matriculating classes had 20% and 17% of students identifying as URiM, respectively; whereas, in 2020 and beyond greater than 25% of students identify as URiM, which exceeds national averages (Figure 5).

Table 5: Race/Ethnicity Data for Entering Classes 2017-2023

	2023	2022	2021	2020	2019	2018	2017
American Indian/Alaskan Native	0	0	0	0	0	0	0
Black/African American	16	11	9	11	2	5	2
Hispanic/Latino	14	14	22	16	16	7	16
Native Hawaiian/Pacific Islander	0	4	7	5	5	6	3
Multiple Races (One or more URIM race)	0	1	3	1	1	0	0
Total URIM	30	30	41	33	24	18	21
URIM by percent of class	26%	26%	39%	32%	23%	17%	20%

Figure 5: National Comparison: UCISOM URiM Matriculants



Percentage of Total URiM Matriculants vs. National Matriculants by Application Year, 2017 – 2023

National Comparison: UCISOM URiM Matriculants

Academic Year	UCISOM	Percentage	National	Percentage
2017-2018	21	11.50%	4,343	20.40%
2018-2019	18	17.30%	4,468	20.60%
2019-2020	24	23.07%	4,707	21.60%
2020-2021	33	31.73%	4,903	23%
2021-2022	41	39.42%	5,743	25.40%
2022-2023	30	26.32%	5,418	23.85%

Percentage of Total URiM Matriculants vs. National Matriculants by Application Year, 2017 – 2023

- Pathyway Programs: We have been successful in matriculating many students from our pathway programs into UCI SOM. Our first pathway program is: UCI Postbaccalaureate program is designed to assist applicants with disadvantaged backgrounds in gaining acceptance to medical school, with the ultimate goal of increasing the number of physicians in underserved areas. The postbaccalaureate program is part of the California Postbaccalaureate Consortium with the goal to increase the number of physicians who practice in shortage areas of California by assisting capable and dedicated students from disadvantaged backgrounds in gaining admission to medical school. Our second pathway program is our summer enrichment programs specifically designed for high school, undergraduates and postbaccalaureate students. MedAcademy, PRIME Academies: Programs in Medical Education (PRIME) Academy. UCI MedAcademy is a five-day experience designed to introduce high school students to medical careers and broaden students' understanding of the healthcare field. This program is offered through our Office of Medical Education. PRIME Academies: A one-week experience designed to help pre-medical students who aspire to address the health needs of California's Latino, African, Black and Caribbean communities pursue a medical career. Table 6 describes the number of students from our pathway programs who matriculated to UCI SOM in recent years.

Table 6: Acceptance into UCI School of Medicine from Pathway Programs

Year	Total Acceptances	UCI SOM Postbaccalaureate Program Acceptances	Matriculated	%
2017	245	10 Accepted	10	10% (104)
2018	255	3 Accepted	3	3% (104)
2019	236	3 Accepted	3	3% (104)
2020	220	4 Accepted	4	4% (104)
2021	206	5 Accepted	5	5% (104)
2022	217	6 Accepted	3	3% (114)
2023	224	4 Accepted	3	3% (114)

Prior Goal 4: Impact of COVID-19 on goal: Despite COVID-19, we have been able to strengthen the Mission Based Programs; however, COVID-19 has affected interconnectedness among our student body. For example, we closed the diversity lounge in 2020 and minimized in person interaction. Our pathway programs were affected by the COVID-19 pandemic, in that students took coursework and MCAT preparation virtually. This format posed a challenge for many of these students.

Both existing and incremental PDST funds were used for post-baccalaureate student stipends and MCAT preparation, hiring two learning skills specialists, increasing scholarship support for students in our mission-based programs, providing funding for a master degree for mission-based program students, and hiring staff to support the mission-based programs.

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?

The UC Irvine School of Medicine is requesting approval of a 3% increase over five years. The primary goal of a PDST increase is to receive incremental revenue in an amount capable of covering program improvements while striking a balance of manageable debt for the students. PDST is a primary funding source for all aspects of the program and is necessary to cover standard inflationary costs and continue to refine and improve the program.

During the prior plan, PDST funds were used for curricular improvement, increased financial aid services, student wellness and career counseling. Many of these initiatives are ongoing and partially supported by current funding but require new incremental revenue to create improvements.

Goal 1: Expand financial aid including the provision of scholarships for third-party educational resources to support student success, increase affordability, and reduce the cost of attendance.

Our students perform quite well on national standardized examinations such as USMLE Step 1 and Step 2CK exams. While we would like to attribute this solely to the offered curriculum, we know that most students purchase third-party resources to supplement their learning.

The goal of these additional PDST funds is to provide resources that enable students to excel on the USMLE Step 1 exam, which is often used as one of the main metrics for comparison amongst medical students when they apply for a residency program. Historically, students would heavily utilize these resources during the second year of the curriculum, spending anywhere from $500 to $1000 on USMLE Step 1 test preparation question banks and learning aid resources for Pathology and Microbiology, two of the largest and most difficult courses in this second-year curriculum. Recently, USMLE Step 1 converted from a numeric score to a pass/fail score to reduce test-related stress, promote a more holistic approach to residency applicant selection, and address disparities and bias. Despite this shift, we have not seen a noticeable behavior change in our learners as residency program directors have simply shifted their emphasis to the numeric scores of USMLE Step 2CK (Alnahhal et al., 2023; Khalil et al., 2023). Similar resources are used for USMLE Step 2CK, but the nature of the clinical curriculum often requires these resources to be utilized for the entire third-year curriculum, which invariably increases their cost.

We are proposing to utilize additional funds to subsidize or fully support the cost of the third-party resources. Students have historically paid for theseresources themselves, but we recognize that the purchase of these resources impacts our students quite differently. While some students can easily accommodate this cost, other students may be significantly limited in what they can purchase, while some cannot afford these resources at all. This exacerbates underlying disparities where some students are therefore not given equal educational opportunities because of their financial situation. By providing the same resources for all students, we hope to eliminate this disparity.

The quality of the program will be improved by utilizing the funds to provide all of our students with the same supplemental educational materials which will alleviate the financial burden that these resources create for our students, allowing them to focus on their education instead of their finances. Additionally, if every student has access to these resources, they can be included or referenced within the curriculum, thereby enhancing their effectiveness. Our academic support team and learning specialists can also utilize the formative feedback within each of these resources to help develop more comprehensive learning plans to improve student academic trajectory.

If these additional funds are not approved, we expect our students will still perform at similar academic levels because they will utilize their own funds to purchase these third-party resources. However, as each student’s financial situation is unique, not all students are able to purchase the same level of third-party supplements, further creating a system of inequity.

The essential educational benefit given the new PDST revenue is that medical students will be able to focus on learning independent of their ability to purchase these resources. Having access to high-quality supplemental materials should also contribute to lower test-related stress. Additionally, the additional formative feedback provided with these resources will allow our students to better regulate their own learning and improve their efficiency of learning.

Incremental PDST in the amount of $220,000 will be given as scholarships for students to be able to purchase various educational resource materials. The awards will be considered as part of each student's individual award package. The $220,000 expense is included in the figures show in Table 2: PDST Revenue Use / Providing Student Financial Aid below. While this objective specifically focuses on securing scholarships for the acquisition of diverse educational resources, our broader financial aid objective aims to enhance PDST-related financial assistance with a focus on addressing financial needs. Over the last five years, an average of 59% of PDST-related aid has been designated for scholarships based on financial need. Our aim is to leverage new PDST funds to further elevate the percentage of PDST-related aid based on financial need.

References:

Alnahhal KI, Lyden SP, Caputo FJ, Sorour AA, Rowe VL, Colglazier JJ, Smith BK, Shames ML, Kirksey L. The USMLE® STEP 1 Pass or Fail Era of the Vascular Surgery Residency Application Process: Implications for Structural Bias and Recommendations. Ann Vasc Surg. 2023 Aug;94:195-204. doi: 10.1016/j.avsg.2023.04.018. Epub 2023 Apr 28. PMID: 37120072.

Khalil S, Jose J, Welter M, Timmons J, Miller L, Elian A, Munene G, Sawyer R, Shebrain S. The importance of USMLE step 2 on the screening and selection of applicants for general surgery residency positions. Heliyon. 2023 Jun 27;9(7):e17486. doi: 10.1016/j.heliyon.2023.e17486. PMID: 37449106; PMCID: PMC10336432.

Goal 2: Promote student wellness, interconnectedness, career advising, and counseling through increased funding for ZotUnity.

Student surveys (AAMC GQ) place wellness and career advising services on par with other medical schools. The goal that we are trying to meet with the proposed PDST increases is to achieve excellence in this area. Achieving excellence in wellness and career advising will help to support physician career longevity among our students. Through encouraging wellness practices and activities, we hope that our students will continue wellness behaviors throughout their career. Through supporting career advising, we hope that our students will make the specialty choice most conducive to their career longevity. Medical Education is forming a new wellness program named ZotUnity, which launched August 2023. ZotUnity organizes career advising, wellness, academic support/learning skills, and peer mentorship into "houses." Students are grouped into six houses with faculty career advisor leads and student leaders. The intention of this structure is to ensure that students are able to build cohesion with the SOM community while accessing numerous resources. The split campus (in Irvine for first and second year instruction and in Orange for clinical instruction) has often been referenced by students as a hinderance to building relationships with different level medical students—

the ZotUnity model allows for various activities and sessions that include students across all stages of medical school. The goal is to bridge the gap between the two physical locations that house students. In addition, it is an opportunity for incoming medical students to build relationships and gain mentorship from clinical students as they begin to form ideas regarding postgraduate training. The “one-stop shop” structure of ZotUnity allows for students to access academic support services, wellness activities, and career advising (from the faculty mentor and from peers) within a single structure.

Increasing funding for these activities will change the quality of our program and ultimately allow for this program to be successful. ZotUnity houses will be implementing various activities and workshops to assist students in the areas of career advising, wellness, and academic support services. Incremental PDST will be used in order to ensure that we are able to accommodate all students who wish to attend these events. As this program grows, we anticipate that we will have higher attendance at events and that career advisors may need to dedicate more time to the ZotUnity structure. We hope that all students will ultimately become more involved as the program continues to develop and grow, but we understand that it will take additional funding in order to make this possible. Future utilization of existing PDST resources will be monitored to determine if funds are needed as the ZotUnity program matures and grows.

If proposed PDST levels are not approved, we will likely need to limit attendance to events or decrease the scale of our activities. This will mean that our outreach efforts will be limited and we may need to exclude students in ongoing wellness events, which are critical for medical students.

The increased PDST revenue will provide essential educational benefits to our students by allowing the ZotUnity structure to create more cohesion and togetherness within the UCI School of Medicine while also providing an all-encompassing wellness structure for students. Students based in both Irvine and Orange will have the opportunity to interact with one another and provide support to each other. In addition, ZotUnity events will allow for increased outreach efforts between faculty career advisors and students. Ultimately, as students feel more supported within the SOM community, they are likely to have improved personal and educational outcomes.

Incremental PDST in the amount of $26,400 will be utilized to fund the additional resources necessary to make ZotUnity successful. This includes funding for house activities and workshops that will assist students in the areas of career advising, wellness, and academic support services. The expense is included in the figures show in Table 2: PDST Revenue Use / Providing Student Services below. The balance of the operational costs for the ZotUnity program will be supported by existing resources.

Goal 3: Increase support for pathway programs to promote recruitment and retention of students from disadvantaged backgrounds.

While we have had much success recruiting students from diverse and disadvantaged backgrounds, the goal that we are trying to meet with the proposed PDST increase is to further the efforts needed to ensure that students from disadvantaged backgrounds have the same opportunities for a career in medicine as their counterparts.

Students from disadvantaged backgrounds may be deterred from a career in medicine because of inadequate college preparation by high schools in low-income areas; students may not be able to pay for third party resources that provide help with MCAT and application preparation. Pathway programs aim to promote recruitment and retention of students from disadvantaged backgrounds. We would like to focus our efforts on two pathway programs: our post-baccalaureate program and summer outreach programs for high school and college students.

Post-baccalaureate program: Our post-baccalaureate program is a 12 student cohort that exclusively enrolls students from disadvantaged backgrounds. Students take pre-medical coursework, engage in MCAT preparation, and receive mentorship and application assistance. Our post-baccalaureate program is an effective way to provide a strong foundation for medicine for students from disadvantaged backgrounds. Students receive mentorship from the program director, who is balancing the attention of all the students in the program. Currently, students finance the program through loans, employment, or family contributions, which can be problematic as students attempt to balance their academics with finance-related stressors. Students receive a small stipend ($3,500) used to cover their personal needs; however, the students are largely responsible for costs associated with attendance. This can be a large financial obstacle for students wishing to enter the program.

Summer enrichment programs: Summer enrichment programs are an effective way to outreach to high school and college students. Summer enrichment programs introduce students to a career in medicine and give students early mentorship on how prepare for and apply to a health care career. Currently, we are limited to offering these programs to students who can afford to pay for them or a limited number of students who receive scholarships. Thus, we are limited in the number of students from disadvantaged backgrounds who can attend these programs. We are also limited on the number of faculty and staff who are available to support these programs. Furthermore, finances limit the degree of programming we are able to offer, such as simulation, cadaver labs, and standardized patients, but the incremental PDST in the amount of $35,000 will allow us to provide a more expansive offering of these educational activities

PDST revenue will increase the quality of our program by allowing us to expand scholarship opportunities for students in the post-baccalaureate program, so that finances are less of an issue for students who choose to pursue the program. Furthermore, funds can be invested in additional enrichment opportunities, such as more robust MCAT preparation through third-party resources. PDST revenue will also help us to provide scholarships for disadvantaged students who choose to attend the summer enrichment programs; thereby expanding opportunities to a greater pool of students. We will also be able to provide more opportunities for simulation, standardized patients, and task trainers. PDST funds will be used to support additional staffing for one-on-one mentorship and data collection so that outcomes can be monitored. If proposed PDST levels are not approved and if additional funds are not available, programs will remain stagnant; we will be unable to expand current opportunities and will not be able to increase financial support for disadvantaged students.

Utilizing the new PDST revenue creates an essential educational benefits for our students by allowing the Post-baccalaureate students to be able to prepare better and focus more on school rather than worrying about their financial burden. If scholarships are available, they may not need to seek employment while in the program and will therefore be able to focus exclusively on the post-baccalaureate program. Additional staffing will allow for better one-on-one mentorship. For the summer enrichment programs, more students will have the opportunity to attend and obtain mentorship towards a career in medicine.

Incremental PDST in the amount of $35,000 will be used for enrichment activities such as MCAT preparation courses, supplies and materials for activities during the summer program. More specifically this includes expenses for standardized patients, task trainers and to support additional staffing for one-on-one mentorship and data collection so that outcomes can be monitored. The $35,000 expense is included in the figures show in Table 2: PDST Revenue Use / Providing Student Service / Expanding Instructional Support / Other below. The balance of the operational costs will be supported by existing resources.

Goal 4: Increase funding for programs that support student engagement in research.

Nationally, there is a shortage of physician-scientists. Thus, it is important that we develop programs that encourage more students to enter this path. The goal that we are trying to meet with our proposed PDST levels is to bolster the Medical Student Research Program (MSRP). The Medical Student Research Program (MSRP) is a mentorship program for medical students that introduces them to a research project/mentor in their first year and provides them with a longitudinal research experience.

Currently only students who are enrolled in the formal MSRP program can take advantage of the many educational benefits it provides, but the program is limited in the number of students who can participate due to a lack of dedicated resources including

staff support, faculty support and student funding for participation.

Increased funding would allow us to improve the quality of our program by allowing an increased number of students to participate. Providing the ability for all students to utilize these resources will encourage more students to pursue research during medical school and ultimately increase the pool of physician scientists.

If funding is not approved, the program will not be able to support the number of students interested in the program depleting the future pipeline for physician scientists.

The essential educational benefit for students given the new PDST revenue will allow all medical students the opportunity to participate in the MSRP program and therefore get robust research mentorship, curriculum, and support. This will allow students to take on more independent research projects through the utilization of program resources including access to statisticians and assistance with grant writing.

Incremental PDST in the amount of $60,000 will be used for staff support and general MSRP program support. The direct utilization of the funds will allow significantly more students to enroll in the program. The expense is included in the figures shown in Table 2: PDST Revenue Use / Expanding Instructional Support Staff / Other below. The balance of the operational costs will be supported by existing resources.

III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2023-24 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).

Table 2: PDST Revenue Use

		Proposed Use of Incremental PDST Revenue					
	Total 2023-24 PDST Revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	Incremental 2028-29 PDST revenue	Total Projected PDST Revenue in Final Year
Faculty Salary Adjustments	$2,780,333	$83,410	$85,912	$88,490	$91,144	$93,879	$3,223,168
Benefits/UCRP Cost	$1,304,664	$39,140	$40,314	$41,524	$42,769	$44,052	$1,512,463
Providing Student Services	$937,312	$6,992	$37,772	$39,283	$40,854	$42,489	$1,104,703
Improving the Student-Faculty Ratio	$0	$0	$0	$0	$0	$0	$0
Expanding Instructional Support Staff	$2,644,920	$79,348	$81,728	$84,180	$86,705	$89,306	$3,066,187
Instructional Equipment Purchases	$230,737	$0	$0	$0	$0	$0	$230,737
Providing Student Financial Aid	$3,023,990	$383,038	$170,171	$100,460	$103,748	$106,671	$3,888,078
Other Non-salary Cost Increases	$0	$11,912	$214,366	$18,139	$19,031	$18,679	$282,127
Facilities Expansion/Renewal	$0	$0	$0	$0	$0	$0	$0
Other (Please explain in the "Additional Comments" below)	$278,010	$0	$0	$0	$0	$0	$278,010
Total use/projected use of revenue	$11,199,966	$603,840	$630,264	$372,075	$384,252	$395,076	$13,585,473

* Benefits costs and UCRP contributions should be reported as a single line item.

Additional comments:

Historic RTA (return-to-aid) has been approximately 27% but will reach 29% by the end of the proposed plan. The “other” category reflects the balance for all non-salary administrative, admissions & outreach, accreditation, and operational costs. These costs include $176,700 on admissions and outreach, $60,000 on accreditation fees and $41,310 administrative services and costs. Fluctuating levels in incremental PDST revenue are due to changes in enrollment. In 2021-22, our first year class size was approved for a complement increase of 10, from 104 to 114. The full enrollment will be realized in 2025-2026.

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.

Medical Education continues to refine its general operations in an effort to save costs. We utilize an internal budget feedback system that allows for close to real-time adjustment of expenditures. This gives the staff and faculty access to critical information that can

be used to make better financial decisions that result in savings. This has led to better vendor selection, reduction of duplicate processes, and elimination of programs that were not effective or housed in the proper budget unit. Any variation to the budget must go through an internal approval process that prevents unnecessary costs or budget overruns. One example of such cost cutting measures has been a reduction in the utilization of outside locations and vendors. Medical student activities typically include functions outside of the traditional classroom in locations such as educational affiliates, hotels and conference centers. By moving these type of activities to UC owned and operated sites, we have been able to reduce expenses by $65,000 over the last 3 years.

Fundraising, philanthropy, and student scholarship development remain a major focus in addition to cost-cutting. The UC Irvine School of Medicine has invested in this goal by dedicating full-time staff resources to fundraising. Several employees are engaged specifically with Medical Education fundraising. Strategies have included engaging donors through a series of discovery lunches, tours and open houses, alumni events, features in publications such as the Dean's Report, and personal visits with donors. The continued focus on fundraising will allow the UC Irvine School of Medicine to keep future increases confined to a reasonable level.

In 2019, UCI embarked on its Brilliant Future fundraising campaign. Now in its third year of the public phase of the campaign, to date, UCI has raised over $1.3B to support the university. UCI Health fundraising accounts for over 50% of that overall number, with $35M targeted specifically for future student scholarships, a portion of which will support medical student scholarships. Other direct fundraising efforts have also proven successful with $475,869 in scholarship funds available to award each year due to foundation accounts and endowments specifically earmarked for student scholarships.

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 . Changes in the proportions of resident and nonresident enrollment by the end of the plan should be explained under "Additional comments."

Table 3: Enrollment

	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Resident	411	421	430	430	430	430
Domestic Nonresident	20	20	21	21	21	21
International						
Total	**431**	**441**	**451**	**451**	**451**	**451**

Additional comments: In 2021-22, our first year class size was approved for a complement increase of 10, from 104 to 114. Full enrollment will be realized in 2025-2026. We expect consistent annual enrollment of 114 moving forward.

IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table, identify a *minimum* of 3 comparators, including a minimum of 3 public institutions. If your program only compares to a small number of other programs or only private comparators, please list those. Please indicate the total student tuition and fee charges to degree completion of the comparison institutions in the following table.

Table 4: Market Comparators: TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR

	Projections						Increases/Decreases									
Total *Resident* Charges to Complete Degree by Cohort Starting in:	2023-24 ($)	2024-25 ($)	2025-26 ($)	2026-27 ($)	2027-28 ($)	2028-29 ($)	2024-25		2025-26		2026-27		2027-28		2028-29	
							%	$	%	$	%	$	%	$	%	$
U of Oregon (Public)	206,956	213,165	219,560	226,147	232,931	239,919	3.0%	6,209	3.0%	6,395	3.0%	6,587	3.0%	6,784	3.0%	6,988
U of Colorado (Public)	172,947	178,135	183,479	188,983	194,652	200,492	3.0%	5,188	3.0%	5,344	3.0%	5,504	3.0%	5,669	3.0%	5,840
U of Washington (Public)	224,669	231,409	238,351	245,502	252,867	260,453	3.0%	6,740	3.0%	6,942	3.0%	7,151	3.0%	7,365	3.0%	7,586
U of Michigan (Public)	203,489	209,594	215,882	222,358	229,029	235,900	3.0%	6,105	3.0%	6,288	3.0%	6,476	3.0%	6,671	3.0%	6,871
U of Pittsburg (Public)	270,287	278,396	286,748	295,350	304,211	313,337	3.0%	8,109	3.0%	8,352	3.0%	8,602	3.0%	8,861	3.0%	9,126
U of Pennsylvania (Private)	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
USC (Private)	303,074	312,166	321,531	331,177	341,112	351,345	3.0%	9,092	3.0%	9,365	3.0%	9,646	3.0%	9,935	3.0%	10,233
Stanford (Private)	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
Harvard Medical School (Private)	296,117	305,001	314,151	323,576	333,283	343,281	3.0%	8,884	3.0%	9,150	3.0%	9,425	3.0%	9,707	3.0%	9,998
Washington in St. Louis (Private)	286,176	294,761	303,604	312,712	322,093	331,756	3.0%	8,585	3.0%	8,843	3.0%	9,108	3.0%	9,381	3.0%	9,663
Johns Hopkins (Private)	267,150	275,165	283,420	291,923	300,681	309,701	3.0%	8,015	3.0%	8,255	3.0%	8,503	3.0%	8,758	3.0%	9,020
Average public comparison	**215,670**	**222,140**	**228,804**	**235,668**	**242,738**	**250,020**	**3.0%**	**6,470**	**3.0%**	**6,664**	**3.0%**	**6,864**	**3.0%**	**7,070**	**3.0%**	**7,282**
Average private comparison	**288,411**	**297,063**	**305,975**	**315,154**	**324,609**	**334,347**	**3.0%**	**8,652**	**3.0%**	**8,912**	**3.0%**	**9,179**	**3.0%**	**9,455**	**3.0%**	**9,738**
Average public and private comparison	**255,347**	**263,007**	**270,897**	**279,024**	**287,395**	**296,017**	**3.0%**	**7,660**	**3.0%**	**7,890**	**3.0%**	**8,127**	**3.0%**	**8,371**	**3.0%**	**8,622**
Your program	**178,488**	**183,871**	**189,260**	**194,839**	**200,615**	**206,595**	**3.0%**	**5,383**	**2.9%**	**5,389**	**2.9%**	**5,579**	**3.0%**	**5,776**	**3.0%**	**5,980**

	Projections						Increases/Decreases									
Total *Nonresident* Charges to Complete Degree by Cohort Starting in:	2023-24 ($)	2024-25 ($)	2025-26 ($)	2026-27 ($)	2027-28 ($)	2028-29 ($)	2024-25		2025-26		2026-27		2027-28		2028-29	
							%	$	%	$	%	$	%	$	%	$
U of Oregon (Public)	312,734	322,116	331,779	341,732	351,984	362,544	3.0%	9,382	3.0%	9,663	3.0%	9,953	3.0%	10,252	3.0%	10,560
U of Colorado (Public)	281,700	290,151	298,856	307,822	317,057	326,569	3.0%	8,451	3.0%	8,705	3.0%	8,966	3.0%	9,235	3.0%	9,512
U of Washington (Public)	396,175	408,060	420,302	432,911	445,898	459,275	3.0%	11,885	3.0%	12,242	3.0%	12,609	3.0%	12,987	3.0%	13,377
U of Michigan (Public)	276,157	284,442	292,975	301,764	310,817	320,142	3.0%	8,285	3.0%	8,533	3.0%	8,789	3.0%	9,053	3.0%	9,325
U of Pittsburg (Public)	280,604	289,022	297,693	306,624	315,823	325,298	3.0%	8,418	3.0%	8,671	3.0%	8,931	3.0%	9,199	3.0%	9,475
U of Pennsylvania (Private)	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
USC (Private)	303,074	312,166	321,531	331,177	341,112	351,345	3.0%	9,092	3.0%	9,365	3.0%	9,646	3.0%	9,935	3.0%	10,233
Stanford (Private)	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
Harvard Medical School (Private)	296,117	305,001	314,151	323,576	333,283	343,281	3.0%	8,884	3.0%	9,150	3.0%	9,425	3.0%	9,707	3.0%	9,998
Washington in St. Louis (Private)	286,176	294,761	303,604	312,712	322,093	331,756	3.0%	8,585	3.0%	8,843	3.0%	9,108	3.0%	9,381	3.0%	9,663
Johns Hopkins (Private)	267,150	275,165	283,420	291,923	300,681	309,701	3.0%	8,015	3.0%	8,255	3.0%	8,503	3.0%	8,758	3.0%	9,020
Average public comparison	**309,474**	**318,758**	**328,321**	**338,171**	**348,316**	**358,766**	**3.0%**	**9,284**	**3.0%**	**9,563**	**3.0%**	**9,850**	**3.0%**	**10,145**	**3.0%**	**10,450**
Average private comparison	**288,411**	**297,063**	**305,975**	**315,154**	**324,609**	**334,347**	**3.0%**	**8,652**	**3.0%**	**8,912**	**3.0%**	**9,179**	**3.0%**	**9,455**	**3.0%**	**9,738**
Average public and private comparison	**297,985**	**306,924**	**316,132**	**325,616**	**335,385**	**345,446**	**3.0%**	**8,940**	**3.0%**	**9,208**	**3.0%**	**9,484**	**3.0%**	**9,768**	**3.0%**	**10,062**
Your program	**227,468**	**232,851**	**238,240**	**244,186**	**250,708**	**257,824**	**2.4%**	**5,383**	**2.3%**	**5,389**	**2.5%**	**5,946**	**2.7%**	**6,522**	**2.8%**	**7,116**

Source(s):

https://www.cuanschutz.edu/docs/librariesprovider267/2023-2024-cost-of-attendance/med-class-of-2024.pdf?sfvrsn=41438bb_2
https://medicine.umich.edu/medschool/education/md-program/financial-aid/cost-attendance
https://www.ohsu.edu/sites/default/files/2023-06/2023-24%20Tuition%20%26%20Fee%20Charts_final.pdf
https://www.medadmissions.pitt.edu/financial-aid/cost-attendance
https://education.uwmedicine.org/student-affairs/financial-aid/cost-of-attendance/
https://meded.hms.harvard.edu/md-cost-attendance
https://www.hopkinsmedicine.org/som/offices/finaid/cost#medstudent
https://www.ohsu.edu/sites/default/files/2023-06/2023-24%20Tuition%20%26%20Fee%20Charts_final.pdf
https://www.med.upenn.edu/admissions/tuition-fees.html
https://financialaid.usc.edu/graduate-professional-financial-aid/keck-school-of-medicine/the-cost-of-your-medical-school-education/
https://mdadmissions.wustl.edu/how-to-apply/financial-aid/cost-of-education/

Additional Comments: The total student charges for our program includes 14 quarters, inclusive of 2 required summer terms.

IV.b. Why was each of these institutions chosen as a comparator (and, as appropriate, explain why a minimum of three public comparators were not chosen)? 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 five years. Be specific (and if a program is unlikely to achieve comparability to an aspirational program within five years, the aspirational program should not be included).

Each of these medical schools was chosen due to the fact that they are ranked in the top one third of research-oriented medical schools or primary care-oriented medical schools in the U.S. News & World Report national survey. This survey is generally accepted as reflecting top quality educational, research and clinical programs and known to be used by students in determine their preferential schools.

Additionally, these schools were chosen because the UC Irvine School of Medicine competes with many of these schools for the same applicant pool for both students and faculty. Several of these schools are also located in areas that have similar costs of living and community benefits that may factor into a student's decision as to which school they attend.

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

As shown in Table 4, the total student charges assessed to UCI in-state and out-of-state students are below the average amounts assessed to students in programs at our public and private comparators. Compared to our public comparators, our in-state and out-

of-state students pay about $37K and $82K less, respectively. Compared to our private comparators, our in-state and and out-of-state students pay $110K and $61K less, respectively.

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

A major distinction from our peers is that in addition to the traditional MD program, the UC Irvine School of Medicine is home to three unique mission-based programs.

Program in Medical Education for the Latino Community (PRIME-LC) offers a combined MD/master's degree as part of its focus on training future physicians who will improve healthcare delivery, research and policy in Latino communities across California.

Leadership Education to Advance Diversity–African, Black and Caribbean (LEAD-ABC) is the first medical school program of its kind in the nation to address the unique health needs of African, Black and Caribbean islander communities. The program is aimed at producing future physicians committed to serving African, Black and Caribbean islander communities in California, the United States and beyond.

Health Education to Advance Leaders in Integrative Medicine (HEAL-IM) is a program that gives medical students additional training and skills in the tools and philosophies of integrative medicine. HEAL-IM students also may choose to spend an optional fifth year completing certified integrative medicine training or pursuing a master's degree in integrative medicine practices.

Our program is also distinguishable from our peers, through its innovative iMedEd Initiative. The UCI School of Medicine has a long history of cutting-edge innovation and incorporation of emerging technologies within the curriculum. In 2010, UCISOM was the first medical school to adopt a tablet-centric digital curriculum with the release of the iPad. UCISOM was also the first medical school in the western states to develop a fully comprehensive and longitudinal point-of-care ultrasound curriculum. Since 2019, each incoming medical student has been gifted a Butterfly handheld ultrasound device that they use from day one to enhance their learning in anatomy, physiology and clinical skills. UCISOM has continued its path to innovation as an early adopter of Google Glass and first-person video in the training of medical students and resident physicians and the use of virtual reality to "embody" their patients and experience their challenges first-hand. Today, UCISOM continues to explore new technologies such as 3D printing for creation of task trainers and interactive models and advancing remote clinical teaching using video conferencing with mobile devices.

UCISOM's approach to education and technology has not gone unnoticed — our faculty have published multiple papers in peer-reviewed journals on these topics, been invited lecturers at the Association of American Medical Colleges (AAMC), the American Medical Association (AMA), the World Congress of Ultrasound, and American Institute of Ultrasound in Medicine. UCISOM has also

been honored as an Apple Distinguished School for six consecutive cycles and two faculty members are among the first in the UC system to be recognized as Apple Distinguished Educators.

V. ENROLLMENT AND DIVERSITY STRATEGY

V.a. In the table on the following, please provide details about enrollment in your program and in your comparison public and private institutions. The enrollment figures provided should align with the most recent three years for which data are available. In the columns shown, programs should provide as many figures for comparison public and private institutions as are available.

Table 5: Demographics

	Actual	Actual	Actual	Estimated	Comparison (2021-22)	
	2020-21	2021-22	2022-23	Fall 2023	Publics	Privates
Ethnicity						
Underrepresented						
African American	5.8%	7.5%	9.5%	11.0%	7.0%	8.0%
Hispanic/Latino(a)	14.1%	16.5%	16.9%	17.0%	4.0%	7.0%
American Indian	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
Subtotal Underrepresented	***19.9%***	***24.0%***	***26.4%***	***28.0%***	***12.0%***	***15.0%***
Asian/Pacific Islander	38.9%	38.2%	37.4%	40.0%	19.0%	34.0%
White	33.4%	31.7%	29.3%	22.0%	53.0%	32.0%
Domestic Unknown	7.8%	6.1%	6.9%	10.0%	15.0%	14.0%
International	0.0%	0.0%	0.0%	0.0%	1.0%	5.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Socioeconomic						
% Pell recipients	28.2%	27.8%	14.7%			
Gender						
% Male	45.4%	45.0%	41.9%	39.0%	43.0%	49.0%
% Female	54.4%	55.0%	57.9%	59.0%	57.0%	51.0%
% Non-Binary	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
% Unknown	0.2%	0.0%	0.2%	1.0%	0.0%	0.0%

Sources:
UC ethnicity, socioeconomic status: UC Corporate data

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 students from underrepresented groups? What are your prior and prospective strategies 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 students from underrepresented groups?

The table above highlights a stable enrollment trend and a higher % of underrepresented students at UC Irvine School of Medicine within the past three years in comparison to both public and private institutions by total enrollment. Disaggregated data reveals a particular strength in UCI's enrollment of African American students at 9.5% in 2022-2023 with an estimated increase in 2023 to 11%. The enrollment percentage at UCI, standing at 9.5%, is notably higher than that of private institutions, which have an average enrollment percentage of 8%, as well as comparable public institutions, where the average is 7%. In addition, the consistent enrollment of Chicana(o) and Latina(o) students' reflects a robust enrollment percentage of 17% at the UCI School of Medicine for the 2022-2023 academic year. This exceeds the national percentages of 6% at private institutions and 4% at public institutions, showcasing UCI's dedication to diversity and excellence in medical education.

This enrollment trend reflects the strength of outreach and enrollment efforts for mission-based programs aligned with UCISOM's defined diversity categories. The mission-based programs were developed to support medical students who plan to serve diverse and underserved communities. As such, the success of these programs has coincided with an increase in our enrollment of underrepresented students. This may be because many students who identify as URiM are attracted to programs that support their ability to serve communities with which they identify. Similar efforts to extend outreach regarding pathway programs has been instrumental in the recruitment and retention efforts of students at UC Irvine with particular emphasis on disadvantaged applicants and those with a propensity for service to the underserved, in particular, the Latino Community and African, Black, and Caribbean community.

At the Medical Education level, the Division of Diversity and Inclusion has established a framework for successful pipeline building using standard events supported by Open Medical Schools and a strategic plan centered on the postbaccalaureate program, emphasizing the development of our own diverse talent. .

The postbaccalaureate program is focused on preparing applicants to be successful in applying and gaining acceptance to medical school. Students in the program represent the school defined diversity categories (disadvantaged and/or service to the underserved and many students identify as a member of Latin, African, Black, and Caribbean communities). In addition to preparing them to be

successful in gaining acceptance to medical school, the skills they learn in the postbaccalaureate program help prepare them to be successful as medical students and throughout their professional lives.

In the postbaccalaureate program, students enroll in classes for a minimum of one academic year, which includes summer, fall, and winter quarters. Upon review of their transcripts, in consultation with career counselors in the UC Irvine School of Biological Sciences, the postbaccalaureate director develops a curriculum tailored for each PB student to address their weaker academic areas. These are often in the sciences; therefore, PB students take at least two core upper division science classes each quarter and, when available, are enrolled in tutoring classes for these courses. In some cases, they may need to take lower division science classes to establish a firm foundation before taking the upper division courses. In fall and winter quarters, students are also enrolled in a Medical College Admissions Test (MCAT) preparation class devoted to verbal reasoning and critical thinking. In the spring, they take a full MCAT preparation course. Throughout the PB program, students attend workshops on the medical school admissions process and how to complete their AMCAS applications. In addition, they have one-on-one sessions with the PB coordinators on writing a personal and disadvantaged statement, interviewing techniques, and selecting individuals to write their letters of recommendation. PB students also attend a series of lectures exposing them to different topics in medicine, including ultrasound, simulation, diversity, and career selection. Students take their MCAT in May and apply to medical school in June.

Diversity recruitment efforts to the UC Irvine School of Medicine include attending several health fairs and recruitment events, which are mainly sponsored by student groups, community colleges, and four-year undergraduate institutions.

Students who apply and interview for both Program in Medical Education for the Latino Community (PRIME-LC) & Programs in Medical Education Leadership Education to Advance Diversity - African, Black and Caribbean (PRIME LEAD-ABC) are interviewed by faculty and students from their respective programs. In addition, applicants have the opportunity to ask questions and understand the goals that the program each have in serving their targeted demographic communities. Finally, at the end of interview days, the program directors host dinner sessions to conclude the day and connecting with applicants of the potential impact they can have if accepted into the program.

One of the main organizers of medical student retention is the activities that PRIME-LEAD-ABC and PRIME-LC offer their students in the program. Each program provided support and mentorship in becoming leaders in delivering healthcare to the underresourced communities. All students are invited to participate in service activities that help foster their desire to help in underserved communities including student-run clinics, pre-health mentorship programs, international research travel grants, and creating awareness of governing policies impacting communities.

Our approach to supporting URiM applicants also involves a strategic investment in the outreach programs Open Medical School and World of Medicine. Open Medical School, a biannual large-scale event, extends a warm welcome to high school and college-level students from low-income schools that may lack the resources to explore medical school and proper planning. Each event accommodates 150 attendees, and our budget constraints have limited the scope of programming, covering essentials such as multiple events and meals for the half-day program. The current budget constraints have impacted our opportunities, and we anticipate that increased funding would enable us to expand these events further.

Additionally, we have initiated a new student-led event, World of Medicine, aimed at connecting with college-level premedical students and providing them with more hands-on experiences of medical school. Our overarching strategy aims to engage with high school, college-level, and postbaccalaureate premedical students, offering them the necessary resources to navigate their premedical paths successfully.

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?

The three-year enrollment trend of students from low socioeconomic backgrounds reflects the UC Irvine School of Medicine's continued commitment to diversity in outreach and pathway efforts for disadvantaged applicants. Between 2017-2019, an average of 12% of students self-identified as disadvantaged. Between 2020-2023, the school averaged 25% of the class identifying as disadvantaged.

Students in our postbaccalaureate program receive support in preparing to be successful in applying to and gaining acceptance to medical school. In addition to academic support, students take coursework to strengthen their academic portfolios and receive mentoring and support in navigating through the medical school application process. Furthermore, students receive stipends and/or scholarships to ease the financial burden of program participation. Students in the program represent prospective candidates who may have resided in a low-income community or experienced enduring family, societal or other hardships in pursuit of their educational attainment and/or embody the school's defined diversity categories (disadvantaged and/or service to the underserved, in particular, Latino, African, Black, and Caribbean communities.

In addition to the postbaccalaureate program, additional strategies to promote access to students from low socieoeconomic backgrounds include:

- **Increased Partnerships with Underrepresented Communities:** The first strategy has been to increase exposure partnerships with surrounding underrepresented communities. We host a bi-annual Open Medical School that is a free event offering hands-on training and resources to students who have an interest in health careers but often do not have access to the information. We support an average of 100-150 students at each event, aided by community partners at local middle schools, high schools, and community colleges. **Virtual Interviews:** We employ virtual medical school interviews as a practical and cost-effective strategy to address the financial burden that in-person interviews can place on applicants. **Increasing Presence at Premedical Fairs:** To build awareness about UC Irvine School of Medicine and its admissions requirements, we attend premedical fairs, conduct informative presentations, and host admissions information sessions. Providing clarity on the application process and what we look for in applicants can help potential candidates maximize their competitiveness as applicants.
- **Summer Academies:** We offer summer programs for high school, undergraduate, and postbaccalaureate students to provide valuable exposure to the medical field. We ensure that these programs are well-structured, inclusive, and accessible to students from diverse backgrounds.
- **Consideration for disadvantaged applicants:** During the application screening and review process, applicants from self-identified disadvantaged backgrounds are given consideration by the admissions committee when scoring for interview and admission to the SOM.

The efforts in building our community partnerships through Open Medical School and Summer Academies, it will help to grow the enrollment of students from low socioeconomic backgrounds.

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 (that is compliant with Proposition 209) 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?

As reflected in (Table 5) the demographics related to gender within the UCI School of Medicine reflect concerted efforts to achieve gender parity. The percentage of enrollments from 2019-2023 highlight an average enrollment of students identifying as female (55%) and male (45%) with at least one student enrollment in the past three years identifying as non-binary.

This trend is consistent with 2022 data released from the Association of American Medical Colleges (AAMC) for Matriculants to U.S. MD-Granting Medical Schools by Gender, indicating a four-year trend of Matriculants identifying as Women at (55%) and Men (45%) respectively. Similarly, the national data also reflects a steady increase in the number of women enrolling at U.S. medical schools

since 2016 in contrast to a steady decline in male enrollments. In consideration of this national trend, the UCI School of Medicine continues to balance gender parity through holistic review practices as part of the admissions process, while considering an applicant's academic achievement, personal attributes, and experiences in the consideration of admissions to our programs.

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 students from underrepresented groups, Pell Grant recipients, and gender? Explain your reasoning.

The UC Irvine School of Medicine anticipates a sustained increase in students who have been historically underrepresented in medicine. Consistent with our strategic diversity initiatives and mission-based programming, we have seen an increase in students who are URiM and who have experienced disadvantage due to social, economic, or educational challenges on their journey to medical school admissions. Since 2019, the UCI School of Medicine has consistently performed above the national average of URiM student enrollment due to a host of strategic initiatives focused on increasing enrollment in the school's defined diversity categories, including our mission-based programs: Program in Medical Education for the Leadership Education to Advance Diversity- African, Black, and Caribbean (PRIME LEAD-ABC) and Program in Medical Education for the Latino Community (PRIME-LC).

Our strategic planning efforts take into account pathway programming to include our UCI Postbaccalaureate Premedical Program; in partnership with Postbaccalaureate Premedical Programs at the Schools of Medicine at UC Davis, UC Irvine, UC Los Angeles, and UC San Francisco. The mission of the Consortium is to increase the number of physicians who practice in shortage areas of California by assisting capable and dedicated students from disadvantaged backgrounds in gaining admission to medical school. As part of the consortium, the UCI Postbaccalaureate program has placed more than 88 percent of its participants in a U.S. medical school.

Additional programming includes an expansion of our two mission-based programs; the UCI School of Medicine PRIME (LC and ABC) Academies, launched in 2021 to support the outreach, recruitment, and retention of pre-health undergraduate students with an interest in our mission-based programs and patient populations served. Both PRIME Academies are one-week summer programs designed to provide student participants with mentoring, support, and information regarding the medical school admissions process. Additionally, students gain exposure to diverse physicians and current medical students engaged in championing social justice advocacy and health equity within the UCI community and beyond. Since design, both the 2021 and 2022 cohorts reflected over 90% of the scholars self-identifying as financially or socially disadvantaged and 55% in (2021) and 72% in (2022) identifying as first-generation college students.

In collaboration with the UCI School of Medicine Office of Belonging, Equity and Empowerment, pathway programming will continue to include engagement with diverse pre-medical students, campus partners, and our local community. In support of our commitment to diversity in student representation, we will continue to host Open Medical School events, attend local and regional health fairs and conferences, participate in health and graduate professional fairs sponsored by local two- and four-year public and private institutions, other Hispanic Serving Institutions (HSI's) and Historically Black Colleges and Universities (HBCU's). The data presented in the chart above reflects a balanced enrollment trend for gender parity in sync with comparative institutions and national enrollment trends. The UCISOM's goal is to maintain enrollment percentages that continue to reflect equity and a commitment to diversity, gender parity, and support of applicants who have experienced disadvantage as part of the holistic application review and selection process. The anticipated growth in our underrepresented student composition will build upon the established positive trend of year-over-year growth as reflected in the demographic data referenced above.

V.f. In the tables on the following page, 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.) The figures provided should align with the most recent three years for which data are available.

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.

Table 6: Faculty Diversity

All Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	2.7%	3.1%	4.0%
	International	0.0%	0.0%	0.0%
American Indian	Domestic	0.4%	0.4%	0.4%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	41.0%	46.0%	45.0%
	International	0.4%	0.8%	1.1%
White	Domestic	45.2%	42.5%	40.6%
	International	0.0%	0.4%	0.0%
Two or More Races	Domestic	0.0%	0.4%	1.1%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	9.9%	6.0%	7.4%
	International	0.4%	0.4%	0.4%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		40.0%	46.0%	45.0%
Male		51.0%	48.0%	48.0%
Non-Binary/Unknown		9.0%	6.0%	7.0%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	4.0%	4.1%	4.0%
	International	0.0%	0.0%	0.0%
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	18.0%	24.5%	24.0%
	International	0.0%	0.0%	0.0%
White	Domestic	78.0%	71.4%	72.0%
	International	0.0%	0.0%	0.0%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		33.0%	37.0%	36.0%
Male		57.0%	53.0%	56.0%
Non-Binary/Unknown		10.0%	10.0%	8.0%

V.g. What are your campus efforts and, specifically, your program's current and proposed efforts (that are compliant with Proposition 209) to advance the recruitment and retention of diverse faculty? In the past five years, what opportunities were available to hire new faculty and fill vacancies?

A Diversity Officer was hired in August 2022 to establish the Office of Belonging, Equity and Empowerment (BEE) in support of advancing diversity and inclusive excellence in medicine through the promotion of values, practices and programming that reflect diversity, equity, and inclusion (DEI); core values that invigorate the UCI School of Medicine's mission: Discover. Teach. Heal. More specifically, the Diversity Officer and the Office of BEE team work collaboratively with the Dean's Office in the School of Medicine, the Office of Inclusive Excellence, and the Office of Equal Opportunity and Diversity to leverage campus resources and amplify UC Irvine's commitment to DEI. Through the provision of consultation, education, and training, the Diversity Officer oversees diversity

issues and initiatives to advance the school's outreach, recruitment, retention, talent development efforts, and sense of belonging to include educational sessions on the following: Holistic selection and screening practices in faculty recruitment, retention and promotion; Mitigating Implicit Bias; Microaggression Awareness; and Being an Upstander.

The UCI School of Medicine has longstanding participation in the University of California, Irvine ADVANCE Program for Faculty Equity and Diversity. This effort underscores UC Irvine's commitment to the UC policy that governs faculty appointment, promotion and appraisal reviews, emphasizing the importance of diversity in all facets of faculty activity. For example, within the faculty review process, faculty are encouraged to describe their diversity efforts within research, teaching or service, and this is recognized as one important component of the review. Examples include inviting and strongly encouraging department faculty to attend campus diversity events and reinforcing the importance of timely completion of annual mandated sexual violence and harassment prevention training. These efforts support the culture of preparation, recruitment, and retention of a diverse faculty. The need for continued focus on the recruitment of diverse faculty is reflected in the faculty data (Table 6.) highlighting a gap in the percentages of faculty who identify as Black/African/or African American, as well as Native Hawaiian. In an effort to address faculty diversity, the Dean's Office in the School of Medicine developed a Hiring Incentive Program pilot for 2022-2023 to provide funding support for up to (10) faculty hires towards the recruitment of faculty with strong contributions to increasing diversity and inclusive excellence, strengthening efforts towards greater faculty diversity and gender parity, especially within Ladder Rank and Equivalent Faculty positions; an area of opportunity for the School of Medicine. This need is amplified in the steady, yet positive increase across all faculty ranks (full, assistant, associate) of Underrepresented Minority (URM) faculty from 2017-2021. Efforts within the School of Medicine, continue to focus on increasing representation of URM faculty at all levels. Since the Hiring Incentive Program's start (December 2022), the program has contributed to the successful recruitment of (4) faculty members within the UCI School of Medicine through December 2023. This continued commitment to increase faculty diversity was supported by The Dean's office and has committed to funding for 10 faculty hires for the pilot 2022-2023 year. Non-PDST funds allocated totaled $225,000 per faculty member ($75,000 per year for three years). Additionally, in support of the Black Thriving Initiative (BTI), the Dean's office contributed (1) FTE position at the Assistant/Associate level to recruit a faculty member in 2022 who aligned with the mission of this program and would have the opportunity to collaborate alongside the faculty members as part of the UCI BTI Cluster-Hire Program.

Aligned with ADVANCE, faculty recruitment within the UCI School of Medicine is supported by four designated Equity Advisors in the School of Medicine who promote education and training to search committees in achieving equity and diversity in the faculty recruitment process with both formal and informal mentoring. Equity Advisors participate in faculty recruitments by providing presentations to search committees, approving search strategies, raising awareness of Best Practices and outlining expectations and

processes. Within each search committee, the school appoints a diverse group of faculty and encourages supplemental outreach efforts through diverse advertising outlets, national conferences and networking.

The Office of Academic Affairs organizes faculty development programs, with both formal and informal mentoring, and addresses individual issues raised by faculty. The Associate Dean for Faculty Development mentors junior faculty as they progress through their academic milestones including the merit and promotion process in each of the professorial series. Each new Assistant Professor-level faculty is assigned a mentor in their offer letter. This mentor, assigned by the department chair, is expected to meet regularly with the mentee on topics of clinical care, research, education and service. An additional mid-career review occurs for junior faculty with the Associate Dean for Faculty Development, supporting the advancement and retention of faculty and senior administrative staff from diverse backgrounds.

Additionally, several new initiatives have been implemented within the UCI School of Medicine to support the retention and advancement of diverse faculty and staff to include: (1) Sustainable Advancement Initiatives for Leadership Academy (SAIL) a six-month, in-person leadership training program for assistant and associate rank faculty with topics on Imposter Syndrome, Leadership Styles, Emotional Intelligence, Negotiations, Executive Presence and Navigating Communications. Through these sessions the goal is to cultivate a professional network, provide faculty access to UCI leaders, and strengthen the skills and confidence of participants as they develop strategic relationships. (2) The School of Medicine Annual Research and Faculty Mentoring Awards, providing an opportunity to recognize faculty and graduate student achievements in basic science, clinical/translational research, innovation and equity and diversity mentoring. (3) Health Science Clinical Faculty Mentoring Committee, established in 2023, facilitate the exchange of diverse perspectives and encourages meaningful faculty connections across different departments within the UCI School of Medicine through mentorship and exploration of career growth opportunities.

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?

The goal of the UC Irvine School of Medicine is to provide robust financial aid programs designed to ensure the continued affordability of attending medical school at UCISOM, regardless of individual financial resources. This commitment aligns with our overarching objective of attracting and retaining top-tier talent necessary to remain competitive within the modern medical education landscape. Furthermore, the school aims to make careers as physicians in public service or underserved communities attainable by ensuring manageable debt levels. On an annual basis, we have the privilege of extending offers of acceptance to exceptionally qualified medical student applicants, many of whom receive multiple concurrent offers from diverse institutions. It is

worth noting that the offered financial aid package often emerges as the decisive factor in guiding a prospective student's decision to matriculate with us. In acknowledgment of the diverse financial profiles of our applicants, particularly those demonstrating substantial financial need or come from disadvantaged backgrounds, UCISOM's goal is to provide the highest level of need-based financial aid available to all eligible students.

To ensure accessibility for medical students with significant financial need, UCISOM has implemented a strategic approach that leverages structured awarding formulas. This methodology is designed to prioritize assistance for the most financially challenged students. The financial aid office employs the Free Application for Federal Student Aid (FAFSA) for evaluating a family's financial need, allowing for the equitable allocation of limited resources. In addition to this, UCISOM places a strong emphasis on the sustainability of need-based awards. This commitment is demonstrated through annual reviews of award trends, enabling adjustments to award packages in alignment with available funding resources. In the past five years, an average of 59% of PDST-related aid has been allocated for scholarships based on financial need. Our goal is to utilize newly acquired PDST funds to increase the percentage of PDST-related aid specifically designated for financial need.
UCISOM also consistently maintains a comprehensive external scholarship database for medical students to help supplement their award packages through external merit-based or need-based scholarships.

UCISOM is dedicated to offering comprehensive financial aid and debt management counseling services with a dual purpose: to assist medical students in covering their educational expenses and to equip them with the knowledge required for responsible financial management throughout their medical school journey and beyond. Our strategy for empowering students with financial acumen encompasses the provision of a Financial Wellness program delivered as an online module within Canvas, the school's learning management system. The Financial Wellness program is structured to ensure that medical students undergo progressive financial development throughout their academic journey. As students advance through each year, they will be mandated to complete a comprehensive budgeting assignment, and they will receive specialized resources in collaboration with AAMC's Financial Wellness Program focused on debt management and financial literacy education uniquely tailored to the needs of medical students. Topics include budgeting and financial planning, savings and investing, building good credit, strategic loan repayment approaches, and the seamless transition from medical school to residency and beyond. Additionally, UCISOM provides personalized, one-on-one counseling appointments to ensure that students can readily access the guidance and assistance needed to secure their financial success.

In order to measure success, UCISOM will conduct student surveys aimed at evaluating the effectiveness of our efforts in addressing the financial needs, concerns, and overall welfare of our student body. In addition, UCISOM will closely monitor AAMC debt statistics to ascertain that they are trending in the right direction as compared to national trends.

Table 7: Debt

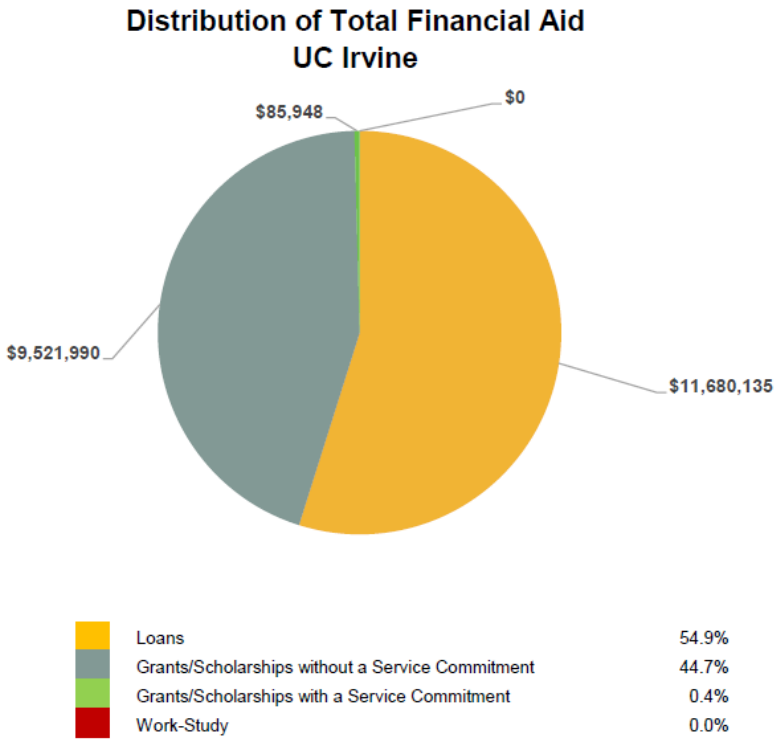
Graduating Class		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Percent with Debt	URG	100.0%	85.0%	100.0%	64.0%	86.0%	100.0%
	Non-URG	70.0%	77.0%	72.0%	72.0%	69.0%	68.0%
	International						
	All	75.0%	78.0%	75.0%	71.0%	72.0%	71.0%
Average Debt among Students with Debt*	URG	$180,671	$161,909	$208,678	$157,855	$187,615	$160,816
	Non-URG	$193,936	$187,656	$173,362	$185,918	$178,413	$175,539
	International						
	All	$191,143	$183,230	$178,328	$182,346	$180,194	$173,595

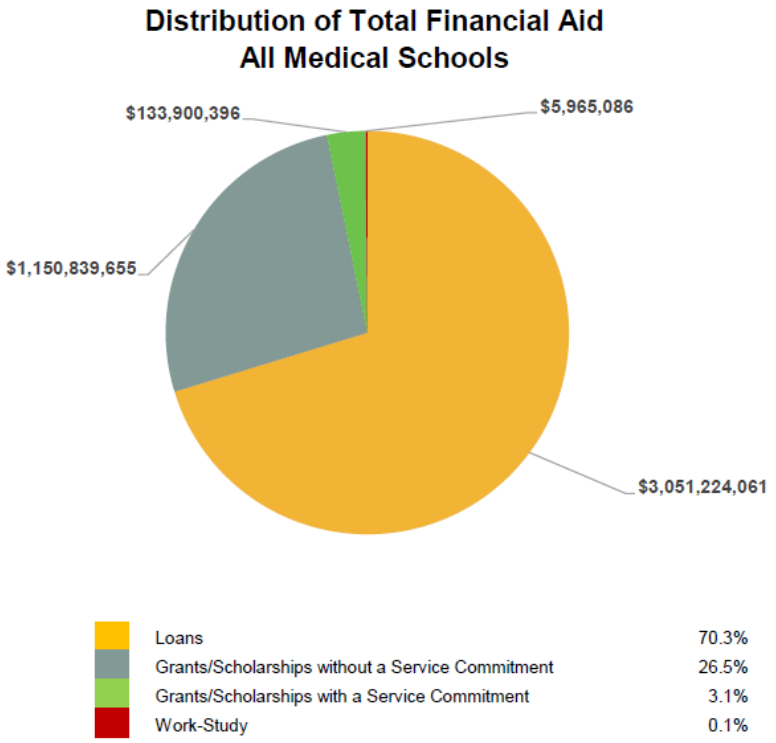
* Figures in the table do not reflect any existing debt incurred by students out of this program (e.g., undergraduate education).
Note: Blank cells reflect no data available in the PDST dashboard.

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?

Since the last PDST increase, UC Irvine School of Medicine has consistently prioritized reducing the indebtedness percentage among our medical students. As illustrated in Table 7 above, the proportion of graduating class with debt has decreased since 2016-17, despite the overall debt amount. Although a higher proportion of graduates from underrepresented groups take on debt, their average debt amounts were lower compared to non-underrepresented groups for most academic years as shown in Table 7. Changes in the financial aid eligibility of the student population have led to minor upticks in the percentage of graduating classes with debt during 2017-18, 2019-20, and 2020-21. While we acknowledge external factors beyond our control and the natural growth in total debt in tandem with rising costs, our objective remains steadfast. We aim to allocate a portion of the PDST increase toward expanding opportunities for both need-based aid and merit awards, thus continuing the reduction in the percentage of students with debt and sustaining this downward trajectory.

Notably, as per the recent 2021-2022 AAMC Financial Aid Summary Report (see display on the next page), UCISOM allocated 44.7% of its aid as grants or scholarships without a service commitment, surpassing the national average of 26.5%. We aspire to elevate our support for medical students even further by augmenting both need-based and merit-based scholarships in the forthcoming years, thereby widening this gap. A moderate increase in PDST funding will prove instrumental in realizing this objective.





Sources: LCME Part I-B Student Financial Aid Questionnaire
AAMC Tuition and Student Fees Questionnaire
2021-2022 Financial Aid Summary Report (FASR) Executive Overview

Table 8: Affordability

	Graduates with Debt	2021-22 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	71%	$173,595	$60,373	41%
Public comparisons	74%	$183,662	$60,373	43%
Private comparisons	69%	$202,754	$60,373	48%

Sources:
UC: Corporate data
Comparison institutions:
UC Irvine - Medical Residents – Committee of Interns and Residents/Service Employee International Union (CIR/SEIU) collective bargaining agreement

Additional comments: The percentage of debt and the average total debt for UCISOM graduates are situated below public comparisons and only marginally exceed private counterparts' percentage of debt. This outcome is attributable to UCISOM's sustained endeavors to augment the return on aid and philanthropic contributions throughout the years. In 2017, our office instituted a scholarship committee with the mandate to oversee all financial awards to our students. This committee convenes quarterly to deliberate on fund availability, potential reallocation of resources, award distribution, and to collaborate with the Office of Advancement in intensifying philanthropic fundraising endeavors. In academic year 2022-2023, our committee issued approximately $475,869 of awards.

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.

While the median salary for medical school graduates at the time of graduation stands at $60,373, UC Irvine School of Medicine acknowledges that this is a transitory phase attributable to residency training, with significant adjustments occurring upon the completion of residency. According to the 2021-2022 Association of American Medical Colleges (AAMC) National Faculty Salary report, first-year post-residency or Assistant Professor salaries show a substantial increase, as depicted in the data below. When assessing the estimated debt payments as a percentage of post-residency or fellowship salaries, affordability improves, reaching more reasonable levels.

Specialty	2021-2022 Average Debt at Graduation among Students with Debt	2021-2022 AAMC National Salary Percentiles- Mean Post Residency	Est. Debt Payment as %
Anesthesiology-General	$173,595	$380,500	6%
Dermatology	$173,595	$365,800	7%
Pediatrics: General	$173,595	$186,700	13%
Surgery: General	$173,595	$375,000	7%

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.

UC Irvine School of Medicine is home to the Program in Medical Education for the Latino Community (PRIME-LC), a five-year MD and master's program committed to training physicians to serve the unique needs of underserved Latino communities. Established in 2003, PRIME-LC features an enriched medical school curriculum with a focus on leadership, advocacy, and service. This program incorporates modules from both the School of Social Sciences and the School of Medicine, providing students with experiential learning opportunities across California, an international clinical rotation, and the completion of a master's degree. Moreover, PRIME-LC initiates collaborative programs that engage PRIME-LC students and the entire medical school class in delivering care to underserved populations, with a particular focus on the Latino community. Continuous mentorship and tutoring are integral components of this program.

In addition to PRIME-LC, UC Irvine School of Medicine has pioneered the Leadership Education to Advance Diversity–African, Black and Caribbean (LEAD-ABC) program, the first of its kind in medical education. This initiative aims to cultivate future physicians who are deeply committed to serving African, Black, and Caribbean islander communities across California, the United States, and beyond. This rigorous four-year physician training program also offers an optional fifth year, enabling medical students to pursue a master's degree in business, public health, or biomedical and translational science.

Furthermore, UCISOM fosters active student-led community service groups. Medical students are actively involved in a broad range of groups focused on providing access to healthcare for underserved and homeless populations, engaging in dialogues on bioethics and reproductive medicine, and promoting awareness and understanding of the LGBTQIA+ community within the medical profession.

The financial aid office at UC Irvine School of Medicine plays a pivotal role in educating students about specialized loan programs designed to encourage more graduates to pursue careers in primary care and public service, particularly in underserved areas. The institution currently administers two programs from the Health and Human Services (HHS): the Primary Care Loan (PCL) and Loans for Disadvantaged Student (LDS).

Moreover, the financial aid office collaborates with the MacKenzie Foundation to assist students in applying for the MacKenzie Foundation Scholarship, aimed at medical students committed to clinical careers in primary care fields such as Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Family Medicine.

As part of the Debt Management and Financial Literacy series, UCISOM offers informative sessions on various loan repayment options, including the Public Service Loan Forgiveness program. This program is available to medical students who make regular payments while employed by a government or not-for-profit organization for a period of ten years (120 payments). Students who qualify and meet program requirements may become eligible for the forgiveness of their outstanding federal loans.

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?

While medical students pursuing careers in public interest fields may potentially earn lower incomes compared to those specializing in more specific medical disciplines, they can leverage various loan forgiveness or reduction programs to mitigate the debt-to-income ratio, rendering these career paths more appealing.

One prominent example is the Public Service Loan Forgiveness program, wherein eligible applicants may have the remaining balance of their Federal Direct Loans forgiven following ten years (120 payments) of consistent monthly payments under a qualifying repayment plan while employed by a government or not-for-profit organization.

Moreover, if a medical student doesn't meet the criteria for the Public Service Loan Forgiveness program, alternative options such as Income Contingent Repayment or Income-based Repayment plans may apply, both offering the potential for partial discharge of outstanding loan debt. Our financial aid office provides personalized one-on-one counseling to guide students in selecting and qualifying for the most suitable program for their circumstances.

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

The financial aid office actively engages in the interview process by conducting presentations for approximately 600 prospective medical students in each application cycle. These sessions cover critical information related to the application procedure, associated costs, and the diverse array of financial aid opportunities accessible to potential students. To provide outreach to low-come under-represented and first-generation students, we coordinate with the PRIME programs to provide financial aid and debt management presentations during the Summer Immersion program, orientation, and during the MS4 year for graduating PRIME students.Additionally, the office offers the option of in-person or phone appointments to furnish financial aid estimates and address any inquiries posed by prospective students and their families.

Furthermore, the office maintains a dedicated website, serving as a comprehensive resource for both prospective and current medical students, clarifying the financial aid options available at the UC Irvine School of Medicine. Collaboratively, the office works closely with the Director of Admissions to ensure that prospective students are well-informed of our role as a supportive resource in alleviating the financial challenges associated with medical school tuition.

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?

Yes. The UC Irvine School of Medicine program provides prospective students with online resources for reviewing essential financial aid information related to their medical school education. Both the UCISOM financial aid office and the AAMC disseminate highly valuable information that is particularly beneficial for incoming students.

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.).

The following is a summary of how COVID-19 has affected the Medicine program:

Pre-clerkship Curriculum:
During the height of the pandemic, much of the delivery of the MS1 and MS2 curriculum was transitioned to emergency remote teaching – remote synchronous delivery of already planned in-person instruction -- using Zoom. This content was also recorded in

Zoom and made available for asynchronous viewing, providing a similar feature to our Panopto lecture-capture software. Attendance requirements had not changed – we still required mandatory attendance for a pre-determined number of sessions, primarily those that included patients or guest speakers. The largest changes occurred in our Clinical Foundations course (our "doctoring" course) which heavily utilizes hands-on instruction using task trainers, high-fidelity manikins for simulation, or standardized patients. Where feasible, standardized patient sessions were transitioned to remote teaching and we utilized our makerspace to create low-cost training materials for home use, such as suture training skins. We would arrange for staggered material pick-up times and then host a remote session where learners would follow along with the clinical skill.

Remote instruction did create opportunities for flexible teaching for our faculty and flexible learning for our students, so in thinking of our post-pandemic curriculum, we prioritized in-person teaching for sessions that were difficult to replicate remotely -- i.e., skills training within the Clinical Foundations course. We continue to leverage Zoom-based instruction to provide easier access to clinicians and clinical content, eliminating the need for these faculty to physically drive to the medical school campus to teach. We have also leveraged Zoom for basic science courses to join clinical rounds at the medical center, thereby increasing clinical content within the earlier parts of the pre-clerkship curriculum. Faculty have also become more comfortable with the creation of pre-recorded content for students to review asynchronously. These sessions are specifically designed for asynchronous delivery and are often created by our faculty using their home offices or our Medical Education Multimedia Studio.

Infrastructure changes:
As we incorporate more remote teaching in the curriculum, we have had to update our instructional spaces to enable two-way remote instruction by adding Zoom capabilities to our main instructional spaces on the medical school campus as well as our primary clinical sites. To participate in medical center rounds, we also created several ZotBots – iPads on rolling carts with upgraded audiovisual functionality – that can be taken anywhere in the clinical setting. We have also created several Zoom recording spaces on the medical school campus to supplement our Medical Education Multimedia Studio – these spaces allow faculty to record their own content for asynchronous use using the Zoom platform that they are already familiar with from the pandemic. Specific faculty development modules and support were also created to support faculty who wish to use these spaces.

Staff Technology Support:
As the curriculum was mostly offered remotely, we realized that not all our staff had devices capable of reliable remote work (via remote desktop) or Zoom conferencing. We transitioned our staff from desktop to laptop computers and provided them with external video cameras for improved video and audio connections. This helped ensure that our staff could support remote instruction, participate in Zoom staff meetings, and assist with remote proctoring for exams. Moving forward, staff are provided with

laptops to allow a hybrid work environment and enable them to work and proctor remotely should work conditions shift in the future.

Remote Exams:
In both the pre-clerkship and clerkship curriculum, high-stakes in-house exams and standardized NBME subject examinations had to be delivered. Prior to the pandemic, we had been providing each student with a stipend to cover the cost of an iPad and this allowed us to ensure that our students had devices that would allow them to test remotely. Staff used Zoom's video capabilities to proctor our students to maintain similar testing and proctoring conditions that were required pre-pandemic. In the instances where students required additional devices for Zoom proctoring, a set of "loaner" laptops was purchased for check-out for examinations.

Physical infrastructure:
Some students had significant challenges with remote instruction because of inadequate access to reliable WiFi, to technology beyond the iPad stipend provided at matriculation, or to quiet study spaces. For technology, a set of "loaner" laptops was purchased above for check-out for examinations. For study space and WiFi access, we were able to leverage individual study spaces in our medical education building; however, under physical distancing requirements, the spaces could only accommodate a small number of students. During the pandemic we had modified plans for our medical education building renovation to create more study spaces for our learners. The renovation (estimated completion November 2023) will include a larger student lounge with an expanded study area with more small-group and individual study areas as well as an updated active learning classroom with seventeen small-group teaching spaces. These instructional spaces can also transition to study spaces after-hours to accommodate our students who may not have adequate study spaces outside of the campus. These renovated spaces are exclusively for medical students and can be accessed 24 hours a day, seven days a week.

Clerkship and Clinical curriculum:
At the onset of the pandemic, we had to institute a brief pause in clinical care and shift the instructional focus to knowledge acquisition using online clinical case libraries until our students had sufficient access to appropriate personal protective equipment (PPE) in the clinical environment. To minimize exposure to COVID for inpatient teams during rounds, we created a "ZotBot" teleconference cart which was wheeled into a COVID patient's room by a single physician so that the larger team could observe and interact with the patient from the safety of a nearby conference room.
This was heavily used within the Internal Medicine clerkship.

Post-pandemic, the ZotBots extend the reach of the patient encounter beyond the clinical environment by allowing teams to collaborate with basic sciences faculty during clinical rounds or to let students in isolation/quarantine for illness still participate

remotely with their clinical teams. Similarly, the online clinical case platforms remain an important part of the clerkship curriculum as it provides supplemental clinical-like experiences for our leaners who may not be able to work clinically due to illness.

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 primarily 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 2023-24 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 and elaborate in Section IX.b.

- ☐ (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): N/A
- ☒ Scheduled in-person or virtual town-hall style meetings with students in the program to discuss the plan and solicit feedback
- ☐ Convened in-person or virtual focus groups of students in the program to discuss the plan and solicited feedback
- ☐ Convened in-person or virtual focus group with students representing underrepresented populations in your program to discuss the plan and solicit feedback
- ☒ Described the plan to students in the program via email, solicited their feedback, and reviewed the comments received
- ☒ Other (please describe): Student Self-Assessment Analysis

IX.b. Below, please elaborate on all student consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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 Office of Medical Education holds regularly scheduled town halls for all medical students. In the recent town halls leading up to the formation of the PDST proposal, the request for the provision of third-party resources came up in each meeting. The most commonly requested resources included test preparation materials for the United States Licensing Medical Exam and National Board of Medical Examiner subject examinations, flipped classroom-style learning supplements such as Pathoma or SketchyMicro, and interactive online clinical case libraries. Discussions were had regarding clarification of the need, what options would be cost prohibitive, and what options would provide the best academic benefit to the student body. These meetings took place on April 4th, 2023 and May 16th 2023. These discussions directly resulted in the formation of our proposed Goal 1: Expand financial aid including the provision of scholarships for third-party educational resources to support student success, increase affordability, and reduce the cost of attendance.

Additionally, the School of Medicine is accredited by the Liaison Committee on Medical Education (LCME). There is a process within the accreditation cycle whereby students perform a self-assessment of the program and identify their needs via a student opinion survey. This survey is called the Independent Student Analysis (ISA). The total response rate was 86.8% percent giving us a solid representation of the student's opinions.

ISA Student Feedback Survey Response Rate			
Medical School Class	Number of Respondents	Total Number of Students	Response Rate (%)
	N	N	%
M1	114	114	100%
M2	104	120	86.7%
M3	121	159	76.1%
M4	106	124	85.5%
Total	449	517	86.8%

The survey overlapped with the time period of the development of the program's PDST proposal. The survey concluded with an ISA Task force summary presentation on August 3, 2023. As noted in the graphics below, the students identified a dissatisfaction with student and faculty diversity, a dissatisfaction with support for participation in research and a recommendation for increased programing related to interconnectedness, academic counseling, and wellness.

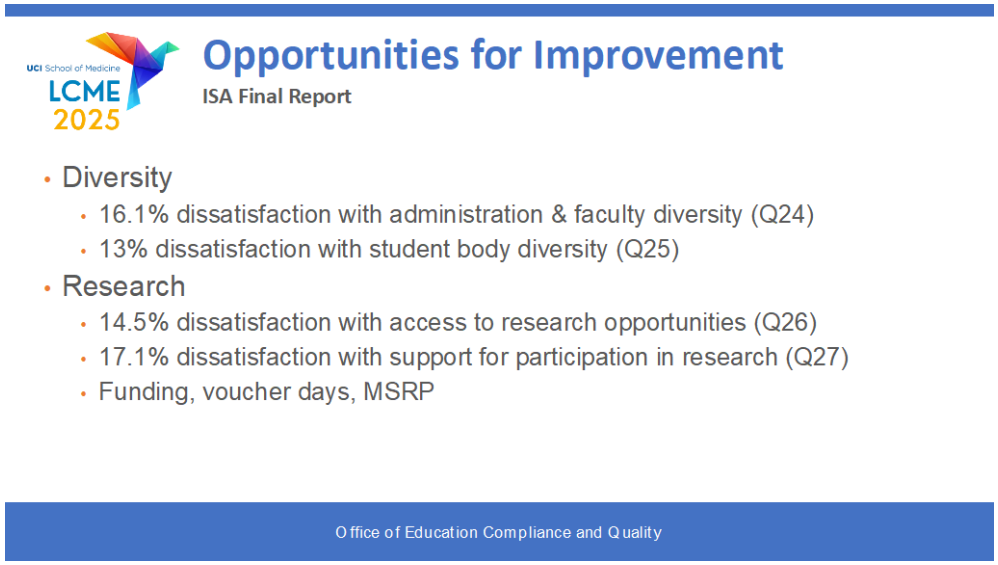
The topics identified in the survey were directly incorporated in to the plan as Goal 3**:** Increase support for pathway programs to promote recruitment and retention of students from disadvantaged backgrounds (dissatisfaction with student and faculty diversity), Goal 4: Increase funding for programs that support student engagement in research (dissatisfaction with support for participation in research), and Goal 2**:** Promote student wellness, interconnectedness, career advising, and counseling through increased funding for ZotUnity (increased programing related to interconnectedness, academic counseling, and wellness). The student's opinion related to faculty diversity also drove our planning for the strategies discussed related to increasing faculty diversity in section V.g of the Enrollment and Diversity Strategy section of the plan.

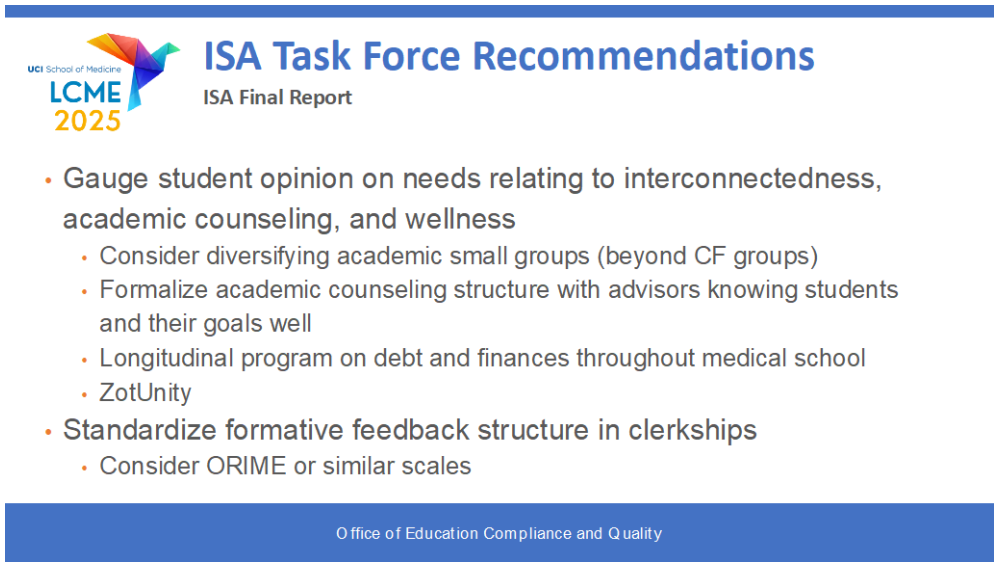
While the prospect of increasing tuition to fund a student support program such as ZotUnity may understandably not be well-received, this is a necessary measure to ensure the sustainment of a service that the majority of pre-clerkship students utilize. Specifically, 97% of first year students participate in our peer tutoring program, Collaborative Learning Communities with Medical Students as Teachers (CLC-MSAT), which falls under the umbrella of ZotUnity. Our services have expanded to serve first through third year medical students and employs over 60 second through fourth year medical students. In AY 2022-2023, we have provided new academic services, including a 17-session Step 1 longitudinal program and have added exam review sessions for each of the seven core rotations for third year curriculum.

Our most recent CLC-MSAT student satisfaction survey in October 2023 found that 95% of first year medical students either strongly agreed or agreed with each of the following statements: CLC-MSAT sessions are valuable, their learning has been enhanced by the program, and they have seen a positive impact on their exam confidence. A total of 80% of respondents also strongly agreed or agreed they received feedback on how to improve their learning goals through CLC-MSAT.

In addition to supporting learning outcomes for students, our program also provides an invaluable opportunity for over 60 students per year to participate as a medical student teacher. They receive competitive compensation to help alleviate the financial burden of medical school, gain leadership experience in academic medicine, and continuously publish and present research on the program. In a recent student employee survey conducted in September 2023, 100% of students employed by ZotUnity strongly agreed or agreed they were satisfied with their positions, 89% felt they had a stronger grasp of medical curriculum after serving as a tutor, and 96% envisioned a future career in academic medicine as a result of this experience.

The creation of ZotUnity has allowed for enhanced access of students to their career advisors, an increase in tutoring services, and invaluable opportunities for students to gain leadership, teaching, and research experience as a student employee.





ISA Student Task Force Presentation

Additionally, student leadership meetings were held on August 21, 2023, September 25, 2023 and September 26, 2023 where the planned utilization of incremental funding was discussed. The September 26 meeting was a meeting of the Associated Medical Student Government. The students were informed that the plan goals were developed as a direct result of their feedback at town halls, student leadership meetings and the Independent Student Analysis. The initial feedback from the students present was positive and supportive. The student leaders made their fellow students aware that an email from the Office of Medical Education would be forthcoming and offer them an opportunity to submit their individual opinion.

An email was then distributed to all students contained a link inviting all students to provide their feedback to the proposed PDST increase via an anonymous submission form. The majority of negative comments s received reflected general unfavorable views on any increases in PDST. More specific feedback included using tuition funds to support initiatives that benefit the full student body, such as research opportunities. Some students did not support the use of PDST to expand ZotUnity, though programmatic evaluation demonstrates positive outcomes.
Given the limited availability of funding, and the alignment of some but not all goals, the program will move forward with the plan as stated above. However, in response to the student's comments, the program will work to seek greater financial aid resources through philanthropic efforts and other institutional funding. In addition, while ZotUnity has been well-received overall, we plan to continue to improve programming based on student feedback.

Student Comments:

- Don’t do it.
- More financial aid for students.
- I’m against a tuition raise, seeing that as a medical student I have to face the reality of graduating with a considerable amount of debt. The tuition increase along with increasing interest rates would exacerbate that so please don’t.
- The financial burden of attending higher education is already large and creates a significant barrier for students considering and entering medicine. There are a plethora of other resources that the University of California can receive funding from, that is not directly from the students themselves, that may help achieve the listed goals.
- I would highly highly disagree with raising tuition. Paying tuition and lifestyle expenses while balancing an overwhelming schedule is already incredibly stressful. The negative impact of raising tuition on students mental health will significantly outweigh any potential perceived benefit of increasing spending on zotunity wellness or other programs. While these programs are great in theory, students already have incredibly limited free time and it is difficult to choose how to utilize that time. Adding another stressor to our lives would be a mistake. I cannot stress how much I think this would have a larger

negative impact than any potential positive benefits. Students have also already budgeted and organized according to what they were expecting to pay and it would be unfair and unreasonable to expect us to adjust at this point.

- "1. There is no need to do scholarships for third-party resources. It should not be gate-keeped. It should open for all and provided to all. It's not hard for the school to pay for UWorld for MS2 and MS3.
  2. Provide more scholarships for students who do exceptional work for the SOM that are not mission based.
  3. Whatever you do, be transparent. Provide us an update when this goes into effect (no board will ever turn down a tuition hike) and where the money is going. Like actually where it is going. "
- Can we have a breakdown of the things our tuition specifically pays for by the dollar amount? I think that transparency would help students understand the reason for their tuition costs.
- The increase is much needed considering inflation and just how expensive it is to live in California right now. I keep running out of money and I only spend on necessities. Please approve this increase.
- Funding for the above benefits including programs for research and wellness should not be funded by increased tuition. It should be funded by advocating for more funding from the federal government and state government and local taxes. Most students would rather have a lower tuition than additional programming.
- It is interesting to me that the number one goal of this tuition increase listed is to expand scholarships for third party resources. If tuition wasn't increased, we would have funds available to purchase these resources for ourselves. If tuition is increased, please consider expanding financial aid to students with high need outside of specific pathway programs as well.
- If there must be an increase in fees, I would like to see allocation to lowering student purchasing burden by subsidizing USMLE Step 1 and/or 2 cost, as well as 3rd party resources.
- "While several of the aforementioned initiatives are important, I do not believe increasing student tuition is the correct way to fund them.
  The provision of scholarships for third-party educational resources is not an effective allocation of funds because students are not required to use them specifically for third-party educational resources. This year, $500 scholarships were deposited into student Zot accounts which they could expense to anything they wished. If the purpose of the scholarship is to support student academic endeavors, a better solution would be for UCI to purchase a school-wide license to the most popular services (sketchy, pathoma, etc.) that could be freely accessed and shared.
  In my experience, ZotUnity has been a hit or miss experience depending on the initiative of each specific house director. The most important resources for student wellness are the med school specific counselors, which should continue to be accommodated at current levels at minimum. Currently, house directors plan group outings which are principally paid for out of student pockets and not funded by UCI. Unless funds would be distributed to house directors to put on events (ie. covering tab at brewery, tickets to angel's game, etc.), tuition should not be increased to fund zotunity.

Promoting recruitment and retention of students from disadvantaged backgrounds is important. But it is ridiculous to place that financial burden on students who are currently training. A more appropriate bucket for such initiatives would be fundraised donations or endowment that have been earmarked for such causes.
Similarly, student engagement in research is a fundamental cornerstone of our training. It should be an expectation of our training to be able to engage in these opportunities at current tuition levels. Attention should be focused on cutting cost rather than raising tuition to expand such opportunities. "

- Please do not increase the tuition. It's going to be hard enough as it is for students to pay back this ballooning debt, and I do not think these changes will benefit us much compared to the greater burden it will place on us.
- Please do not increase!
- "Obviously, I would significantly prefer that tuition did not increase. However, if you must, I have the following comments:
  I think that the scholarships for third party resources should be available to everyone - unfortunately, with need-based aid determinations being made based on parental income, many students whose parents are not helping them with school are left out to dry. Additionally, I would consider expanding this to include a larger iPad/technology stipend, since many students end up having to spend hundreds of dollars on technology before our student loans are dispersed.
  If you choose to do this, I think you need to find ways to make ZotUnity more integrated. Perhaps have students ""sorted"" into houses prior to orientation, so that these bonds can be formed during the ""get to know you"" stage? Also, I think that maybe providing some bucket of money that students could apply to use on behalf of their house would be a nice thing to do here. The events that my house leaders have planned have been wholly unappealing, so democratizing that process could help with people wanting to do ZotUnity stuff.
  I think you should expand support for LGBTQ+ students, and resources for students interested in serving this community.
  Additionally, I think that you should consider opening up certain opportunities for students not on a mission track to interface with students who are - obviously we will all need to care competently for Black/Latine patients, and I think that it's kind of weird that we fundamentally get segregated from our LEAD/PRIME classmates. If I had to criticize UCI on its social justice focus, it would be that a lot of the social justice oriented things (LEAD/PRIME stuff, eQuality lectures) are only available to and/or attended by students who already have an interest/knowledge in this area ... arguably, people who DON'T know anything about this stuff need it just as much!
  I frankly do not think we need this but I understand the desire to increase student involvement in providing free labor. If you insist on this, I think you should integrate some form of career advising earlier that helps students decide what research is appropriate for them to pursue, how much they need, how to get involved if they have specific career goals in mind, et cetera ... this could also be a gateway conversation for students who don't need/aren't interested in research to find other ways to get involved in the community.

Unrelated, but I think it would be nice if there was a little more opportunity for us to mingle with other graduate students. We feel very silo'd even from the other medical students (M3/4s), and I feel like unless you live with a grad student, we don't interact with them at all. Might be nice to have the opportunity to meet other health professional students and other graduate students earlier. "

- we would not like the tuition to be increased.
- If you are increasing tuition, please give more money to mission based programs.
- I think there should be more programs and initiatives focused on clinical exposure early on. I felt that choosing a specialty was difficult at UCI as we are expected to pick a specialty halfway through our clinical rotations. There should also be a pathway for mentorship/research in the specialty we plan on going into.
- I think current funding for ZotUnity id sufficient. In my opinion, as an MS1, it can also be overwhelming for us to have a variety of activities when honestly the most helpful things would be to just give us free time in the afternoon/lunch times vs needing more funding to come up with more activities because that takes energy and resources from us to attend them too.
- Please no
- I would not like the tuition to increase, thank you.
- It seems as though the proposed increase in inevitable, so I just hope that it really does attempt to better the experiences of all medical students. To be quite frank, I do not know if I myself will be benefiting from these programs in proportion to how much extra I may be paying. To solve this issue, I would suggest making sure that everyone who is expected to pay towards the proposed increase gets equal opportunity in the programs it is going towards.
- "I support the provision of scholarships for third-party educational resources.
  I do not support increased funding for ZotUnity."
- While I think spending money on wellness activities for students is important, the recent increases in cost of living paired with the lack of on-campus housing for medical students is leading to massive debt burdens on graduating students. Increasing tuition on medical students while ignoring their need for more long-term financial wellness puts increased stress and pressure on medical students both in medical school and well into their careers. It is influencing what career fields we choose to go into and is leading to higher burnout. As someone who will graduate with almost $400,000 in debt at around 7% interest, I feel it is irresponsible to increase tuition and more efforts need to be made to decrease the overall cost of medical school and help the middle class who don't qualify for scholarships and don't receive help from families.
- "The following are my opinions as a student that comes from a disadvantaged background, and has not received the financial support or matched support for my need as projected through the FAFSA.
  I think that the highest priority thing that needs to be addressed at UCI is providing funding for students to actually learn and live. What does this mean? This means taking the proposed estimated cost of attendance and providing aid that actually covers a significant amount of the amount that is proposed. Private institutions are significantly more expensive, and in the

list of schools above provided on the graph you guys provided is a list of schools that are successful in their ability to actually fund the students that attend them.
Comparing UCI on a financial scale to schools like Harvard, Penn, Pitt, and USC is like comparing apples and oranges. These are the most elite institutions in the country with the most money of medical schools in the country. That graph is definitely a probing graph, and you want us to conclude by looking at that, that UCI isn't that expensive of a school. At the end of the day however, students with demonstrated financial need at institutions like Harvard, get support for those needs and that is with no questions asked. You may enlist programs like Prime and LEAD as exemplars of providing students with tuition, however I would encourage you to consider what their demonstrated financial need is and consider the fact that Prime and LEAD do not support cost of living which serves as a significant added barrier. Not to mention that these programs are directly funded by the state, which takes away the amount that UCI has to spend on supporting these students. UCI spends an exuberant amount of money trying to be as good as better ranked institutions, when students are not feeling supported financially. With that said, once the issue of supporting students financially is addressed and all barriers are removed from making it possible for students to come to medical school with as minimal debt as possible then I would say it is good to start addressing other things.
The second highest priority for financial support should go towards supporting roles of DEI, because this follows directly with the financial aid resources. In order to have retention in this regard, the school needs to put their money where their mouth is in their promise to support those from marginalized backgrounds. There are great solutions to this problem that also do not necessarily involve spending money, but since this is a forum for comment on financial questions I will not go into my opinions on that.
Once the school addresses these problems, I think that they can begin addressing supporting research. With the deans summer research scholarship, this should be guaranteed for anyone who wants to do research over the summer between MS1 and MS2. If the school plans to guarantee that in the future moving forward with the budget increase, then I absolutely agree with this move.
Lastly, on the point of ZotUnity, let’s take a moment to reflect what ZotUnity is. ZotUnity as proposed was invented with the goal of increasing interconnectedness between classes. I think that you can ask a lot of pointed questions at students and ask if they feel they have interconnectedness (charging them to say no), and see that they don't feel interconnected with higher classes, but this does not serve as a empiric justification for spending hundreds of thousands of dollars on something that maybe only some people want. I think that at the end of the day, ZotUnity is something that is flashy that can look good, and at face value that is all that it is. If it is financially detracting from the above problems (which it likely is because the school has yet to address the above problems), then it should not be given financial priority. One person’s resume boost, and personal desires does not serve the least common denominator and our goal as a team at UCI should be to support everyone (not just those at the top). ZotUnity also, despite the events it has had, has not improved my interconnectedness at all with

upperclassmen because they are too busy in the hospital for it to even matter. It is kind of a waste of money to pay someone to have a fun beach day or something like that (which is what the house heads are getting paid to do), and it takes away from the meaning of doing it and removes intrinsic drive for it. Do I think raises in tuition should be going towards ZotUnity? No I do not want to spend money on ZotUnity. I don't think it is a good use of my money, but I do not believe I have a choice. "

- "I do not have access to the financials behind ZotUnity but I heard it was expensive. It does not make sense to me why the school is investing so much in it when it mostly accomplishes what the MS2 class presidents were doing for free while mandating participation in a social event and dividing the classes into arbitrary social clubs. And honestly, even with all the visible and appreciated effort being put in, the mandatory social event was not executed well as we all saw at the field day and in the extremely late release of mentorship matches after school had already started. The previous MS2s had reservations about ZotUnity and the lack of transparency about how the ideas came to be and why administration thought it was a good idea. I think everyone is now paying the consequences with our tuition and lack of access to other resources that could have been. It is extremely easy to list things that the money would be better going to: free or subsidized 3rd party resources, free food, free parking passes, free social events that are not mandatory, funding for student groups and initiatives.
  I ask that the school (1) release accessible data about how our tuition is being used and (2) properly conduct cost-benefit analyses in the future with stakeholder feedback periods when starting school-wide initiatives like ZotUnity. We deserve responsible fiscal decisions to be made when we are locked into your pricing schemata for four years."
- I like staying with the 3% increase
- third party resources
- Please do not increase tuition.
- I am against the increase in tuition.
- Increasing tuition only if increased financial aid is guaranteed for all students.
- Please no fee increase
- I appreciate the effort the keep fee increases minimal, if we can continue to keep fee increases at 3% it will be much better for students financially. Our budgets are already always so tight with the hidden costs of medical school.
- Don’t increase
- No tuition increases.
- I think this is a terrible idea. If anything, medical school should be costing LESS in tuition money seeing as we do most of our own independent teaching second year and beyond (through third party sources such as AMBOSS and Sketchy). Also it doesn't make sense to give the learning center more funds unless they are going to hire an actual MD who has taken STEP1/STEP2/shelf exams. Right now the learning center is limited in their ability to support students.
- Scholarships

- Please do not increase the tuition. It is already a very difficult amount for me and many other students, we hope that you will consider not increasing the tuition.
- Medical school is already very expensive, I think it would hurt students further if we keep increasing tuition.
- Don’t increase tuition it’s price gauging and already too expensive. Also why increase tuition to help financial aid? Help us financially with lower tuition. Also my mental health improves with less loans so I also don’t think student wellness is an excuse to increase tuition because executives want a pay increase since the price of gas to fill their luxury vehicles increased.
- "1. Diversity in Thought:
  As UCI expands, consider the risk of limited diversity in thought within decision-making. While you’re making efforts to gather feedback, it’s important to note that current methods may overemphasize certain voices. Those who feel voiceless may not actively contribute. Ensure diverse perspectives are heard.
  2. Existing Broken Systems:
  Alongside commendable goals, prioritize fixing existing systems. Maintaining a balance between growth and system management is crucial. Some issues may not surface through standard feedback channels but profoundly affect the student experience.
  3. Managing Overwhelm:
  Students face overwhelming demands from various sources. The sheer volume of emails and opportunities can be mentally exhausting. The intimacy of education and inspiration is at risk. Please work to offset this by streamlining communication and preserving the value of meaningful interactions."
- I would not like tuition to increase
- It would be best if every year for orientation there is a clear breakdown of what our PDST is used for. Additionally, with the increase there should be a possibility of supplementing costs for registering for STEP. STEP is a required exam that we need to have taken in order to graduate from school. Given the heavy cost burden on students, this PDST should contribute to financial aid for students to register for these expensive exams.
- School is so expensive and we already have so many loans, so increasing prices is not ideal for us medical students.

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 should be provided by the program.

☒ Plan shared with Zoe Miller-Vedam on 9/21/23 and 10/14/23 .
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 Associated Medical Student Government (AMSG) on 9/26/23 & 10/12/23.
Program graduate student organization (i.e., your program council or department GSA)

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

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 and elaborate in Section IX.e.

☒ Agenda item at a regularly scheduled faculty meeting
☐ Scheduled in-person or virtual town-hall style meetings of faculty to discuss the plan and solicit feedback
☐ Convened in-person or virtual focus groups of faculty in the program to discuss the plan and solicit feedback
☐ Convened in-person or virtual focus group with faculty representing underrepresented populations in your 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): N/A

IX.e. Below, please elaborate on all faculty consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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.

A meeting was held with senior leadership during a regularly scheduled faculty meeting to discuss the proposed PDST plan and solicit initial feedback that would be instrumental in developing the goals included in the plan. That meeting took place on August 14th, 2023 and was attended by senior leaders including the Vice Dean for Medical Education, Senior Associate Dean for Students, Senior Associate Dean for Clinical Science Education, Associate Dean for Basic Science Education, Assistant Dean of Student Affairs, Assistant Dean for Culture and Community Education and the Director, Program in Medical Education for the Latino Community (PRIME-LC), and the Co-Directors for the Program in Medical education Leadership Education to Advance Diversity - African, Black and Caribbean (PRIME LEAD-ABC). The opinion of the faculty leaders was in alignment with the items that had also been identified by the students related to identified goals.

Following the formal development of the plan goals, a subsequent faculty leadership meetings was held on September 11,2023. The faculty leadership expressed support for the plan as written.

Finally, much like the students, and email was sent to a wide group of faculty in order to gain an understanding of broad faculty support for the plan. Faculty also had the ability to provide feedback via an online form. There were no substantial objections identified that required alterations to the proposed plan.

IX.f. Please confirm that this multi-year plan template was provided to the campus Graduate Dean and Vice Chancellor Equity, Diversity, and Inclusion (or equivalent), as well as endorsed by the Chancellor.

☒ Plan shared with Gillian Hayes (Graduate Dean) on 9/21/23 and 10/14/23 .

☒ Plan shared with Dyonne Bergeron (Vice Chancellor for Equity, Diversity and Inclusion (or equivalent)) on 9/21/23 and 10/14/23.

☒ Plan endorsed by Howard Gillman (Chancellor) on 11/20/23 .

UC San Diego/School of Medicine/Medicine
Established program/Established PDST

Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels
Effective Beginning Summer or Fall 2024

PART A

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. For programs that plan to assess different PDST levels based on residency, provide an explanation under "Additional comments."

Table 1: Projected Fees

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2024-25		2025-26		2026-27		2027-28		2028-29	
							%	$	%	$	%	$	%	$	%	$
Prof. Degr. Suppl. Tuition (CA resident)	$28,617	29,478	$30,363	$31,275	$32,217	$33,186	3.0%	$861	3.0%	$885	3.0%	$912	3.0%	$942	3.0%	$969
Prof. Degr. Suppl. Tuition (Nonresident)	$28,617	29,478	$30,363	$31,275	$32,217	$33,186	3.0%	$861	3.0%	$885	3.0%	$912	3.0%	$942	3.0%	$969
Mandatory Systemwide Fees*	$13,470	$14,016	$14,430	$14,856	$15,294	$15,744	4.1%	$546	3.0%	$414	3.0%	$426	2.9%	$438	2.9%	$450
Campus-based Fees**	$1,065	$1,097	$1,130	$1,164	$1,199	$1,235	3.0%	$32	3.0%	$33	3.0%	$34	3.0%	$35	3.0%	$36
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)***	$40	$40	$40	$40	$40	$40	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0
Est. First-Year Fees (CA resident)	**$43,192**	**$44,631**	**$45,963**	**$47,335**	**$48,750**	**$50,205**	3.3%	$1,439	3.0%	$1,332	3.0%	$1,372	3.0%	$1,415	3.0%	$1,455
Est. First-Year Fees (Nonresident)	**$55,437**	**$56,876**	**$58,208**	**$59,580**	**$60,995**	**$62,450**	2.6%	$1,439	2.3%	$1,332	2.4%	$1,372	2.4%	$1,415	2.4%	$1,455

* Mandatory systemwide charges include Tuition and Student Services Fee for the fall, winter, and spring terms.
** Includes compulsory campus-based fees for the fall, winter, and spring terms. Does not include the Student Health Insurance Program (SHIP) premium, since this may be waived for students with qualifying coverage under another program.
*** Includes disability insurance fee. Does not include voluntary fees like the UCGPC Fee and one-time fees like the "Document Fee."

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

The UC San Diego School of Medicine (SOM) trains medical students to become compassionate, empathetic, and technically skilled physicians to serve California and the world. Our vision is: training for tomorrow, rooted in science and justice, delivered with heart. Our mission is: to educate and inspire physicians to provide innovative, compassionate, and equitable care to advance the health of patients, families, and communities. Our teaching and learner development is aligned with our core values: compassionate, person-centered, equitable and just, creative and innovative, scientifically-informed, and collaborative.

Each year we admit 140 students to an intense four-year curriculum that results in the Doctor of Medicine (MD) degree. Eighteen students per year enter our 5-year PRIME-HE (Health Equity) or PRIME-TIDE (Transforming Indigenous Doctor Education) programs, wherein they obtain an MD and a Masters Degree, most commonly a Masters in Public Health. The students who graduate from these specialized tracks have a particularly strong track record of pursuing careers in primary care (76%), in California (65%), in underserved or rural areas (73%). They contribute to the development of the workforce CA needs, in addition to helping fulfill our obligations as a land grant institution. Four - six students per year take specific coursework in Global Health, helping address the needs of our border populations. Approximately 10 students per year also pursue a PhD, contributing to the development of a research pipeline, and driving scientific discoveries to advance health.

This fall our curriculum is undergoing a renewal. We are continuing our strong basic science foundation and building on our tradition of active learning. We are expanding our already strong standardized patient, simulation and ultrasound training programs. We are implementing a coaching program aimed at helping learners thrive, to promote wellbeing and address the current burnout epidemic amongst healthcare providers. We are increasing emphasis on health equity, health disparities, and systems science, as well as empathy, compassion, and service. We are optimizing the duration of clerkship training in various specialties, to ensure our students have a strong clinical foundation, as well as earlier opportunities to explore careers of interest. Finally, we are offering 5 new scholarly concentrations (Compassion in Care, Equity and Advocacy, Exploration and Innovation, Teaching and Learning, and Building Systems) to support learners developing an area of focus. Each will culminate in a capstone project. We believe these changes are critical to developing a workforce that will meet the diverse needs of Californians in the future.

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 planned to charge proposed PDST levels, 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, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible. As appropriate, please describe your efforts to achieve your affordability and diversity goals in the context of your admissions data (up to the past five years).

The last multi-year plan was a 5% increase for five years (fiscal years 2019-2024).

Goals from the last multi-year plan:

- **Provide more faculty continuity and supervision in the 3rd year.** Rationale: Faculty in medical schools across the country are being pulled in multiple directions and clinical faculty find they have less time to teach because of the increased demands on their time required by the changes in health care delivery. Compensation for faculty to provide dedicated teaching in the clinical years has become increasingly necessary to ensure program quality. Thus, we expanded our Master Clinician Program, a program aimed at improving physical exam, communication, and clinical reasoning skills, using PDST funds. This program provides learners with access to a master clinician ~ 3 hours per week, in addition to their regular teaching attending. The sole purpose of the master clinician is to provide 1:1 direct observation and feedback to support development. When working with the student, the master clinician has no other clinical duties. We now offer the MCP in all 6 of our core clerkships in the 3rd year of medical school. Student feedback on this program has been very positive, as the observations are entirely focused on learning and improvement (not summative assessment).

- **Augment the Standardized Practice Exam (SPE).** Rationale: The standardized practice exam – a multi-station OSCE (Objective Structured Clinical Exam) with a number of standardized patient scenarios focused on more difficult / challenging patient encounters (e.g., breaking bad news, genetic counseling, goals of care) – helps enhance students' clinical skills and their preparation for residency training. This exam needed a greater investment of resources from PDST for the development of new cases and its continued implementation, which is resource intensive due to the use of standardized patients. The improvements in this exam turned out to be vital when the National Board of Medical Examiners had to suspend their national clinical skills licensing exam (Step 2 CS) due to COVID. For a variety of reasons, largely related to cost of travel / equitable access for students,

the national board decided not to resume this exam post-COVID. Now, schools must ensure the necessary clinical skills assessments are offered to verify competence. This has required further augmentation in our internal OSCEs, which required human and physical infrastructure investments in our professional development center (human simulation facilities).

- **Upgrade technologies for learning management, scheduling, evaluations / continuous quality improvement (CQI), assessment, etc.** Rationale: Outdated, homegrown systems were frequently breaking, and not meeting learner or accreditation needs. A number of new programs were purchased and implemented. These vendor solutions are better, though they do not seamlessly integrate, which has created its own set of challenges accessing data. These new systems include: 1) CANVAS – our learning management system, that gives faculty a customizable digital environment to enrich teaching, and allows students to access coursework, calendars, etc; 2) MEDHUB – for aid in student scheduling and ease of completing evaluations for faculty / students to facilitate CQI; 3) EXAMSOFT – for administration of assessments; and 4) PROGRESS IQ for academic progress monitoring. In addition to these technological improvements, we implemented an iPad program for students so that students can have all these tools, as well as relevant apps and digital learning materials at their fingertips. This resulted in our recognition by Apple as an Apple Distinguished School. These improvements have led to increased completion rates on evaluations, and greater faculty and learner satisfaction with systems, though certain challenges persist, particularly as it relates to tracking longitudinal competency development and easy visualization of data (see below.)

  Note: Whilst advancing equity, diversity, and inclusion was not an explicit PDST-funded goal stated in the previous application, this has been an area of focus and significant investments over the past several years. Below is a table detailing our admissions numbers for the last five years. Changes to our admissions committee, which included diversification of membership, helped increase our under-represented in medicine (URiM) admission rate over time (see note below clarifying the difference between URiM and URG). In 2022-23, a significant investment in scholarships by the Vice Chancellor helped improve yield of admitted URiM students and resulted in improved URiM enrollment.

We are providing two sets of data given the data available via the PDST Dashboard does not have a complete data set. It only reflects approximately half of our admitted students. Therefore, the *PDST Dashboard* table only provides applicant information. Moreover, there are some discrepancies between that data and our local data so there is a second table, *UCSD SOM,* that provides a complete picture of our applicants, admits and enrollment.

Please note, that while under-represented groups (URG) are defined with the UCs for most academic programs as *African American, Native American, and Hispanic / Latinx,* URiM as defined by the American Medical Association and the Association of American

Medical Colleges refers to "racial and ethnic populations under-represented in the medical profession relative to their demographics in the general population." Thus, our school of medicine definition includes Native Hawaiians and Pacific Islanders in addition to those traditionally defined as URG. The numbers in the table below reflect this broader definition. To address this in the document it will be noted when we are referring to URiM and when we are referring to URG.

		Applicants		
		URIM	All	%URIM
PDST Dashboard	2019	1275	7381	17.3%
	2020	1426	7746	18.4%
	2021	1901	9353	20.3%
	2022	1626	8213	19.8%
	2023	3389	8757	38.7%
	All	9617	41450	18.3%

		Applicants			Admits			Admit Rate		Enrollment			Yield Rate	
		URIM	All	%URIM	URIM	All	%URIM	URIM	All	URIM	All	%URIM	URIM	All
UCSD SOM	2019	1322	7381	17.9%	58	277	20.9%	4.4%	3.8%	24	134	17.9%	41.4%	48.4%
	2020	1446	7746	18.7%	71	273	26.0%	4.9%	3.5%	28	134	20.9%	39.4%	49.1%
	2021	1963	9353	21.0%	81	276	29.3%	4.1%	3.0%	34	138	24.6%	42.0%	50.0%
	2022	1633	8213	19.9%	94	278	33.8%	5.8%	3.4%	35	140	25.0%	37.2%	50.4%
	2023	1668	8757	19.0%	106	282	37.6%	6.4%	3.2%	48	141	34.0%	45.3%	50.0%
	All	8032	41450	18.3%	410	1386	20.6%	5.1%	3.3%	169	687	24.6%	41.2%	49.6%

Diversity starts before admission. Thus, we have also made investments into pathway development to increase the number of URiM applicants in the applicant pool. We hired an Administrative Director of Community Partnerships & Pathway Development, and we are looking to further institutionalize this role. Pathway programs target prospective students who are URG and URiM, as well as first-generation college students, financially disadvantaged students with family incomes < $75,000 annually, those who attend community college or low-resource high schools, or those who are fluent in linguistically underrepresented languages (Spanish, Tagalog, Vietnamese, and Lao/Thai). Examples of programs in the Administrative Director's purview include the California Medical Scholars Program for community college students, PUMA (the program for underrepresented medical applicants), the pre-medical scholars program (for UC San Diego undergrads or recent graduates applying to medical school), the Latino and Black Medical Student Associations' premed initiatives, and health professions recruitment and exposure programs (e.g., Doc-for-a-Day, Native

Doc-for-a-Day) for high school students. N.B. Pathway programs represent an investment in *the future* and return on investment often takes many years to come to fruition.

Additional equity, diversity and inclusion efforts have included:

Ethnicity	Number Matriculated	Percent of Matriculated Class
URG		
African American	15	11%
Hispanic/Latino	26	18%
American Indian	5	4%
Subtotal URG	46	33%
Asian	49	35%
White	44	31%
Unknown	2	1%
Total	141	100%

1. We elevated our Diversity and Community Partnerships Dean from Assistant to Associate, broadened their scope, and hired a staff Director for Diversity and Community Partnerships. In collaboration with the Admissions Dean. They have been instrumental in diversifying the admissions committee (now 40% URiM) and ensuring holistic review. They have helped increase the number of URiM students in the fall 2023 entering class from 17.9% in 2019 to 34% in 2023 (total URG in 2023 is 33% as indicated in the table on the right). Between 2019 and 2023, the proportion of Hispanic first-year students increased from 11% to 18%, advancing our goal of becoming a Hispanic serving institution; the proportion of Blacks first-year students increased from 6% in 2019 to 11%. Moreover, we have rapidly expanded our total enrolled population of Native American and Alaskan Natives from a total of 2 in 2019 to 22 in 2023. Our total percent Black and Native American Students now exceed the proportion of Black and Native American individuals living in San Diego (6% and 0.6%, respectively). Additionally, between 2019 and 2023, the proportion of first-generation college graduate first-year students also increased from 14% to 21% and socioeconomically disadvantaged first-year students increased from 29% to 39%. Table 5 provides comprehensive demographic data that further demonstrates the diversity of our students. Below you will find first-year demographic data following the same format as table 5. We are providing this data to demonstrate the effectiveness of our efforts for the fall 2023 entering class.

2. As we have diversified, the number of students who are of the highest financial need (i.e., “Category 5” in Financial Aid parlance) has been steadily increasing and there is a need for a larger pool of return to aid dollars.

3. We recently purchased UWORLD for all students. This is learning prep material used by students to study for the United States Medical Licensing Examinations Step 1 and 2. The cost can be prohibitive, and to ensure equity of access, we decided this was a necessary new expenditure. The cost of UWORLD was $126k in fiscal year 2024. We need to increase PDST to continue to provide this highly valued service.

4. We revised our technical standards to allow students with a more diverse array of physical and cognitive abilities to pursue a career in medicine. This created the need for an ADA Audit, and the findings highlight needs for personnel and facilities updates (including an ADA specialist – see below).

5. W are committed to ensuring an affordable medical education. In Table 8 of section VI.b., which details our low debt levels, we successfully maintained student debt below the national average of $205,037*. Our Financial Aid Office actively engages with medical students, through a budgeting and spending questionnaire to accurately identify budgeting needs for the academic year. By utilizing specific budgets, we have developed an equitable financial aid packaging model that supports our neediest students and effectively limits the accumulation of debt. The equitable distribution of PDST RTA is a key factor contributing to a more affordable medical education.
   *Source: AAMC

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?

There are numerous unmet needs of our students at present that create an urgent need to increase our PDST. There are also unmet needs in our community (i.e., in San Diego and throughout the state of CA) as it relates to creating a diverse workforce and ensuring an adequate number of primary care physicians. We propose PDST increases of 3% for each year of our five-year plan and new PDST revenue will be address the following goals:

Goal 1: ensuring appropriate compensation for our core educators
Educators at UC San Diego have long been underfunded. A recent cost of instruction analysis conducted by the UC School of Medicine Vice Deans highlighted that UC San Diego falls short of our peers. While this was tolerated for many years because physicians wanted to teach, recent changes in the health system to an RVU-based model (e.g., wherein clinicians' salaries are more closely tied to the revenue they generate) have made teaching untenable for many. COVID further strained this already tenuous system. Now, post-COVID, health system volumes have continued to escalate, which has created immense pressure on clinicians to see more patients. We are now faced with a scenario wherein we must compensate our core educators more or the quality of medical education will suffer. Beginning in fiscal year 2024, we initiated a comprehensive funding model that funds our core

educators based on the type of instruction they provide. The funding model provides compensation for "high-intensity" teaching (e.g., teaching that requires an educator to be away from clinical duties a half day or more per week). This funding model will be phased in over three years. The cost to fund our educators in fiscal year 2024 is $4,107,328, it increases to $5,985,422 in fiscal year 2025 and $7,844,187 in fiscal year 2026 (inclusive of benefits). Prior to this new funding model, we spent approximately $2 million to fund our core educators, which compared to our peers was grossly insufficient. Without these investments, we will not have physicians willing to teach, putting leadership of and instruction in our core courses in jeopardy. Some of the increased costs of instruction have been born by the health system through the dean's tax, but some must also come in the form of increased PDST.

Goal 2: improving well-being through learner support

Mental health and well-being concerns amongst medical students are high compared to similar, age-matched populations. Wellness on admission appears worse today than in the past, which makes the rigors of medical school even harder to bear. Thus, increased efforts to enhance learner well-being are needed. Increased PDST funds will support the following efforts:

1. Support a wellness director and coordinator to promote learner well-being. They will coordinate wellness events / activities designed to address the 6 drivers of well-being according to Shannafelt, et al. (finding meaning in work, work-life integration, organizational culture and values, control and flexibility, workload and job demands, efficiency and resources, and social support and community at work / school.) Our wellness director will also partner with campus mental health to streamline access to care for crises, as well as longer term needs, providing a critical safety net for our students. The cost for these two team members in fiscal year 2024 is $233k.

2. Hire 2 new staff advisors to ensure students are supported on their journey through medical school. We have an academic community model with six academic communities. Academic communities serve to establish smaller, formalized communities for our students. Each community has a faculty director, in addition to faculty members who participate in each community to provide mentoring, counseling, and support. Each advisor would provide proactive advising support to 3 academic communities. We want to be able to reach out and engage learners longitudinally to help them stay on track. We would hope to identify struggles with mental health earlier and facilitate the appropriate referrals. We would also hope to identify academic difficulties earlier and ensure referral to our new Learning Specialist. The two advisors were hired in January 2024. We anticipate they will cost approximately $237k annually.

3. Implement a life coaching program to ensure learners thrive. This past year, we sent 2 physicians to undergo an intensive coach training program. They will implement large and small group coaching sessions with students. We hope to build skills that will serve our students for a lifetime, to combat the burnout epidemic which is so rampant in healthcare today. Pilot studies using a

similar coaching model from the University of Colorado have shown great success improving learner self-efficacy, self-compassion, burnout, empathy, imposter syndrome, etc. Our Academic Community directors are all planning on attending the foundational coach training course, to augment the impact of our professional coaches. We would like to support more of their time to do individual coaching when needed. The cost of the coaching training program is approximately $23k and requires approximately $100k for ongoing implementation.

4. Develop a formal cadre of career advisors to facilitate the transition to residency. Competition in the match process is fierce and our learners need support throughout the process. This support needs to be in the form of specialty specific career advisors who can provide detailed advice about what is needed to successfully apply to their specialty. We have historically had some challenges with our match outcomes due to an informal advising structure, wherein students sometimes get advice from physicians who may not know the intricacies of current policies and practices. The budget for this initiative is still becoming clear but we have currently set aside $50k for this effort.

Goal 3: augmenting personnel and processes in med-ed tech

We are witnessing a technological explosion, and our learners will practice medicine in a digital environment with clear needs to understand big data and artificial intelligence (AI), along with all of its promise and perils. We also have new opportunities to leverage technology to help us make admissions more equitable, to aid in precision education (both learning and assessment) to accelerate individual achievement, and to root out bias in assessment and selection. To take advantage of these opportunities we need to grow our office of Assessment, Evaluation and Educational Informatics, which will set us up for long term success.

In regard to admission, we have the opportunity to support and strengthen our current processes. Each year we holistically review ~9000 applications for 140 spots. We would like to develop AI algorithms to help augment the holistic application review process (which considers an applicant's experiences, attributes and metrics) to more effectively identify applicants who should be invited for interviews. In an effort to increase equity, we would like to use such an algorithm in a restorative manner, to help identify additional applicants who would have otherwise been screened out, that perhaps warrant a second look. We would also like to use AI to help us identify any reviewer bias, to facilitate education of admissions committee members, which stands to help increase equity within our admissions process.

We are shifting our assessment paradigm to programmatic assessment which attempts to leverage a significantly larger number of assessment data points to make better decisions about competency development, remote from any single assessment or individual evaluator (where it is more difficult to mitigate bias). This requires the development of dashboards to efficiently portray data to multiple stakeholders (students, coaches, advisors, committees, and deans), to facilitate feedback, improvement, and decision-

making about progress. Unfortunately, there is no vendor solution for this. Thus, we must build and maintain dashboards to support programmatic assessment which requires hiring personnel with technical expertise. Other ways in which technology can enhance assessment, include leveraging AI to evaluate untapped assessment data that currently exists in the electronic health record. For example, our students write hundreds of notes per year but our faculty only provide feedback on a few. NYU has piloted machine learning to review patient notes to provide feedback on clinical reasoning, and to identify additional learning resources for students to deepen their knowledge based on specific cases they have seen. Our students would greatly benefit from access to point-of-care resources built into our clinical learning environments, though these efforts take sustained resources over several years.

Our learners receive numerous evaluations, but they often don't perceive the themes that emerge when these evaluations are considered in aggregate. Thus, we want to leverage new technologies to devise technical solutions, leveraging natural language processing to identify themes in large evaluative data sets, to highlight learner strengths and areas for growth. We also receive thousands of faculty evaluations each year, yet heretofore have not had an optimal means of aggregating and visualizing data to drive CQI in teaching. Thus, we hope to develop faculty dashboards in addition to learner dashboards. This is particularly critical for us in the realm of professionalism and mistreatment. We struggle with faculty professionalism, which has a substantial and detrimental impact on student education in the clinical learning environment. Shifting behavior with faculty requires a multi-faceted effort, and we have a clear need for easier access to data to more rapidly identify problem faculty. This is an area where we are at high risk in terms of our accreditation if we can't improve rapidly.

Finally, we want to root out bias in assessment. Natural language processing can be used to assess narrative data for any disparities in word choice based on gender, race, and ethnicity. This will help us educate faculty, and simultaneously advance equity in our assessment practices.

Goal 4: making our physical space more inviting

Our medical education building is showing signs of wear. We are still paying a $1 million / year in building debt, but upgrades are sorely needed. These upgrades would focus on improving wellbeing, linked to goal 2 above. The first spaces to be revitalized would be our academic community rooms and our student lounge. These spaces are the most utilized by students for studying and socializing with their peers. We have worked with a design firm and received recommendations that our students are very excited about. This includes new furniture to facilitate studying and relaxation, as well as upgrades to ensure the school's décor to reflect our core values – particularly those related to equity, diversity and inclusion. (To highlight why this matters – we recently uncovered images of HELA cells on our walls – the cells of Henrietta Lacks, an African American woman whose cancer cells were immortalized without her consent to advance research. These images were immediately removed but a replacement solution has not yet been

implemented.) When the new physician assistant program opens (Summer 2024), we will have more learners in the building and we need to ensure our medical students are well cared for so that we can comfortably grow.

Goal 5: enhancing equity, diversity, and inclusion

Many of the above goals touch on equity, diversity and inclusion and while we do not currently have any defined costs related to equity, diversity and inclusion we continue to maintain focus on this important area and have allocated existing funds to support. One specific area not yet mentioned relates to enhancing our support for learners with disabilities. Graduating physicians with disabilities is critical to provide support to disabled patient populations, yet this is an area that has been overlooked for years. Due to unacceptable delays with accessing campus resources, and the unique nature of accommodations for disabilities within medicine (which must extend beyond the classroom into clinical environments), a recent disability audit highlighted a need to hire an ADA specialist for health sciences, to be shared with the school of pharmacy. We also have identified facilities upgrades necessary to meet the needs of our learners with physical disabilities. Given the addition of a newly hired Director of Disability Services we are beginning a process to systematically develop a strategy for facilities upgrades as they work with students navigating their physical learning environment. With support from campus and our Vice Chancellor, we previously addressed the need for door openers and adjustments but we anticipate the need for other improvements. We hope to collaborate with campus and our Vice Chancellor again once we have a better idea of the comprehensive needs of our students.

As mentioned above, we are undergoing curricular renewal, and as part of this renewal are implementing an equity in systems science course. This course is focused on an exploration of health disparities, health equity and complex systems that impact the delivery of and access to care. The goal of this course is to increase provide knowledge and change attitudes, to ensure we deliver the care needed in our diverse state. PDST funds will be used to pay faculty in this new course.

Goal 6: maintaining affordability

We are steadfast with our commitment to bolster our financial aid funding with our return-to-aid allocations through the PDST increase. Over the period spanning from 2019 to 2023, we witnessed a remarkable 177% increase for those that are categorized as our highest financially needy students. The 33% of PDST funds that are committed to our financial aid makes a direct impact on our equity based financial aid model. This benefits our diverse and lower socioeconomic status financial aid recipients by providing more subsidized loans through our UC loan program and need-based scholarship support to those targeted populations. We have increased our efforts to improve upon financial literacy for our medical students. We have recently hired a .5FTE financial aid counselor who will focus on ramping up a more robust financial literacy program. We are also expecting to maintain our equity-based packaging model to distribute our RTA monies to needy medical students. We disburse nearly 70% of our PDST RTA money based on our equity-based model to financially needy students.

III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2023-24 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).

Table 2: PDST Revenue Use

		Proposed Use of Incremental PDST Revenue					
	Total 2023-24 PDST Revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	Incremental 2028-29 PDST revenue	Total Projected PDST Revenue in Final Year
Faculty Salary Adjustments	$242,430	$46,670	$266,016	$29,656	$31,240	$32,909	$648,921
Benefits/UCRP Cost	$79,032	$13,480	$88,456	$13,061	$10,366	$10,919	$215,314
Providing Student Services	$3,285,427	($144,202)	$21,147	$169,228	$123,264	$220,017	$3,674,881
Improving the Student-Faculty Ratio	$0	$0	$0	$0	$0	$0	$0
Expanding Instructional Support Staff	$7,074,153	($228,851)	($61,337)	$61,928	$169,670	$30,277	$7,045,841
Instructional Equipment Purchases	$250,000	($92,500)	$4,725	$4,867	$5,013	$5,164	$177,269
Providing Student Financial Aid	$4,264,904	$968,621	$157,123	$161,916	$167,243	$172,036	$5,891,842
Other Non-salary Cost Increases	$0	$0	$0	$0	$0	$0	$0
Facilities Expansion/Renewal	$200,000	($100,000)	$0	$50,000	$0	$50,000	$200,000
Other	$0	$0	$0	$0	$0	$0	$0
Total use/projected use of revenue	$15,395,946	$463,218	$476,130	$490,656	$506,796	$521,322	$17,854,068

* Benefits costs and UCRP contributions should be reported as a single line item.

Additional comments: The RTA percentage for FY24 is 28%. It increases to 33% starting in FY25. The lower rate is the result of the prior policy for Professional School RTA. The RTA percentage has increased in accordance to Regent Policy 3103. Reduced investments in FY25 using incremental revenue reflected in the table above is the result of our increasing the RTA to 33%.

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.

In an effort to avoid even greater increases to Professional Degree Supplemental Tuition we have actively sought non-tuition revenue to support programmatic expenses. Given the high value placed on our education mission, we received a significant investment ($4,107,328 in fy24, $5,985,422 in fy25 and $7,844,187 in fy26) from our Dean and Vice Chancellor to support

appropriate compensation for our core educators. We also recently received funding from our Vice Chancellor to fund a Director of Disability Services (approximately $150k). This position will play an important role in the academic success of our learners.
In addition to securing university funds to support our efforts, we have a successful track record of securing donor support. Our fundraising efforts include funding for programmatic efforts as well as scholarship funds. We have increased our available scholarships in recent years which positively contributes to our overall affordability and average student debt. Dr. John Carethers secured $12M ($8M School of Medicine, $2M Skaggs, $2M Public Health) in scholarship support for the Health Schools from the Chancellor during the recruitment to his position as Vice Chancellor, Health Sciences. VC Carethers is asking our philanthropic community to double the impact by raising an additional $12 million over four years in support of health scholarships at UC San Diego. The challenge, which will run through June 30, 2027. A strategic marketing communication plan was developed to share with audiences (alumni, donors, faculty/staff, community members and volunteer leaders).

III.d. If your program proposes uneven increases (e.g., increases that are notably larger in some years than in others), please explain why. Not applicable.

III.e. Please indicate your program's current and expected resident and nonresident enrollment in the table. Changes in the proportions of resident and nonresident enrollment by the end of the plan should be explained under "Additional comments."

Table 3: Enrollment

	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Resident	476	476	476	476	476	476
Domestic Nonresident	62	62	62	62	62	62
International	0	0	0	0	0	0
Total	**538**	**538**	**538**	**538**	**538**	**538**

Additional comments: While we admit 140 students per year, our total enrollment numbers do not equal 4 x 140 (560). Every year we have approximately 3% of our students on a leave of absence. Our leave of absence mechanism is a valuable tool to support a student's ongoing connection to the program while attending to their individual situation. It is exceedingly rare for an individual to fail to progress academically or drop out for other reasons (< 1%). We are reflecting an enrollment number of 538 to take into account the anticipated leave of absences as well as taking in account the few students we have utilizing veteran benefits (they do not pay PDST) at a given time.

IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 comparators, including a minimum of 3 public institutions. If your program only compares to a small number of other programs or only private comparators, please list those. Please indicate the total student tuition and fee charges to degree completion of the comparison institutions in the following table.

Table 4: Market Comparators

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR

	Projections						Increases/Decreases									
Total *Resident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
University of Michigan	203,489	209,594	215,882	222,358	229,029	235,900	3.0%	6,105	3.0%	6,288	3.0%	6,476	3.0%	6,671	3.0%	6,871
University of Washington	224,669	231,409	238,351	245,502	252,867	260,453	3.0%	6,740	3.0%	6,942	3.0%	7,151	3.0%	7,365	3.0%	7,586
Oregon Health and Science University	206,956	213,165	219,560	226,147	232,931	239,919	3.0%	6,209	3.0%	6,395	3.0%	6,587	3.0%	6,784	3.0%	6,988
University of Pennsylvania	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
Columbia University	325,495	335,260	345,318	355,678	366,348	377,338	3.0%	9,765	3.0%	10,058	3.0%	10,360	3.0%	10,670	3.0%	10,990
Duke University	304,388	313,520	322,926	332,614	342,592	352,870	3.0%	9,132	3.0%	9,406	3.0%	9,688	3.0%	9,978	3.0%	10,278
Stanford University	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
University of Chicago Pritzker	292,529	301,305	310,344	319,654	329,244	339,121	3.0%	8,776	3.0%	9,039	3.0%	9,310	3.0%	9,590	3.0%	9,877
Average public comparison	**211,705**	**218,056**	**224,598**	**231,336**	**238,276**	**245,424**	**3.0%**	**6,351**	**3.0%**	**6,542**	**3.0%**	**6,738**	**3.0%**	**6,940**	**3.0%**	**7,148**
Average private comparison	**300,072**	**309,074**	**318,346**	**327,897**	**337,733**	**347,865**	**3.0%**	**9,002**	**3.0%**	**9,272**	**3.0%**	**9,550**	**3.0%**	**9,837**	**3.0%**	**10,132**
Average public and private comparison	**266,934**	**274,942**	**283,191**	**291,686**	**300,437**	**309,450**	**3.0%**	**8,008**	**3.0%**	**8,248**	**3.0%**	**8,496**	**3.0%**	**8,751**	**3.0%**	**9,013**
Your program	**181,103**	**186,760**	**192,235**	**197,983**	**203,929**	**210,453**	**3.1%**	**5,657**	**2.9%**	**5,475**	**3.0%**	**5,748**	**3.0%**	**5,946**	**3.2%**	**6,524**

	Projections						Increases/Decreases									
Total *Nonresident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
University of Michigan	276,157	284,442	292,975	301,764	310,817	320,142	3.0%	8,285	3.0%	8,533	3.0%	8,789	3.0%	9,053	3.0%	9,325
University of Washington	396,175	408,060	420,302	432,911	445,898	459,275	3.0%	11,885	3.0%	12,242	3.0%	12,609	3.0%	12,987	3.0%	13,377
Oregon Health and Science University	312,734	322,116	331,779	341,732	351,984	362,544	3.0%	9,382	3.0%	9,663	3.0%	9,953	3.0%	10,252	3.0%	10,560
University of Pennsylvania	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
Columbia University	325,495	335,260	345,318	355,678	366,348	377,338	3.0%	9,765	3.0%	10,058	3.0%	10,360	3.0%	10,670	3.0%	10,990
Duke University	304,388	313,520	322,926	332,614	342,592	352,870	3.0%	9,132	3.0%	9,406	3.0%	9,688	3.0%	9,978	3.0%	10,278
Stanford University	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
University of Chicago Pritzker	292,529	301,305	310,344	319,654	329,244	339,121	3.0%	8,776	3.0%	9,039	3.0%	9,310	3.0%	9,590	3.0%	9,877
Average public comparison	**328,355**	**338,206**	**348,352**	**358,802**	**369,566**	**380,654**	**3.0%**	**9,851**	**3.0%**	**10,146**	**3.0%**	**10,450**	**3.0%**	**10,764**	**3.0%**	**11,087**
Average private comparison	**300,072**	**309,074**	**318,346**	**327,897**	**337,733**	**347,865**	**3.0%**	**9,002**	**3.0%**	**9,272**	**3.0%**	**9,550**	**3.0%**	**9,837**	**3.0%**	**10,132**
Average public and private comparison	**310,678**	**319,999**	**329,598**	**339,486**	**349,671**	**360,161**	**3.0%**	**9,320**	**3.0%**	**9,600**	**3.0%**	**9,888**	**3.0%**	**10,185**	**3.0%**	**10,490**
Your program	**230,083**	**235,641**	**241,314**	**247,531**	**254,427**	**261,682**	**2.4%**	**5,558**	**2.4%**	**5,673**	**2.6%**	**6,217**	**2.8%**	**6,896**	**2.9%**	**7,255**

Source(s):
https://medicine.umich.edu/medschool/education/md-program/financial-aid/cost-attendance
https://education.uwmedicine.org/student-affairs/financial-aid/cost-of-attendance/
https://www.ohsu.edu/sites/default/files/2023-06/2023-24%20Tuition%20%26%20Fee%20Charts_final.pdf
https://www.med.upenn.edu/admissions/tuition-fees.html
https://www.vagelos.columbia.edu/education/academic-programs/programs-physical-therapy/doctor-physical-therapy/how-apply/tuition-fees-financial-aid-and-housing
https://medschool.duke.edu/education/health-professions-education-programs/doctor-medicine-md-program/financial-aid-doctor
https://med.stanford.edu/md/mdhandbook/section-7-tuition-and-financial-aid/tuition---fees.html#cost-of-attendance
https://pritzker.uchicago.edu/admissions/student-budget

Additional Comments: The total charges to degree completion for our program includes a total of 12 quarters.

IV.b. Why was each of these institutions chosen as a comparator (and, as appropriate, explain why a minimum of three public comparators were not chosen)? 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 five years. Be specific (and if a program is unlikely to achieve comparability to an aspirational program within five years, the aspirational program should not be included).

Each of these medical schools is ranked as a top 20 research oriented medical school and/or a top 20 primary care oriented medical school in the US News & World Report national survey. They also reflect top quality educational, research and clinical programs. We compete with many of these schools for the same applicant pool and our admitted students are of similar quality. Our average incoming GPA and MCAT scores are similar. UCSF, UCLA, UC Davis, and Stanford compete with us for the top students in California.

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

Our program is currently $181,103 for academic year 2023/2024. With a 3% increase it will go up to $186,760 in academic year 2024/2025, $192,235 in academic year 2025/2026, $197,983 in academic year 2026/2027, $203,929 in academic year 2027/2028 and $210,453 in academic year 2028/2029. This is well below all of our peer institutions. The average public comparator is $211,705 for academic year 2023/2024 and the average private comparator is $300,072 for academic year 2023/2024. As we increase in future years with a 3% increase in PDST, we should continue to remain below our peer institutions even if they were to remain flat for five years which is a highly unlikely scenario.

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

The UC San Diego School of Medicine, established in 1968, is the region's only medical school. By virtually every standard – whether the remarkable caliber of our faculty, the tremendous quality of our students, the high level of research dollars awarded or the superb job we do caring for patients – UC San Diego is among the top medical institutions in the nation. We are ranked 21st amongst medical schools for research and 30th for primary care by U.S. News & World Report. UC San Diego Health is ranked #1 in San Diego, and #5 in California, and for the first time in our academic medical center's history, we made the 2023-2024 "Best Hospitals National Honor Roll" – a distinction awarded to only 22 hospitals nationwide for outstanding patient care. We have 10 medical and surgical specialties ranked amongst the best, and we were ranked among the best teaching hospitals in the nation for quality improvement and patient safety by LeapFrog. UC San Diego Health is also a recognized leader in LGBTQ health care and scored a perfect 100 on the Human Rights Campaign Foundation's LGBTQ Healthcare Equality Index in 2022. The School of Medicine generated over $742 million in annual research related revenue in FY 2022-2023, which accounted for 78% of all Health Sciences research funding at UC San Diego Students have access to world-class faculty who are engaged in teaching, clinical care and research. We currently have 29 faculty elected to the National Academy of Engineering, 70 to the National Academy of Sciences, 45 to the Institute of Medicine and 110 to the American Academy of Arts and Sciences. In addition, UC San Diego has 11 Nobel laureates in Physiology or Medicine and Chemistry. Today the School of Medicine has over 20 departments. We have approximately 520 M.D. students and 70 M.D./Ph.D. students enrolled at a given time, 1000 residents and fellows, and more than 1700 medical faculty members.

The School offers state-of-the art, evidence based medical instruction that is among the best in the nation. Our 100,000- square-foot Medical Education-Telemedicine building incorporates state-of-the-art design and technology to prepare medical students as physicians and innovators, who both deliver, and improve, high quality patient care. Their learning environment is equipped with the latest in classroom and group learning communities, laboratories, tele-education technologies, and simulation tools. The building provides facilities that support the continuum of medical education with a simulation center that is equipped with the latest high-fidelity simulators, clinical equipment, and highly trained standardized patient actors allowing our medical students to practice procedures and interactions in an environment that very closely replicates a clinical setting. The lower level of the Medical Education-Telemedicine building is entirely devoted to simulation with the Center for the Future of Surgery housing 22 surgical stations including robotic, laparoscopic, microsurgical, endoscopic, and minimally invasive interventional training equipment. Also, on the same floor is the Simulation Training Center which provides training space that is modeled after an emergency room, intensive care unit, operating room and inpatient hospital room. Additionally, our Professional Development Center which has 18 outpatient exam rooms each outfitted with a workstation to access and train on using an electronic medical record. Each room is

outfitted with a series of cameras allowing students to subsequently review their interactions and for faculty to directly monitor or tele-stream each encounter. This unique design that co-locates all of these aspects of simulation in one-floor allows for hybrid simulations that involve a mix of actors, manikins and even surgical environments all in one setting. Our medical education facilities were built with the foresight that changes in healthcare would require these advanced technologies.

We also pride ourselves on our commitment to equity, diversity and inclusion and compassionate and empathetic patient care. We have been a statewide leader in the development of Pathway programs for learners underrepresented in medicine, such as the California Medicine Scholars Program and our PUMA initiative. Our greatest barrier to matriculating a more diverse class now rests in our small endowment for scholarships, though a recent commitment by the Vice Chancellor for scholarships allowed us to improve our diversity for our entering first-year class from 25% URiM (24% URG) to 34% URiM (33% URG) in a single year. Once students matriculate, we are committed to teaching them about health equity and disparities through unique curricula. Even our initial clinical immersion course (C.A.R.E.) is built around patient populations where there are significant disparities. We have been a leader in the industry in changing our technical standards to admit a more physically diverse array of learners, all with the aims of creating the workforce needed by CA. We are key partners for the Sanford Institute for Empathy and Compassion, who have helped us infuse compassion (both self and other-focused compassion) in all we do. Our C.A.R.E. course has a formal curriculum of compassion, and it is also deliberately emphasized in our direct 1:1 observation in the Master Clinician Program in the clerkships. We like to say that if compassion isn't your thing, we are not the school for you.

As we look towards the future, we aim to bolster our educational technology so that we can deliver on cutting edge, precision education, becoming a national leader in personalized assessment and learning. This will help ensure the education we continue to deliver will rival the best in the country.

V. ENROLLMENT AND DIVERSITY STRATEGY

V.a. In the table, please provide details about enrollment in your program and in your comparison public and private institutions. The enrollment figures provided should align with the most recent three years for which data are available. In the columns shown, programs should provide as many figures for comparison public and private institutions as are available.

Table 5: Demographics

	Actual	Actual	Actual	Actual	Comparison (2021-22)	
	2020-21	2021-22	2022-23	Fall 2023	Publics	Privates
Ethnicity						
Underrepresented						
African American	3.9%	4.2%	4.5%	6.9%	8.5%	10.0%
Hispanic/Latino(a)	12.2%	13.9%	13.8%	14.7%	9.0%	6.1%
American Indian	0.9%	1.0%	1.3%	2.1%	0.6%	0.1%
Subtotal Underrepresented	***17.0%***	***19.1%***	***19.7%***	***23.7%***	***18.1%***	***16.2%***
Asian/Pacific Islander	39.5%	40.9%	43.0%	41.8%	25.9%	27.9%
White	37.8%	34.4%	33.7%	31.8%	38.3%	36.2%
Domestic Unknown	5.5%	5.4%	3.6%	2.7%	16.4%	16.2%
International	0.2%	0.2%	0.0%	0.0%	1.4%	3.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Socioeconomic						
% Pell recipients	34.8%	29.7%	29.8%			
Gender						
% Male	43.2%	43.2%	36.7%	34.4%	41.0%	47.0%
% Female	55.9%	55.4%	62.3%	64.4%	59.0%	53.0%
% Non-Binary	0.0%	0.2%	0.0%	20.0%	0.0%	0.0%
% Unknown	0.9%	1.2%	0.9%	1.0%	0.0%	0.0%

Sources: UC ethnicity, socioeconomic status: UC Corporate data
Comparison institutions: https://www.aamc.org/data-reports/students-residents/data/2022-facts-enrollment-graduates-and-md-phd-data
https://www.aamc.org/data-reports/students-residents/data/2022-facts-enrollment-graduates-and-md-phd-data
Note: Comparator school data contain "Multiple Race/Ethnicity" within its demographic data. Since the ethnicity data could not be extrapolated, the percent listed under "Multiple Race/Ethnicity" was included in the "Domestic Unknown" field of the comparator schools.

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 students from underrepresented groups? What are your prior and prospective strategies 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 students from underrepresented groups?

We review our learner demographic metrics and outcomes annually. Total enrollment numbers for underrepresented students have shown upward trends from 2020 to 2023 across all groups, as demonstrated in Table 5, with the total of underrepresented learners increasing from 17 to 22.5%. African American enrollment has increased from 3.9% to 6%, which now exceeds representation of the populace of San Diego. Hispanic enrollment has risen from 12.2 – 14.5%. Native American enrollment is up from 0.9 – 2%, far exceeding national public and private comparators.

Moreover, in the past three academic years, the proportions of our incoming first-year medical student classes that have been underrepresented in medicine (URiM) have been 20.9% (AY20-21), 24.6% (AY21-22), and 25% (AY22-23) as outlined in the table under section II.a. This most recent incoming class, fall 2023 was 34% URiM which represents the highest percentage of URiM matriculants in over 20 years. Moreover, as outlined in table 5, our number of underrepresented students (not including Native Hawaiians and Pacific Islanders given the way this data is captured in the PDST Dashboard which different than our URiM designation) has steadily increased.

Table 5 demonstrates we are comparable with our public and private school peers. We appear to be doing sustainably better for Hispanic/Latino(a) students and American Indian students and overall. We are lower to our comparators for African American students. We are utilizing our scholarship funds and implementing other strategies as outlined above to address this gap.

In the first category, direct post-baccalaureate-to-medical school pathway support, our interventions include our Conditional Acceptance Program (CAP), collateral support (in terms of faculty involvement) in UCSD post-baccalaureate program, and the Program for Underrepresented Medical Applicants (PUMA), and our Latino Medical Student Association's Premedical Initiative (formerly the Latinx Initiative). CAP was developed in 2002 and institutionalized in 2007 as the first UC system one-year conditional acceptance program in the State of California. A National Institute of Minority Health and Health Disparities Endowment was obtained in order to support CAP students. The CAP program takes promising students from disadvantaged backgrounds who have not been admitted to medical school and enrolls them in challenging upper division science courses offered by the UCSD General

Campus, as well as a learning strategy course given by a learning specialist. Many of our faculty are key advisors in the UCSD post-baccalaureate program, helping disadvantaged students through the program. PUMA is funded by Health Careers Opportunity Program (HCOP) grant, and enrolls disadvantaged undergraduate students from San Diego County who are aspiring to apply to medical school into a year-long application-readiness program with mentorship by our medical students. These pathway programs have collectively contributed towards an upward trend in the proportion of admitted URiM students. PUMA participants have been admitted to medical school at a rate higher (60%) than that of national applicants (42%). Almost three fourths (72%) of CAP alumni who have completed medical residency currently work in medically underserved areas. The Latino Medical Student Association's Premedical Initiative provides guidance to UCSD premedical applicants; the number of UCSD Latinx undergraduates who matriculated at UCSD SOM increased from 2 in 2019 to 7 in 2023.

In the second category, curricular innovations and track development, we implemented an American Indian Health Academic Concentration (AIHAC) – focused on the health of indigenous populations - and parlayed the programmatic investment into that concentration into a successful designation in 2021 as one of the only two University of California Program in Medical Education (PRIME) programs devoted to indigenous health in the UC medical school system. The availability of this track (called PRIME-TIDE, or Transforming Indigenous Doctor Education), together with our other PRIME program devoted to health equity (PRIME-HEq), in addition to a new longitudinal course we have implemented in the curriculum, Equity Systems Science (which focuses of the acquisition of health systems science knowledge through an equity lens), reflects our values and has attracted a diverse cohort of matriculants. In addition, to further reduce the financial barrier to getting a medical education, our financial aid packaging incorporates considerations in the UC Native American Opportunity Plan, such that in-state tuition and student services fees are fully covered for California residents who are members of federally recognized Native American, American Indian and Alaska Native tribes. We collect confirmation of tribal membership from incoming students prior to matriculation so we can provide this support to them from the outset.

In the third category, augmentation of scholarship support for our students, we have managed to increase the amount of merit scholarship aid available to our students. This has been a particularly influential intervention, because we have seen a 177% increase (near doubling) in the percentage of students who are of the highest financial need (i.e., "Category 5" in Financial Aid parlance) in our medical school, and the availability of additional scholarship support we have been able award to deserving students from disadvantaged, low-income backgrounds has enabled us to retain a diverse student body.

Our future plans include continued investments into the interventions outlined above, with a particular emphasis on efforts towards scholarship support (working with philanthropy, and partnering with the Chancellor's Office to do so).

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?

Since our students are eligible to receive Title VII funding through the Health Resources & Services Administration (HRSA), we are required to identify students who are considered disadvantaged due to either environmental or economic factors. Using the HRSA definition of environmentally and/or economically disadvantaged, the following number of disadvantaged students were reported to HRSA for the past ten academic years:

HRSA Disadvantaged Student Percent		
Year	**Number of Students**	**% of Enrollment**
2013-14	102	19%
2014-15	102	18%
2015-16	125	18%
2016-17	134	21%
2017-18	134	24%
2018-19	134	27%
2019-20	134	25%
2020-21	134	25%
2021-22	140	27%
2022-23	140	27%

Our admissions process is need blind as opposed to other schools that set limits for students with financial need. Our intent would be to continue to provide opportunities for all students regardless of financial background and maintain and/or improve upon the more recent percentages shown above.

We continue robust efforts to attract those from disadvantaged backgrounds and believe our strong track record will continue. Some examples of our efforts include the curricular and financial aid (scholarship) investments referenced above. Specifically, our PRIME-Health Equity (PRIME-HEq) program is a 5-year dual degree (MD/Master's) program that combines medical school training focused on issues of health disparities in underrepresented populations with post-graduate work in environmental health, science and policy. The program endeavors to train medical students to become physician leaders and advocates for the underserved, with the aim of ensuring health equity for these populations. 10 medical students are admitted annually to the PRIME-HEq program. PRIME-HEq was first launched with its inaugural class of 3 students in the fall of 2007. The program has since graduated 104 PRIME graduates. 64% of graduates have been matched into primary care residencies, including Family Medicine, OBGYN, internal medicine and pediatrics. Also, 79% of PRIME graduates are serving in California residency programs. Our PRIME-Transforming Indigenous Doctor Education (PRIME-TIDE) program – launched in 2022 - is also a 5-year dual degree (MD/Master's) program that combines medical school education focused on issues of health in indigenous populations with post-graduate work in areas that are relevant. The combined 2023-2024 PRIME-HEq and PRIME-TIDE programs are currently comprised of 73 medical students (62 HEq and 11 TIDE). PRIME graduates will earn both a medical degree and a master's degree that emphasizes health care disparities, public health or health care policy (in the case of PRIME-HEq) or indigenous health (in the case of PRIME-TIDE).

In addition, we continue to maintain a holistic admissions screening and review process in which the "distance travelled" is a prominent feature of in how we define accomplishment and ascertain potential. The distance travelled by an applicant increases with things such as low parental educational achievement level, low family income, low personal income necessitating employment while being in school, challenging home situation, a chronic health condition, limited access to resources/living in a remote or rural area, being an ESL learner, and cultural barriers – such as coming from a background in which educational achievement complicates social standing.

Going further "up the pathway" from secondary school to medical school, we also maintain vigorous outreach efforts through attendance at numerous recruitment and pre-health conferences throughout the year, as well as through participation in programs and events such as Doc-for-a-Day, a 'service-learning' activity whereby medical students get the unique opportunity to interact with and engage disadvantaged middle and high school students for one day at the School of Medicine, and Healthy Minds, Healthy Bodies at Lincoln High School (HMHB), a program (now an elective), wherein students are trained to teach ten lessons, health education curriculum to students at Lincoln High School, an urban community in San Diego. In addition, our medical students and integral participants in two separate STEM-education programs geared towards local underrepresented high school students in the San Diego region and directed by a School of Medicine faculty member, the Outreach Program to Inspire Minority and Underrepresented Students (OPTIMUS), and Summer Program To Accelerate Regenerative Medicine Knowledge (SPARK) programs. These programs bring high school students up to UCSD and integrates students in research labs, provides educational activities, enables clinical shadowing, and immerses students in community outreach projects. OPTIMUS has an underlying focus on cancer, and SPARK has an underlying focus on regenerative medicine. The overall goal of both programs is to enable and encourage students to attend college and pursue careers in health sciences.

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 (that is compliant with Proposition 209) 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?

We continue to have gender parity in our medical school classes. Our strategy for promoting gender parity includes continuing to ensure a fair, equitable and unbiased admissions screening and interview process (including continued recruitment of a gender-balanced panel of interviewers), and we have seen 63%, 71% and 66% of matriculants identifying as female in the 2021-22, 2022-23 and 2023-24 entering classes, respectively. This is similar to comparable institutions in the state and across the country; according to the AAMC, women comprised 55.4% of matriculants, and 54.6% of total enrollment in 2023-24, and this is the fifth year in a row that

women made up the majority. We also continue to maintain a supportive environment for women by partnering with initiatives highlighting women's careers in health, through participation in opportunities such as the Careers in Medicine Elective. This elective and other initiatives spearheaded by alumni pair students with supportive faculty in the different specialties in which they might be interested. Both faculty and students undergo training in unconscious bias that speaks to gender equality, in addition to racial and ethnic biases – and bias against LGBTQIA+, non-binary and gender non-confirming groups.

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 students from underrepresented groups, Pell Grant recipients, and gender? Explain your reasoning.

Our existing strategies remain effective in maintaining a diverse student body that reflects the pipeline of qualified applicants and we do not expect this to change. Our strong reputation, aided by continued investment in the program and outreach efforts, allows us to have a large applicant pool. We have in fact seen a steady increase in the number of applicants in the last five years, growing from a stable number that was just over 7000 applicants for 134 spots for several years in a row, to over 8000 starting three years ago, and already approaching 9000 this cycle (2023-24). With this number of applicants for 140 spots, the applicant pool is sufficient to admit a diverse group of students, and we will continue to work to increase the pipeline of qualified students underrepresented in Medicine.

V.f. In the tables on the following page, 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.) The figures provided should align with the most recent three years for which data are available.

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.

Table 6: Faculty Diversity

All Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	1.4%	1.5%	1.5%
	International	0.1%	0.1%	0.1%
Hispanic/ Latino(a)	Domestic	4.4%	4.2%	4.0%
	International	0.6%	0.6%	0.5%
American Indian	Domestic	0.3%	0.3%	0.3%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	19.3%	19.5%	19.7%
	International	4.9%	4.9%	4.7%
White	Domestic	58.4%	56.9%	54.3%
	International	7.2%	7.6%	6.9%
Two or More Races	Domestic	2.0%	2.5%	2.7%
	International	0.3%	0.2%	0.3%
Other/ Unknown	Domestic	0.9%	1.6%	4.7%
	International	0.2%	0.2%	0.3%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		43.2%	43.0%	35.8%
Male		50.4%	50.2%	51.7%
Non-Binary/Unknown		6.4%	6.8%	12.6%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	1.1%	1.2%	1.9%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	4.1%	3.7%	3.9%
	International	0.3%	0.3%	0.3%
American Indian	Domestic	0.3%	0.6%	0.6%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	15.7%	16.7%	16.4%
	International	8.0%	7.4%	7.4%
White	Domestic	57.7%	57.1%	55.9%
	International	10.5%	11.4%	10.9%
Two or More Races	Domestic	1.1%	0.9%	1.3%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	0.3%	0.0%	0.0%
	International	0.8%	0.6%	1.3%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		27.1%	25.9%	22.2%
Male		66.9%	67.9%	70.1%
Non-Binary/Unknown		6.1%	6.2%	7.7%

V.g. What are your campus efforts and, specifically, your program's current and proposed efforts (that are compliant with Proposition 209) to advance the recruitment and retention of diverse faculty? In the past five years, what opportunities were available to hire new faculty and fill vacancies?

We have and will continue to recruit, train, and retain a diverse faculty of clinicians, translational and basic scientists using a multifaceted, data driven approach, and evidence-based best practices. While we strive to increase the diversity of our faculty, our numbers compare favorably to other schools of medicine and the data from recent hires show a positive trend. Our vision is to

cultivate an environment in academic medicine where faculty diversity, equity, and collaboration are valued. Several strategies are currently employed and programs in place to advance recruitment, success, and retention of diversity faculty.

1. Cluster/Cohort Hiring. Broad, interdisciplinary recruitments with the goal of hiring multiple faculty into areas that cross the boundaries of existing traditional academic disciplines. This recruitment process results in larger, diverse pool of candidates. Our current efforts to advance the recruitment using cluster/cohort hires initiatives include: UCSD Advancing Faculty Diversity Cluster Hire Initiative: Strengthening STEM Research and Teaching for the Black/African Diaspora and the NIH-funded UCSD FIRST Program Cohort Hire Faculty Search in Cancer, Cardiovascular Sciences, Immunology and Infectious Diseases and Neurosciences. The Advancing Faculty Diversity Cluster recruited 10 Black identifying STEM faculty in 2022, including 3 in Health Sciences (1 each in Pharmacy, Public Health, and Medicine). The NIH FIRST grant recruited 5 faculty in 2023 in Health Sciences. However, with over 1,700 faculty, a significant proportional increase in URiM faculty requires recruitment beyond the scope of these cluster hires. For example, a 100% increase in Black faculty would minimally increase the proportion of Black faculty from 1.5% to 3.0%. Some challenges to recruitment include San Diego's high cost of living, where a recent report cited San Diego as the most expensive city to live in the United States, and the absence of a Black community in La Jolla.

2. Annual Demographic Review. Yearly analysis and presentation of faculty demographics to benchmark trends in recruitment, leadership positions, attrition, and FTE allocation with attention to gender and ethnicity is presented to leadership.

3. Faculty Search Committee Training. Interactive training provided to search committees on best practices in recruitment to reduce bias. This training promotes a fair and transparent recruitment process and is mandatory for state funded FTE positions.

4. Early Identification of Potential Faculty Members. Diverse scholars from various pipeline programs are identified and provided with institutional support to promote academic success. This encompasses the NIH-funded Institutional Research and Academic Career Development Awards (IRACDA), UC President's Postdoctoral and UCSD Chancellor's Postdoctoral Fellows Program.

5. Faculty Development Programs. We have designed and implemented several programs that enable us to continue to successfully recruit, train and retain diverse faculty including the National Center of Leadership in Academic Medicine (NCLAM) program. In its 24th year with 14% URiM graduates, NCLAM saw an increase in diverse faculty applicants with 23% of this year's applicant pool being URiM. The Center of Excellence (COE) is currently an institutional sponsored program designed to support the recruitment, training, and retention of URiM faculty in Health Sciences. The program aims to enhance the academic skills of faculty and will provide funding for career development, research, innovative clinical care and curriculum development. In

addition to NCLAM and COE program, we have additional programs to enhance effective mentorship including the Health Sciences Faculty Mentor Training Program, and Culturally Aware Mentor Training. To enhance safe and inclusive environments, we have recently launched an NIH-supported Building a Respectful, Inclusive Culture (BRIC) faculty training program. To improve research development and success receiving extramural funding we have started three new programs NIH-funded programs including FOCUS (Cardiovascular Sciences), RAPID (Immunology and Infectious Diseases) and LAUNCH (Neurosciences) specifically for women and URiM faculty and expanded the Health Sciences Grant Writing Course to three disciplines including population and behavioral health, 2) basic and translation research and automation, machine learning, computation and implementation health. In all these programs, we are seeing an increase in URiM faculty participation and success.

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 intention is to allocate a combination of grants and fellowships, considering both financial necessity and academic merit. This strategy is designed to facilitate the enrollment of a diverse and exceptionally talented student cohort, ensuring that they graduate with a manageable level of educational debt. To gauge the efficacy of our efforts in achieving this objective, we actively monitor the representation of underrepresented students and their counterparts, as well as the evolving trends in average indebtedness for our cohort and comparator schools.

The majority of our financial aid is awarded on financial need. We have updated our packaging policy to determine a family strength index (FSI) in which we can better predict a student and family's ability to pay for medical school. This allows us to make four-year guaranteed scholarship awards to our medical students. The FSI is a comprehensive evaluation encompassing parental and student income, assets, and other pertinent information obtained from our supplemental financial aid application, which incorporates much more relevant financial information than the Free Application for Federal Student Aid (FAFSA). We also dedicate a portion of our return-to-aid funds to our University Loan program, ensuring students have access to subsidized loans which is not typically offered for graduate students.

Furthermore, we allocate a limited portion of our financial aid resources based on merit considerations. These considerations have been bolstered with investments from our Chancellor and Vice-Chancellor for Health Sciences. This allocation serves the dual purpose of attracting students who are both academically outstanding and come from disadvantaged backgrounds.

Table 7: Debt

Graduating Class		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Percent with Debt	URG	94.0%	90.0%	92.0%	95.0%	82.0%	85.0%
	Non-URG	63.0%	63.0%	63.0%	55.0%	66.0%	54.0%
	International						
	All	68.0%	68.0%	70.0%	61.0%	68.0%	62.0%
Average Debt among Students with Debt*	URG	$113,312	$112,954	$141,818	$152,314	$149,453	$144,579
	Non-URG	$117,340	$135,470	$138,525	$144,919	$138,338	$127,544
	International						
	All	$116,495	$129,270	$139,522	$146,670	$140,586	$133,840

* Figures in the table do not reflect any existing debt incurred by students out of this program (e.g., undergraduate education).
Note: Blank cells reflect no data available in the PDST dashboard.

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?

Our debt level has increased but the number of students graduating with debt has decreased to about the 60% mark. With an increase in inflation and housing costs, average indebtedness has continued to modestly increase over time. However, assuming that a manageable level of debt would produce a monthly payment of between 8-10% of a graduate's future income, the 2021-22 average debt of $133,840, would produce a monthly payment of $1,438/month (assuming an interest rate of 5.28%; the 2021-2022 Unsubsidized Direct Loan rate, and a standard 10-year repayment period), or 6.5% of the average $265,000 salary of a primary care doctor (Medscape Physician Compensation Report 2023). This is well within the acceptable range as defined. In order to be considered "unmanageable", the cumulative average indebtedness would need to increase to over $200,000 or more than $66,160 over the 2021-22 level of $133,840. In addition, with the availability of the income-based repayment plan, and federal and state loan forgiveness plans, medical school graduates have a number of options for reducing the monthly payment to a manageable level during periods of reduced income such as residency.

Given the current level of the cumulative average debt, the availability of loan repayment and forgiveness options, and the school's efforts to produce additional scholarship funding, it is anticipated that the debt will be maintained at a manageable level even with the planned increases in the professional fee.

Table 8: Affordability

	Graduates with Debt	2021-22 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	62%	$133,840	$67,400	28%
Public comparisons	70%	$165,568	$67,400	35%
Private comparisons	48%	$115,604	$67,400	24%

Sources:
UC: Corporate data
Comparison institutions: AAMC Medical School Profile System (MSPS). Report on comparator schools from the LCME Part I-B Student Financial Aid Questionnaire.

Additional comments: Median salary at graduation reflects the first-year resident salary determined by Medscape's 2023 Resident Salary and Debt Report.

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.

When evaluating the median salary upon graduation, it is crucial to consider that becoming a licensed, practicing physician necessitates completing a residency program lasting from three to six years following medical school graduation. During this residency period, graduates typically receive a median stipend ranging from $60,373 in the first year to $67,700 in the fourth year (according to the 2022 AAMC Survey of Resident Fellow Stipends Report).

Upon entering their initial year of medical practice, MDs can expect to earn a starting salary of $205,789 or more, contingent on their chosen specialty, specific background, and training (as per Payscale.com's median salary data for those with less than one year of experience in 2022). Given the significant variation in compensation between post-MD training and actual medical practice, many medical school graduates focus on managing their debt obligations during their residency and fellowship periods.

Graduates entering lower-paying residency and fellowship positions are typically eligible for the federal SAVE Income-Based Repayment Plan (IBR). This plan limits monthly debt payments to 5% of the graduate's discretionary income exceeding 225% of the federal poverty guideline for their family size. The new SAVE IBR plan makes repayment more affordable since the prior IBR plan payments were 10% of discretionary income and at 150% of the poverty guidelines to qualify. Borrowers can remain in IBR for up to

20 years, after which any remaining debt is forgiven, though it is subject to taxation. For instance, a single resident earning $60,373 per year would have a monthly loan repayment obligation of approximately $230.

Students with an interest in pursuing public service roles may participate in the Public Service Loan Forgiveness Program. This program is designed to forgive the remaining balance of a student's federal Direct Loan after they have made 120 monthly payments while employed in a public service job, which includes positions within 501(c)(3) non-profit organizations, medical schools, and teaching hospitals.

Moreover, graduates burdened by a substantial amount of medical school debt have the option to enroll in loan repayment programs. One such program is the NIH Extramural Loan Repayment Program, which can repay up to $50,000 of qualified student loan debt annually for a minimum of two years of qualified research funded by a domestic non-profit organization or a U.S. federal, state, or local government entity. Additional loan repayment programs available to medical school graduates include the National Health Service Corps Loan Repayment Program, Indian Health Service Loan Repayment Program, Disadvantaged Health Professions Faculty Loan Repayment Program, and Armed Forces Health Professions Loan Repayment Program.

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.

The School of Medicine at UCSD does not administer a Loan Repayment Assistance Program. Instead, we assist students in exploring and accessing federal or state student loan repayment programs.

UCSD actively participates in the Program in Medical Education (PRIME), a University of California initiative aimed at training medical students to apply their expertise to address the healthcare needs of underserved communities. Furthermore, UCSD strongly encourages its medical students to engage in the Student-Run Free Clinic Project, a collaborative effort with the local community, providing accessible and high-quality healthcare services to the underserved population in San Diego. Remarkably, approximately 75% of our students actively participate in this project.

For students aspiring to pursue careers in public service roles, UCSD provides guidance on the Public Service Loan Forgiveness Program. This program is tailored to forgive or cancel the remaining balance of federal Direct Loans after a student has made 120

monthly payments while employed in a 501(c)(3) non-profit or public service job, which includes positions at medical schools and teaching hospitals.

Moreover, UCSD offers several specialized programs to support students entering the field of primary care medicine. These include the federal Primary Care Loan Program (PCL) and the institution-based San Miguel Scholarship Program. Both initiatives require a commitment to practice within the realm of primary care medicine. In return, participants may benefit from either subsidized low-interest loan funds (PCL) or non-loan institutional grants (San Miguel Scholarship).

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?

Physicians who choose to practice in underserved communities, engage in primary care, or pursue careers in public health often experience lower initial earnings compared to their peers upon graduation. At UCSD, students have the opportunity to apply for school-administered scholarships that help alleviate their debt burden, contingent on their commitment to practicing primary care for a specified period following graduation.

Additionally, UCSD students can access the Title VII Primary Care Loan, designed for those interested in dedicating their careers to primary care. This subsidized loan offers a fixed 5% interest rate and allows recipients to defer repayment throughout their entire residency, granting them the flexibility to start repayment at a more financially favorable point in their professional journey.

During their final year at school, students receive a comprehensive list of available loan repayment plans and are provided with information about the Public Service Loan Forgiveness Program. In February of that same year, all students with outstanding debt are required to attend a debt management session with the AAMC Financial Information, Resources, Services, and Tools (FIRST) Program. During this session, they receive detailed explanations of these programs, including the Income-Based Repayment Plan,

which offers reduced payments during periods of lower income and eligibility for economic hardship. Those students are also required to set-up a one-on-one counseling session with their financial aid counselor who provides a student specific loan counseling session. This ensures our students understand their debt obligations based on various scenarios including those wanting to pursue public service or work in rural areas.

Detailed information about all these loan repayment programs, including the Public Service Loan Forgiveness Program and the Income-Based Repayment Plan, can be found in the School of Medicine Financial Aid Brochure, which is readily accessible on the financial aid website.

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

The school provides financial aid information through a number of methods. Our financial aid brochure and website provide detailed information about financial aid availability and process for awarding aid. The website also has information about average indebtedness compared to other schools. The Financial Aid Office offers individual "how financial aid works" counseling to both applicants and current students. The Financial Aid Director and other school officials make financial aid presentations at SDSU, the Preuss School, UCSD, and other undergraduate institutions. The financial aid office also partners with the Office of Diversity and Community Partnerships within the School of Medicine to provide one-on-one and group presentations to URiM students.

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?

Yes. The UCSD Health Sciences Financial Aid Office displays the average indebtedness as well as salary information for the School of Medicine on the financial aid website and can be accessed at https://medschool.ucsd.edu/admissions/financial-aid/Pages/Debt-Management-Information.aspx. The information is derived from student borrowing data records at the financial aid office and is shared with the AAMC and the US News and World Report. The Health Sciences Financial Aid Office links to both the AAMC data as well as the Medscape Physician Compensation Report. Our admissions and financial aid team share our low comparable debt figures and income potential of physicians upon request at admissions events. We ensure all our prospective admits have a clear sense of their potential indebtedness in relation to their earnings so they understand the net price of our program.

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.).

Resulting from a new divisional strategic plan, a number of critical initiatives have been implemented that positively impact the learner experience. Examples include the curriculum renewal referenced previously in this document and our extensive attention to

learner wellness and academic success. Moreover, the investments in our core educators support the wellbeing of our faculty which positively benefits our learners. These efforts have laid the foundation for additional initiatives that will further enhance our learner experience and they demonstrate our ability to deliver on our outlined goals and objectives.

As with all programs COVID had a significant and lasting impact on our program. COVID required us to find creative ways to deliver our curriculum and find ways to ensure our learners could continue to receive the clinical experiences necessary to earn the skills needed to complete their degree and prepare them for post-graduation success. As we stabilize in our post-COVID environment we are continuing to be mindful of the needs of our learners. Our program's response to the pandemic, in both the admissions and curricular spheres, enabled us to developed robust improvements that benefited disadvantaged students in the post-COVID era. For example, our admissions process went to fully virtual interviewing using the ubiquitously used commercial Zoom platform that almost all applicants were familiar with, enabling students with less resources to not have to incur the cost of travel or take as much time away from work (for those who had to maintain employment) in order to interview, and to have more flexibility in interview scheduling. The need to leverage asynchronous learning allowed us to develop a more hybridized curricular educational model that students have found more advantageous and more resilient when they incur challenges in their own lives such as illness or family emergencies. Our transitioning other resources towards virtual delivery – such as mental health resources/office hours and career advising sessions – enabled more engagement of students who would otherwise be limited by time or geographical concerns (e.g., for clinical students who would otherwise have to travel across a city from a clinical site in order to access a session). Our existing goals and objectives have been crafted specifically with our post-COVID learners in mind.

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 primarily 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 2023-24 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 and elaborate in Section IX.b.

- ☐ (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): N/A
- ☐ Scheduled in-person or virtual town-hall style meetings with students in the program to discuss the plan and solicit feedback
- ☒ Convened in-person or virtual focus groups of students in the program to discuss the plan and solicited feedback
- ☐ Convened in-person or virtual focus group with students representing underrepresented populations in your program to discuss the plan and solicit feedback
- ☒ Described the plan to students in the program via email, solicited their feedback, and reviewed the comments received
- ☐ Other (please describe): N/A

IX.b. Below, please elaborate on all student consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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.

On **10/1/2023**, the Associate Dean for Admissions and Student Affairs sent the entire student body of 665 students (via a listserv that includes even those who are on a leave of absence, those in their PhD phase or in their PRIME masters year) the following email notification:

> "**An increase in the Professional Degree Supplemental Tuition (PDST):**
> A portion of the tuition you pay is the "Professional Degree Supplemental Tuition" (PDST), which is added to the general, campus-wide UCSD tuition to support your education in the School of Medicine. For the next 5 years, we are proposing a 3% per year increase in the PDST. This represents a reduction from the historical 5% increase, and is lower than current rates of inflation. We believe this adjustment will allow us to support improvements in the SOM, while also attempting to keep the costs of medical education down.
>
> Here are examples of improvements PDST fees have supported in the past and what they will support in the future:
>
> *What we just put in place, and need to keep supporting*
> - We hired a Learning Specialist dedicated to the School of Medicine.
> - We invested in wellness, hiring a Director of Wellness Initiatives and a Wellness Coordinator to support wellness programming (with new interventions like Wellness Wednesdays, Meaning-in-Medicine, MedEd Connect, movie nights and more to come…)
> - We put in the iPad program, CANVAS, etc.
> - We planned and are now implementing a renewed curriculum, with expanded offerings and related faculty investments (the new COAST curriculum started this academic year).
> - We started purchasing UWORLD for all students this past academic year, to help in their study for Step 1 and 2 - and plan to keep doing that every year.

What we are putting in place, and need to support

- We are instituting a new Coaching Program for medical students, led by two designated faculty Coaching Leads. This is starting this academic year, and will help medical students develop their professional (and personal) interpersonal skills, improve their self-awareness and awareness of others, develop better communication skills, and help them position themselves for sustainable and meaningful careers in medicine.
- We are hiring two new admissions staff members who will be *specifically* dedicated to optimizing the experience of applicants and incoming students.
- We are hiring two new student affairs officers who will be *specifically* dedicated to individualized student advising and support, working directly with the AC Directors.
- We are renovating all six of the Academic Community rooms for improved, multi-use functionality and comfort centered around students (by summer 2024).
- We are renovating the Student Lounge, with improved seating, resting, and lounging functionality (by summer 2024).
- We are planning tech upgrades to Panopto and other systems.
- We are collaborating with campus and the health system to acquire access to the on-line mental healthcare platform, Ginger, for all medical students.
- We are recruiting a Director of Disability Services who will be *exclusively* dedicated to health sciences students, and enable us to provide even more optimal, customized support of medical students with disabilities - especially in the specialized educational environment that is involved with medical school.
- We are hiring additional Med-Ed-Tech staff, so we can really lean into all the technical and informatics-based improvements we are planning (e.g., getting students more nuanced and helpful visualization of how they are doing, taking advantage of artificial intelligence capabilities to help us educate and innovate, etc...).

Currently, we have one of the lowest indebtedness in the UC medical school system, and in the nation. We look forward to staying this way even as we lean in on making needed investments to improve your educational experience. Dean Daniel will be at the next Student Council meeting on **10/5/2023**, to address the tuition increase with the Council. If you have any feedback or questions about it, please feel free to go to this link to anonymously submit them so we can review."

The link referenced in the email went to an anonymous survey, in which students could provide free-text feedback. We received five responses to the survey, as follows:

I truly believe this should only affect incoming classes or classes that enjoy the COAST curriculum. Rising MS3 and MS4s will NOT benefit from ANY of your proposed changes and it is ridiculous to force us to pay for things we cannot access. For example, the learning specialist is literally only focused on MS1s. It's not like he's here to help us with Shelf Exams?
- The wording is a little confusing. Is there going to be a reduction in the annual percent increase (from 5% to 3%?) in the professional degree supplemental tuition? - How will this change the amount/funds available for grants/financial aid for med students? What about institutional loans available for eligible students? - Are the new coaching program for medical students available for all med students (first to fourth years?) - We are hiring two new student affairs officers who will be specifically dedicated to individualized student advising and support, working directly with the AC Directors. - what will these new student affairs officer qualifications be? How will their roles be different from AC directors? Are they qualified to give career advice or how to do well in medical school/clerkships? - We are collaborating with campus and the health system to acquire access to the on-line mental healthcare platform, Ginger, for all medical students. - is this going to be free for all medical students regardless of what their health insurance is? How is this different from Lyra? - for increased transparency, can the discussion with student council on 10/5 be recorded for the general student body to view at a later date/time?"
When you reference "lowest indebtedness" - I'd love to see stats of what the indebtedness of those who are being funded 75%+ by their family vs those who aren't.
I was really grateful when we found out about uworld. However, the fact that you're justifying the tuition increase with uworld is crazy. It would cost me significantly less to purchase my own subscriptions than the debt + interest that I will now incur. Please justify that. Will we also be getting Cardiology IVs like the 1st years got? Or are we just funding your precious COAST babies.
I would appreciate detailed clarification on what my tuition paid for during dedicated 6 weeks we spent on our own studying for STEP, and during 4th year when we are on the vacation/interview/research months not receiving any instruction or benefit from the school. We weren't even able to access ultrasounds to practice for our exams?

The Vice Dean for Medical Education, Associate Dean for Admissions and Student Affairs, Associate Dean for Undergraduate Medical Education and other deans reviewed the feedback received, and then the Vice Dean for Medical Education, Associate Dean for Admissions and Student Affairs, and Associate Dean for Undergraduate Medical Education followed up with a meeting with the

Student Council on **10/5/2023**. The Student Council incorporates elected leadership from all classes at the School of Medicine, with students in various roles that include – among others covering the entire student experience - the Class President (the senior-most leadership role in each class, dedicated to being a liaison between the class and administration), Director of Academic Interests (a role dedicated to the interests of students in academic programs, curricular affairs and resources – with communication to students sitting on various institutional committees, such as our Committee on Educational Policy, Electives Committee, Core Curriculum Committee, Educational Development and Evaluation Committee), a Director of Professional Interests (a role dedicated to the interests of students in their professional and career development), and the Director of Equity, Diversity and Inclusion (a role dedicated the interests of students in the equity and inclusion space). There were 17 student leaders at the meeting. We provided additional context about the proposed increase in PDST, and responded to questions raised in the anonymous survey, in addition to additional questions raised by the Student Council, and received an expression of satisfaction from the student leadership as to the questions and feedback regarding the proposed increase in the PDST. While we do not have access to details about which students converse with which, we assume – as is typical – that the students shared and discussed this with their constituents.

The Associate Dean for Admissions and Student Affairs and Vice Dean for Medical Education subsequently held an open-invitation focus group meeting with about 10 first-year students (perhaps the most cumulatively impacted by the increase in PDST) on **10/11/2023**, screening for any general issues or concerns, and noted none related to the PDST increase. While the proposal was not significantly modified as a result of the student consultation efforts we did learn critical information about communication preferences and opportunities for improved proactive communication. We are currently working to implement additional communication strategies as a result.

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 should be provided by the program.**

☒ Plan shared with Giulia Corno on 10/30/23.
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 N/A on _____.
Program graduate student organization (i.e., your program council or department GSA)

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

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 and elaborate in Section IX.e.

☒ Agenda item at a regularly scheduled faculty meeting
☐ Scheduled in-person or virtual town-hall style meetings of faculty to discuss the plan and solicit feedback
☐ Convened in-person or virtual focus groups of faculty in the program to discuss the plan and solicit feedback
☐ Convened in-person or virtual focus group with faculty representing underrepresented populations in your 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): N/A

IX.e. Below, please elaborate on all faculty consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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 professional fee increase was presented to the Core Curriculum Committee, the faculty committee most directly engaged in oversight of the School of Medicine's curriculum and educational efforts, as well as to the Committee on Educational Policy, the School of Medicine body charged with oversight of the entire educational program, in October 2023. Fifteen faculty members were present during the Core Curriculum Committee presentation and seventeen faculty members of the Committee on Educational Policy were present. In the Core Curriculum Committee meeting, four members asked questions, and members agreed that the professional free increase was necessary to maintain the quality of our academic program and particularly to

adapt to increased need from learners for learning support and accessibility, as well as increased need for professional development and wellness services. During the presentation to the Committee on Educational Policy, five members spoke, and the faculty reviewers commented positively on our Institution's focus on minimizing debt, closing gaps in indebtedness for under-represented students, and maximizing the value of future cost increases.

IX.f. Please confirm that this multi-year plan template was provided to the campus Graduate Dean and Vice Chancellor Equity, Diversity, and Inclusion (or equivalent), as well as endorsed by the Chancellor.

☒ Plan shared with James Antony on 10/24/23.
Graduate Dean

☒ Plan shared with Becky Petitt on 10/27/23.
Vice Chancellor for Equity, Diversity and Inclusion (or equivalent)

☒ Plan endorsed by Pradeep Khosla on 11/03/23.
Chancellor

Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels
Effective Beginning Summer or Fall 2024

PART A

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. For programs that plan to assess different PDST levels based on residency, provide an explanation under "Additional comments."

Table 1: Projected Fees

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2024-25		2025-26		2026-27		2027-28		2028-29	
							%	$	%	$	%	$	%	$	%	$
Prof. Degr. Suppl. Tuition (CA resident)	$25,977	$26,754	$27,558	$28,386	$29,238	$30,114	3.0%	$777	3.0%	$804	3.0%	$828	3.0%	$852	3.0%	$876
Prof. Degr. Suppl. Tuition (Nonresident)	$25,977	$26,754	$27,558	$28,386	$29,238	$30,114	3.0%	$777	3.0%	$804	3.0%	$828	3.0%	$852	3.0%	$876
Mandatory Systemwide Fees*	$13,470	$14,016	$14,430	$14,856	$15,294	$15,744	4.1%	$546	3.0%	$414	3.0%	$426	2.9%	$438	2.9%	$450
Campus-based Fees**	$725	$750	$762	$789	$804	$831	3.4%	$25	1.6%	$12	3.5%	$27	1.9%	$15	3.4%	$27
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)***	$41	$41	$41	$41	$41	$41	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	$0
Est. First-Year Fees (CA resident)	**$40,213**	**$41,561**	**$42,791**	**$44,072**	**$45,377**	**$46,730**	3.4%	$1,348	3.0%	$1,230	3.0%	$1,281	3.0%	$1,305	3.0%	$1,353
Est. First-Year Fees (Nonresident)	**$52,458**	**$53,806**	**$55,036**	**$56,317**	**$57,622**	**$58,975**	2.6%	$1,348	2.3%	$1,230	2.3%	$1,281	2.3%	$1,305	2.3%	$1,353

* Mandatory systemwide charges include Tuition and Student Services Fee for the fall, winter, and spring terms.

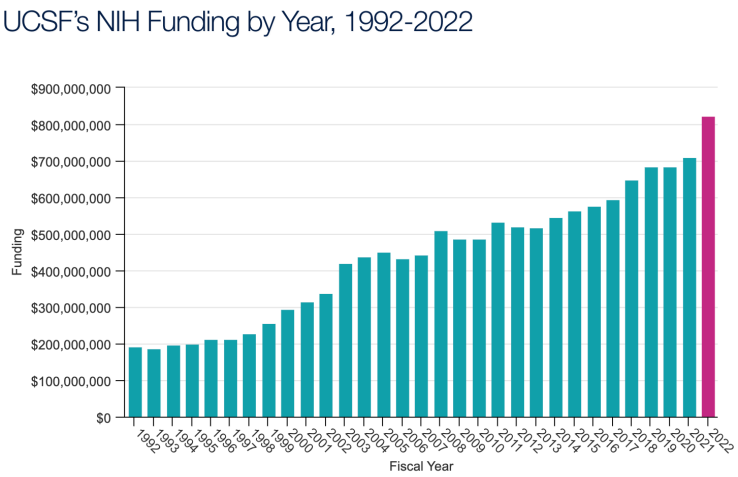
** Includes compulsory campus-based fees for the fall, winter, and spring terms. Does not include the Student Health Insurance Program (SHIP) premium since this may be waived for students with qualifying coverage under another program.

*** Includes disability insurance fee. Does not include voluntary fees like the UCGPC Fee and one-time fees like the "Document Fee."

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

Founded in 1864 as Toland Medical College, the school joined the University of California in 1873, and in 1898, moved to its present Parnassus Heights campus. Today, the UCSF School of Medicine (SOM) strives to advance human health through a fourfold mission of education, research, patient care, and public service. The SOM occupies eight major sites in the San Francisco Bay Area and Fresno with 28 academic departments, 8 organized research units, and 6 interdisciplinary research centers. The UCSF medical school matriculates approximately 165 medical students a year, with a total average enrollment of approximately 700 medical students. UCSF School of Medicine strives to create equitable and inclusive environments that cultivate a sense of belonging. We believe that diverse and affordable environments are essential to educating outstanding physicians who will provide safe, equitable, high quality patient-care and contribute to cutting edge discoveries.

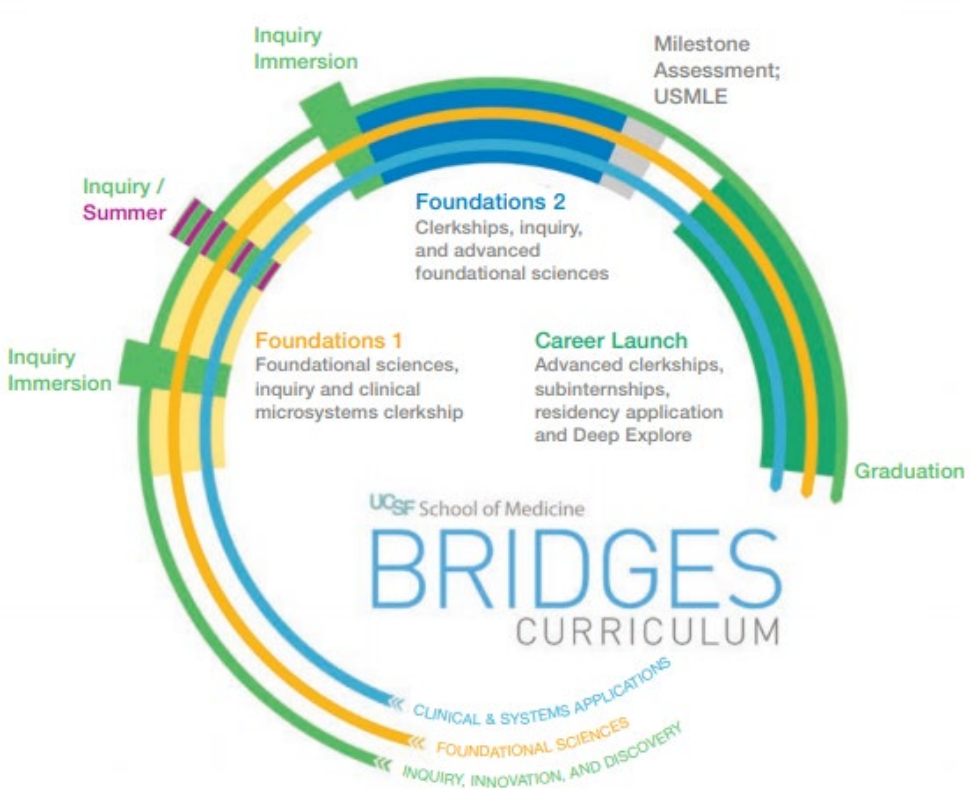
In 2016, the school launched the Bridges Curriculum, which had social justice and health equity as core design principles. In 2021, the school launched a three-year Anti-Oppression Curriculum initiative to evaluate and review the existing curriculum to ensure tthat anti-oppression, social justice and equity were represented through the curriculum to meet design goals and improve the inclusivity of curriculum content, delivery, and learning experience.



Consistently ranked among the nation's top medical schools, the SOM earns great distinction from its outstanding faculty, comprised of 2,908 full-time, 278 part-time, and 2,064 volunteer as of December 28, 2022. Among them are six Nobel laureates, 112 National Academy of Medicine members, 73 American Academy of Arts and Sciences members, 55 National Academy of Sciences members, and 22 Howard Hughes Medical Institute investigators. The SOM was awarded 1,020 NIH grants with more than $751 million of NIH funding in 2022.

UCSF/ Medicine Degree Program/ MD
established program/established PDST

Education Mission: At UCSF, the purpose of medical education is to educate learners who improve the health of our communities and alleviate suffering due to illness and disease in our patients.



The SOM Dean's Office houses the Medicine Degree (MD) program. In Fall 2016 the school launched the Bridges Curriculum with new MD Program objectives for incoming classes. The Bridges Curriculum is designed **to prepare and train physician-leaders to transform 21st century health care**. The majority of our graduates pursue careers in clinical medicine, becoming health system leaders and academic or community physicians. According to the Association of American Medical Colleges (AAMC), nearly 1/3 of UCSF's medical school graduates become full-time faculty. The Bridges Curriculum comprises three phases – foundational sciences (foundations 1), core clinical sciences (foundations 2), and advanced (career launch). Each phase includes focus on foundational sciences, clinical & systems applications, and inquiry, innovation, and discovery. Upon graduation from the UCSF 4-year MD Program, students are required to have demonstrated competence in the following areas- Patient Care, Medical Knowledge, Practice-Based Learning & Improvement, Interpersonal & Communication Skills, Professionalism, Systems-Based Practice, and Interprofessional Collaboration**.** For each competency, a set of milestones defines the expected progress throughout medical school toward achieving competence. Please visit our website for more information - https://meded.ucsf.edu/md-program/current-students/curriculum/md-program-objectives. Students learn and apply their skills at SOM's affiliated hospitals, including the UCSF Medical Center (Parnassus, Mission Bay, and Mt. Zion campuses), the Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), the San Francisco VA Medical Center (SFVAMC), and UCSF Fresno.

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 planned to charge proposed PDST levels, 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, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible. As appropriate, please describe your efforts to achieve your affordability and diversity goals in the context of your admissions data (up to the past five years).

In our expiring multi-year plan, covering 2019-20 through 2023-24, new PDST funds were used to achieve the following goals:

1) Support Student Financial Aid. 1/3 of all PDST increases went to student financial aid, which was supplemented by increased aid from philanthropy and endowments. Our financial aid program is predominantly need-based, and any increase in financial aid directly supports students with financial need. Between Academic Years 2019-2020 and 2022-23, the school awarded $57,892,066 in need-based aid to students. The average per-year need-based award grew from $19,362 in 2019-2020 to $31,082 in 2022-2023.

Achievement: As a result of these increases in financial aid, the average debt of our underrepresented students has decreased by approximately $20,000 (or 14%) since 2016-17. In 2020, we also received a $106 million in gift to support student scholarships.

2) Support the San Joaquin Valley (SJV) PRIME Program and UCSF Fresno Campus. The San Joaquin Valley (SJV) PRIME program is a tailored four-year track for medical students who are committed to ensuring high quality, patient-centered medical care to strengthen the physician workforce in the San Joaquin Valley, one of the most underserved populations in California. Students in this program complete their pre-clinical (classroom-based) phase at UCSF and their clinical/hospital-based and outpatient clinic-based phases at the UCSF Fresno campus. Currently, funding from PDST allows the school to continue to support the UCSF Fresno campus, which is also a clerkship site for 2/3 of our clerkship students who rotate at Fresno during their required clerkship rotations. In particular, PDST funds are used to support faculty leaders, such as the Associate Dean and Assistant Deans at the UCSF Fresno campus, staffing for student services, IT infrastructure, and the simulation lab, which is an essential facility for clerkship students to practice their clinical skills. SJV PRIME students are also able to access the simulation lab and student health services and wellness programs. The level of funding allocated to the Fresno campus and the uses have remained consistent throughout the pandemic.

Achievement: The first 12 graduates of the UCSF SJV PRIME program graduated in 2022.

3) Support faculty and staff salary adjustments including merits, which are inflationary increases and costs associated with conducting a high-quality medical education program. In particular, PDST funds helped support the following student experience enhancements.

a. **Recruited an Underrepresented in Medicine (UIM) specialist, and additional Career Advising directors to support students**. These recruitments and the initiatives these faculty have designed and implemented have helped to successfully address student requests for additional academic and career advising services. The UIM specialist supports our students to engage in high impact curricular and extracurricular activities that advance equity, inclusion, healthcare and other important priorities at the school and in the community. Staff support enables student groups to keep initiatives going from year to year when students enter more demanding years of the clerkship and need to transition their work to the incoming classes.

Achievements:

- Equity & Inclusion Program Manager was recruited to support student affinity groups.
- Two Faculty Career Directors were recruited to provide additional career and academic advising services.

Based on the annual Association of American Medical Colleges (AAMC) annual graduation questionnaire, UCSF medical student satisfaction with its student services increased from 2017-2023. Specifically, from 2017 to 2023, student satisfaction with the awareness of student concerns increased from 65% to 81% and satisfaction with the Office of the Student Affairs accessibility increased from 69% to 79%. Student satisfaction with career planning/counseling satisfaction increased markedly with the addition of the career advisors and their programming, from 59% in 2017 to 76% in 2023.

b. Improved services for students with protected disabilities. Additional services were needed to support the increasing numbers of students with accommodations for protected disabilities.

Effect of COVID-19: An Accommodations and Enrollment Systems Specialist position was originally approved at UCSF for the 2019-2020 fiscal year. In March 2020, the position was vacant when UCSF instituted a hiring freeze for all non-essential staff positions. The vacancy hampered our ability to streamline student accommodation processes and procedures. Our Student Experience Team is currently developing a slightly revised job description and recruiting a new Accommodations and Assessment Specialist with the requisite skills and expertise.

c. Improved clinical skills learning through enhanced clinical skills teaching and feedback, and improvements to the learning environment for our students.

Accuracy and effectiveness of assessment of students' clinical and communication skills in the clerkship years is essential to the development of excellent physicians. UCSF school of medicine undertook a comprehensive overhaul of the assessment and grading system in clinical clerkships to improve accuracy, effectiveness, learning and wellbeing. As part of this work, strengthened approaches to teaching and remediating clinical skills was identified. clerkship grading more equitable and reduce harmful bias in student assessments. The PDST funds helped support a Director of Patient Care Skills, Learning and Assessment and a Clinical Skills Guidance coordinator to help implement and sustain this change.

Achievement: In 2019, UCSF School of Medicine removed honors grades in grade core clerkships and implemented a new approach to student assessment in clerkships that emphasizes students' development of essential skills, strengthens feedback, and incorporates students' own accountability for their learning by seeking feedback and setting goals. Researchers at the school published multiple peer review publications describing the outcomes and benefits of the new approach.

d. Improved Educational Technology. Educational technology to support student learning and provide real time data on student performance is essential to our work. We designated funds to program assessment and evaluations tools in order to monitor and measure our progress.

Achievement: Our office of Technology Enhanced Education (TEE) oversaw development and enhancements of the following tools, systems, and services that impact our program's quality and our students' learning: Kaltura, online learning production, Vimeo, Qstream, Poll Everywhere, Assessment Dashboard, Tableau, and MedHub migration from eValue.

4) Support other services and non-salary costs to enhance student experiences and continue to improve student affordability. PDST funds were used to help support the following:

a. Provided subscriptions to United States Medical Licensing Examination (USMLE) question banks to ensure equitable access of these tools for all students. Information from student government indicates that some students forgo purchasing preparatory tools because of the expense of these tools. This disadvantages those students, since passing exams is required for graduation and licensure, and scores and results from licensing exams are often used to select students for the most competitive residency programs and medical specialties.

Achievement: UCSF purchased a subscription to a USMLE question bank (UWorld) for all medical students. The subscription has been well received, with approximately 98% of each class using the software and our students' subsequent licensing examination scores and pass rates are high.

b. Supported a Campus-wide Lyft program for after-hours transportation to ensure affordability and safety and pilot a school- based clerkship supplemental travel pilot. Students at the UCSF School of Medicine participate in required clerkships at multiple sites within a 40-mile radius in the SF Bay area. The hours that they work often include evening and nighttime hours. Many students do not have automobiles and do not have access to parking. Safety of the students, both in ensuring they are traveling safe routes even outside public transportation hours and routes, and not driving when fatigued following a night shift, has been improved with the Lyft pilot program. Students traveling to sites outside of the public transportation system incur additional expenses, such as car rental fees, which are not equally distributed across all students.

Achievement: The school implemented a clerkship travel reimbursement program. The campus-wide Lyft program ended due to issues with the vendor. Currently students request reimbursements for travel. Additional funds are needed to adequately fund a transportation program.

c. Provided additional funds for research presentation opportunities and for Spanish language electives. Students are increasingly producing research abstracts and papers that are of high enough quality to be selected for presentation at national meetings. As a result of this increase, we expanded the dollar amount of funds that students may access to travel to present their work.

Achievement: The Inquiry Program within the School of Medicine increased travel funds to support medical student research and scholarship from $500 to $600 per medical student presenting at a conference. During the COVID-19 pandemic, the school re-purposed these travel funds to support an online language learning course to provide electives for students interested in enhancing their language skills to provide culturally competent care.

5) Increased ethnic diversity of medical school classes.

Achievement: UCSF demonstrated a commitment to the Diversity component of its campus PRIDE values (Professionalism, Respect, Integrity, Diversity, Excellence) over the past four years. A primary example of our successful diversity strategies is our progressive increase in enrollment of students from under-represented racial and ethnic backgrounds in medicine from the 2018-2019 to the 2022-2023 admissions cycle. Factors contributing to the increase include greater need-based scholarships (e.g. 100% of student demonstrated financial need was met for the 2021-2022 and 2022-2023 admissions cycles) and our collaborative approach to

recruitment that leverages the work of various stakeholders (e.g. our admissions team, students, unique programs, virtual interviewing) and our successful in-person accepted student weekends.

The data below as provided by the University of California Office of the President tableau dashboard demonstrate this:

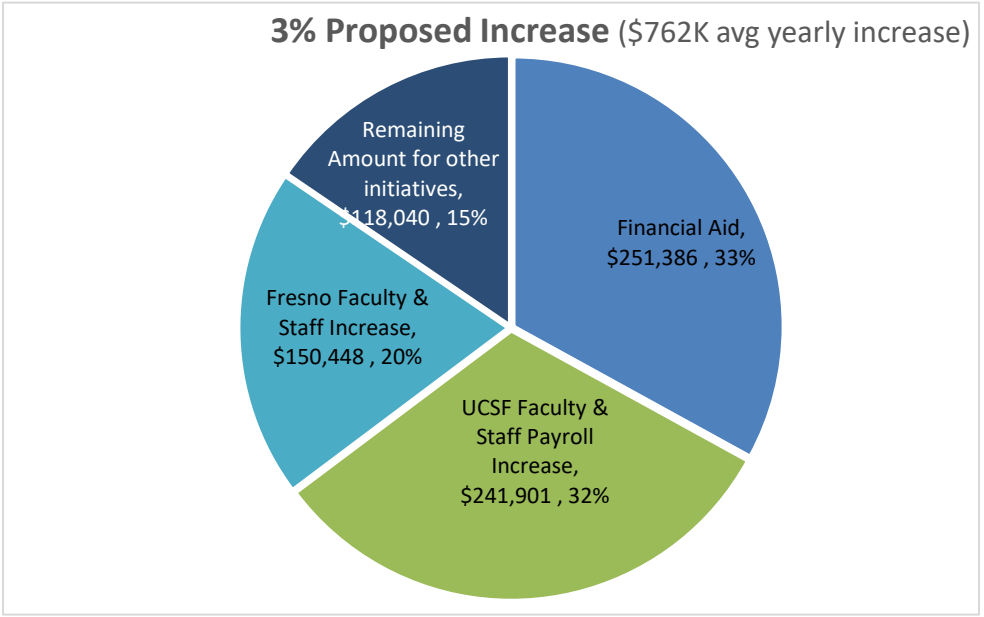
Year	Applicants			Admits			Admit Rate		Enrollment			Yield rate	
	URG	All	% URG	URG	All	% URG	URG	All	URG	All	% URG	URG	All
2018	1251	7,748	16.1%	97	243	39.9%	7.80%	3.1%	51	143	35.70%	52.60%	58.8%
2019	1218	7,839	15.5%	124	299	41.5%	10.20%	3.8%	41	147	27.90%	33.10%	49.2%
2020	1223	7,328	16.7%	139	288	48.3%	11.40%	3.9%	70	154	45.50%	50.40%	53.5%
2021	1997	9,808	20.4%	130	249	52.2%	6.50%	2.5%	70	154	45.50%	53.80%	61.8%
2022	1719	9,042	19.0%	139	261	53.3%	8.10%	2.9%	73	157	46.50%	52.50%	60.2%
Total	*7408*	*41765*	*17.7%*	*629*	*1340*	*46.9%*	*8.50%*	*3.2%*	*305*	*755*	*40.40%*	*48.50%*	*56.3%*

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?

UCSF is requesting an additional 3% in PDST revenue to support our continuing advances in recruiting and enrolling a diverse class of students and to enhance our student services to provide a more student-centered and equitable learning environment. PDST will be used to increase UCSF's affordability, to restructure our student services program to provide better support for students with complex needs, and to provide more centralized programming and resources for students' professional development and clerkship transportation needs. In this multi-year plan, PDST revenue from the 3% increases are proposed to be used on the following goals:

Maintaining Affordability and Increasing Diversity. We will use 1/3 of the PDST as return to financial aid. This return to aid will be supplemented by increased endowments from philanthropy, including the $106 million gift we received in 2020. These increased funds will be used to continue to reduce our medical student debt burden, particularly for those students with the greatest need, to help UCSF to continue to enroll and graduate a diverse class of students.



1) **Improving Program Quality and Student Support Services**

   The increase in PDST will improve student support and services through the following interventions:

   a. **Enhance student support on our UCSF San Francisco and UCSF Fresno campuses.** We will reorganize the Student Experience Team in the Associate Dean for Students' administrative unit to better support students matriculating at UCSF who have specialized and sometimes complex needs in the areas of academic support, mental health, wellbeing, and career exploration. The reorganization will realign and reclassify existing roles to provide more specialized and individualized student support within each year of study. We will also use PDST funds to enhance student support services at our UCSF Fresno campus by providing additional staff and faculty career advising and specialty advising support. The UCSF Fresno campus is the location for our SJV PRIME parallel track, and we have identified a need for better career advising support based on a disparity in career and specialty advising compared to our San Francisco campus. Two-thirds of our medical students also rotate at this site during their clinical rotations.

   b. **Improve disability accommodations and services.** An increasing percentage of our students require disability accommodations. As noted above, we are reclassifying our existing Accommodations and Enrollment Systems Specialist position to a higher level in order to provide better services for students. PDST funds will be used to pay the salary of this staff person at the reclassified level. The higher reclassification will enable the school to recruit personnel with a greater

skill set in analysis and program implementation across curricular, assessment and student support teams. The need for greater skill in designing accommodations plans for students in clinical clerkships requires this higher level. This decision comes at the recommendation of a student and faculty-led UCSF Disability Services task force which submitted a comprehensive report in 2023.

3) Improve student affordability by increasing centralized academic and student support:

a. **Increase after-hours transportation to ensure affordability and safety for our clerkship students.** As described in Section II above, students at the UCSF School of Medicine participate in required clerkships at multiple sites in a 40-mile radius within the SF Bay area. Public transportation is not available at all sites, and the hours do not align with student clerkship requirements for after-hours shifts. Additional funds from PDST will enable us to provide increased supplemental travel funds in the clerkship phase of the curriculum to address this student need.

b**. Support subscriptions to United States Medical Licensing Examination (USMLE) question banks and other initiatives.** UCSF continues to provide medical students with commercial licensing exam subscriptions (currently U-World) to help students with studying for exams. The school also provides support to the small number of medical students who fail their Step 1 licensing exam by sending them to external study skills programs. Increased PDST funds will be used to fund the increased inflationary costs of these programs and to provide supplemental programming for students who struggle to pass these required exams.

c**. Provide instruction in language learning for culturally competent care.** During the COVID-19 pandemic, the school re-purposed travel and meeting funds to support an online language learning course to provide electives for students interested in enhancing their language skills to provide culturally competent care. With the end of the pandemic, these resources were reallocated back to travel and meeting funds. The increase in PDST will enable the school to restart the language learning courses.

d**. Support conference travel for national Registered Campus Organization (RCO) affinity groups based on demonstrated need**. Students participating in RCOs are part of larger national organizations which sponsor national meetings. Each RCO often does not have funds to support its members who wish to travel to these conferences. Increased PDST will enable us to provide supplemental funds to these organizations based on our policies and demonstrated need.

Consequences

If the proposed 3% increases are not approved, SOM will request additional resources from SOM Dean's Office, SOM departments, Chancellor's Office, and perhaps UCSF Health. In case these additional resources are not secured, we will revisit the possibility of reducing costs by not hiring the student support personnel, not purchasing the services outlined above, or reducing staff. This will have a negative impact on program quality and student experience and interfere with our ability to provide support and services equitably to students who most need them. The above services are needed to ensure all students' academic success and wellbeing.

III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2023-24 in the first column. 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).

Table 2: PDST Revenue Use

		Proposed Use of Incremental PDST Revenue					
	Total 2023-24 PDST Revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	Incremental 2028-29 PDST revenue	Total Projected PDST Revenue in Final Year
Faculty Salary Adjustments	$2,149,699	$75,239	$77,873	$80,598	$83,419	$86,339	$2,553,168
Benefits/UCRP Cost*	$1,540,116	$53,904	$55,791	$57,743	$59,764	$61,856	$1,829,175
Providing Student Services	$247,870	$7,436	$7,659	$7,889	$8,126	$8,369	$287,349
Improving the Student-Faculty Ratio	$0	$0	$0	$0	$0	$0	$0
Expanding Instructional Support Staff	$2,800,406	$98,014	$101,445	$104,995	$108,670	$112,474	$3,326,004
Instructional Equipment Purchases	$0	$0	$0	$0	$0	$0	$0
Providing Student Financial Aid	$4,915,732	$235,759	$309,401	$322,762	$191,751	$197,153	$6,172,557
Other Non-salary Cost Increases**	$902,586	$98,020	$234,251	$247,629	($32,592)	($36,351)	$1,413,543
Facilities Expansion/Renewal	$0	$0	$0	$0	$0	$0	$0
Other (Please explain in the "Additional Comments" below)***	$4,172,778	$146,047	$151,159	$156,449	$161,925	$167,593	$4,955,952
Total use/projected use of revenue	$16,729,188	$714,420	$937,578	$978,066	$581,064	$597,432	$20,537,748

* Benefits costs and UCRP contributions should be reported as a single line item.

**Projected decrease in other non-salary cost increases in FY28 and FY29 due to additional revenue not growing as fast as spending, which will be offset by other revenue sources.

*** UCSF Fresno is a branch campus and leads the SJV PRIME. UCSF Fresno also trains medical students. Third-year students from many University of California campuses participate in core clerkships at UCSF Fresno. In addition to core clerkships, UCSF Fresno offers over 40 elective clerkship opportunities for fourth-year medical students. For more information about UCSF Fresno, please visit https://www.fresno.ucsf.edu/program-description/.

Additional comments: The UCSF School of Medicine MD programs allocate one-third of new PDST revenue to RTA. Additionally, the program provides an additional ~$12.1 million in school scholarships in 2023-24 from philanthropic sources, which when combined with PDST RTA are ~96% of PDST revenue.

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.

The school works creatively to improve instructional efficiencies without compromising program quality and students' learning experience. Implemented in Fall 2016, the UME funds flow (referenced in Section II #2) shifted some cost of education from SOM Departments to the SOM Dean's Office and also secured resources to specifically support the directors and staff positions for the core curriculum and core clerkships, which prevented the school from having to increase PDST at a much higher rate. In addition, every budget item is reviewed annually to target areas for reduction. During the annual budget process, the medical education budget committee meets five times over a six-month period to evaluate annual requests for funding and how those requests align or do not align with the medical education mission and priorities. Where possible, the committee denies new requests or repurposes existing funding to keep costs low and prioritize student support. Between FY22 and FY24, the budget committee denied on average 41% of budget requests, or approximately $701,702 annually. Examples of funds denied include requests for an additional 1.0 FTE staff personnel to support technology efforts and a request to provide an additional $72,000 in faculty stipends.

Student scholarships have been the major focus of fundraising over the past five years and will continue to be in the future. In 2020, UCSF secured $106 million in gifts to support student scholarships. The average per-year need-based award grew from $19,362 in 2019-2020 to $31,082 in 2022-2023. Since fall of 2020, we have met 100% of students' full calculated need, and the average medical student debt at graduation is projected to fall from $140,426 in 2019-2020 (table 7) to below $130,000 in 2024.

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. Changes in the proportions of resident and nonresident enrollment by the end of the plan should be explained under "Additional comments."

Table 3: Enrollment

	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Resident	589	597	612	627	627	627
Domestic Nonresident	39	39	39	39	39	39
International	16	16	16	16	16	16
Total	**644**	**652**	**667**	**682**	**682**	**682**

Additional comments: The program plans to grow CA residents and hold flat nonresidents.

IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 comparators, including a minimum of 3 public institutions. If your program only compares to a small number of other programs or only private comparators, please list those. Please indicate the total student tuition and fee charges to degree completion of the comparison institutions in the following table.

Table 4: Market Comparators: TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR

	Projections						Increases/Decreases									
Total *Resident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
Oregon Health & Science University	206,956	213,165	219,560	226,147	232,931	239,919	3.0%	6,209	3.0%	6,395	3.0%	6,587	3.0%	6,784	3.0%	6,988
University of Michigan	203,489	209,594	215,882	222,358	229,029	235,900	3.0%	6,105	3.0%	6,288	3.0%	6,476	3.0%	6,671	3.0%	6,871
University of Washington	224,669	231,409	238,351	245,502	252,867	260,453	3.0%	6,740	3.0%	6,942	3.0%	7,151	3.0%	7,365	3.0%	7,586
Harvard Medical School	296,117	305,001	314,151	323,576	333,283	343,281	3.0%	8,884	3.0%	9,150	3.0%	9,425	3.0%	9,707	3.0%	9,998
John Hopkins	267,150	275,165	283,420	291,923	300,681	309,701	3.0%	8,015	3.0%	8,255	3.0%	8,503	3.0%	8,758	3.0%	9,020
Stanford	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
University of Pennsylvania	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
Average public comparison	**211,705**	**218,056**	**224,598**	**231,336**	**238,276**	**245,424**	**3.0%**	**6,351**	**3.0%**	**6,542**	**3.0%**	**6,738**	**3.0%**	**6,940**	**3.0%**	**7,148**
Average private comparison	**285,304**	**293,863**	**302,679**	**311,759**	**321,112**	**330,745**	**3.0%**	**8,559**	**3.0%**	**8,816**	**3.0%**	**9,081**	**3.0%**	**9,353**	**3.0%**	**9,633**
Average public and private comparison	**253,761**	**261,374**	**269,215**	**277,292**	**285,611**	**294,179**	**3.0%**	**7,613**	**3.0%**	**7,841**	**3.0%**	**8,077**	**3.0%**	**8,319**	**3.0%**	**8,568**
Your program	**177,814**	**183,246**	**188,691**	**194,316**	**200,114**	**206,104**	**3.1%**	**5,432**	**3.0%**	**5,445**	**3.0%**	**5,625**	**3.0%**	**5,798**	**3.0%**	**5,990**

	Projections						Increases/Decreases									
Total *Nonresident* Charges to Complete Degree by Cohort Starting in:	**2023-24 ($)**	**2024-25 ($)**	**2025-26 ($)**	**2026-27 ($)**	**2027-28 ($)**	**2028-29 ($)**	**2024-25**		**2025-26**		**2026-27**		**2027-28**		**2028-29**	
							%	**$**	**%**	**$**	**%**	**$**	**%**	**$**	**%**	**$**
Oregon Health & Science University	312,734	322,116	331,779	341,732	351,984	362,544	3.0%	9,382	3.0%	9,663	3.0%	9,953	3.0%	10,252	3.0%	10,560
University of Michigan	276,157	284,442	292,975	301,764	310,817	320,142	3.0%	8,285	3.0%	8,533	3.0%	8,789	3.0%	9,053	3.0%	9,325
University of Washington	396,175	408,060	420,302	432,911	445,898	459,275	3.0%	11,885	3.0%	12,242	3.0%	12,609	3.0%	12,987	3.0%	13,377
Harvard Medical School	296,117	305,001	314,151	323,576	333,283	343,281	3.0%	8,884	3.0%	9,150	3.0%	9,425	3.0%	9,707	3.0%	9,998
John Hopkins	267,150	275,165	283,420	291,923	300,681	309,701	3.0%	8,015	3.0%	8,255	3.0%	8,503	3.0%	8,758	3.0%	9,020
Stanford	276,998	285,308	293,867	302,683	311,763	321,116	3.0%	8,310	3.0%	8,559	3.0%	8,816	3.0%	9,080	3.0%	9,353
University of Pennsylvania	300,949	309,977	319,276	328,854	338,720	348,882	3.0%	9,028	3.0%	9,299	3.0%	9,578	3.0%	9,866	3.0%	10,162
Average public comparison	**328,355**	**338,206**	**348,352**	**358,802**	**369,566**	**380,654**	**3.0%**	**9,851**	**3.0%**	**10,146**	**3.0%**	**10,450**	**3.0%**	**10,764**	**3.0%**	**11,087**
Average private comparison	**285,304**	**293,863**	**302,679**	**311,759**	**321,112**	**330,745**	**3.0%**	**8,559**	**3.0%**	**8,816**	**3.0%**	**9,081**	**3.0%**	**9,353**	**3.0%**	**9,633**
Average public and private comparison	**303,754**	**312,867**	**322,253**	**331,920**	**341,878**	**352,134**	**3.0%**	**9,113**	**3.0%**	**9,386**	**3.0%**	**9,668**	**3.0%**	**9,958**	**3.0%**	**10,256**
Your program	**226,794**	**232,226**	**237,671**	**243,663**	**250,207**	**257,333**	**2.4%**	**5,432**	**2.3%**	**5,445**	**2.5%**	**5,992**	**2.7%**	**6,544**	**2.8%**	**7,126**

Source(s):
OHSU: https://www.ohsu.edu/sites/default/files/2023-06/2023-24%20Tuition%20%26%20Fee%20Charts_final.pdf
UMICH: https://medicine.umich.edu/medschool/education/md-program/financial-aid/cost-attendance
University of Washington: https://www.washington.edu/opb/tuition-fees/current-tuition-and-fees-dashboards/graduate-tuition-dashboard/
Harvard Medical School: https://meded.hms.harvard.edu/md-cost-attendance
John Hopkins: https://www.hopkinsmedicine.org/som/offices/finaid/cost#medstudent
Stanford: https://studentservices.stanford.edu/tuition-rates-2023-2024/2023-2024-graduate-and-professional-tuition-rates#MedicalSchool
University of Pennsylvania: https://www.med.upenn.edu/admissions/tuition-fees.html

Additional Comments: The total student charges for our program include a total of 14 quarters, inclusive of 2 summer terms.

IV.b. Why was each of these institutions chosen as a comparator (and, as appropriate, explain why a minimum of three public comparators were not chosen)? 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 five years. Be specific (and if a program is unlikely to achieve comparability to an aspirational program within five years, the aspirational program should not be included).

Each of these medical schools is ranked in the top 20 research oriented medical schools and/or the top 20 primary care oriented medical schools in the US News & World Report national survey. They all reflect top quality educational, research, and clinical programs. We compete with these schools for the same applicant pool.

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

UCSF has the lowest fee level compared to all the comparator institutions. Compared to the comparator private institutions, our program cost is on average $107K and $59K lower for CA residents and non-residents, respectively. Amongst the comparator public institutions, our program cost is about $34K and $102K lower for residents and non-residents, respectively.

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

The UCSF SOM is the only medical school rated in the top five nationally for both primary care training and for research training.[1]This rating attracts talented applicants from across the country. Unique curricular features include four parallel tracks that each focus on training physicians with unique skill sets that will enable them to have careers of impact. These tracks include the Medical Scientist Training Program (MSTP), the Program in Medical Education for the Urban Underserved (PRIME-US), the San Joaquin Valley Program in Medical Education for the Urban Underserved (SJV PRIME) and the UCSF-UC Berkeley Joint Medical Program. While many institutions have one or two of these programs, UCSF has a wider variety of programs that support students with different interests. UCSF's innovative curriculum draws national attention. The Bridges Curriculum was launched in 2016 and was supported in part by a grant from the American Medical Association (AMA). This curriculum is designed on four philosophic pillars: scientific inquiry, continuous quality improvement, interprofessional leadership, and social justice. This curriculum introduces students to the responsibility of continuously improving the health care system (locally and nationally) by imbedding them in ambulatory clinics and hospital inpatient units weekly beginning in the first year of medical school. Students work on interprofessional team-based projects that improve patient safety, quality, and experience. All students pursue a scholarly project on an inquiry topic relevant to their future career. They begin to plan for this work in year one and complete the work in their fourth year. We have an innovative coaching program where a faculty member is assigned six new students every other year and they follow these students for all four years of their curriculum. They teach the students clinical skills including health systems improvement skills and provide professional and personal development support. While other schools have coaching programs, the UCSF program is unique in that faculty teach systems improvement in addition to traditional clinical skills.

In 2021, UCSF launched the Anti-Oppression Curriculum Initiative, a three-year initiative to reinforce and expand the Bridges Curriculum's social justice pillar. Through this initiative, our curriculum is undergoing a comprehensive review to ensure that content reflects current scholarship on race, ethnicity and gender. As part of this initiative, in 2023, UCSF School of Medicine implemented a unique Evaluation Plan for Anti-Oppression Education. This plan engages students, staff and faculty in an approach to identify, respond to and learn from education oppression events and reinforce positive examples of anti-oppression.

[1] .Per 2023 US News & World Report

V. ENROLLMENT AND DIVERSITY STRATEGY

V.a. In the table, please provide details about enrollment in your program and in your comparison public and private institutions. The enrollment figures provided should align with the most recent three years for which data are available. In the columns shown, programs should provide as many figures for comparison public and private institutions as are available.

Table 5: Demographics

	Actual	Actual	Actual	Estimated	Comparison (2021-22)	
	2020-21	2021-22	2022-23	Fall 2023	Publics	Privates
Ethnicity						
Underrepresented						
African American	13.30%	15.64%	18.39%	19.70%	4.19%	8.33%
Hispanic/Latino(a)	18.88%	18.86%	19.35%	22.10%	3.85%	5.79%
American Indian	0.72%	1.02%	1.09%	1.30%	0.99%	0.11%
Subtotal Underrepresented	***32.9%***	***35.5%***	***38.8%***	***43.1%***	***9.0%***	***14.2%***
Asian/Pacific Islander	33.48%	34.36%	34.74%	36.60%	19.51%	34.24%
White	27.61%	24.42%	19.35%	15.90%	54.76%	32.71%
Domestic Unknown	6.01%	5.70%	5.04%	4.10%	16.16%	13.44%
International	0.00%	0.00%	2.04%	0.30%	0.53%	5.38%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Socioeconomic						
% Pell recipients	27.30%	29.10%	30.40%			
Gender						
% Male	44.64%	46.00%	44.00%	41.90%	40.24%	48.91%
% Female	54.79%	53.00%	55.00%	56.50%	59.76%	51.09%
% Non-Binary	0.57%	1.00%	1.00%	1.30%	0.00%	0.00%
% Unknown	0.00%	0.00%	0.00%	0.30%	0.00%	0.00%

Sources: UC ethnicity, socioeconomic status: UC Corporate data
Comparison institutions: Association of American Medical Colleges 2021-22 data: https://www.aamc.org/download/321526/data/factstableb1-2.pdf (gender), and https://www.aamc.org/media/35861/download (ethnicity) Comparators included– Public: Oregon Health & Science University, University of Michigan, University of Washington. Private: Harvard, Johns Hopkins, Stanford, University of Pennsylvania
Note: "Other/Unknown" includes "Other," "Multiple Race/Ethnicity," and "Unknown Race/Ethnicity" from the AAMC data set

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 students from underrepresented groups? What are your prior and prospective strategies 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 students from underrepresented groups?

We believe that the increase in our enrollment of medical students from underrepresented groups from 33% in 2020 to 43% in 2023 reflects the success of our diversity strategies. The Association of American Medical Colleges data from 2022 (listed above) show that UCSF's diversity was 26% higher than our comparison public schools and 21% higher than our comparison private schools. Our strategies for improving diversity include the following:

1) We fully embrace holistic review of all medical school applicants, giving balanced consideration to academic metrics, experiences, and attributes.
2) We have a long-standing post-baccalaureate program that provides underrepresented and educationally disadvantaged college graduates with the opportunity to improve their applications to medical school. Over 90% of these students have matriculated at a medical school, including UCSF.
3) We have constructed programs (PRIME-US and the PRIME- San Joaquin Valley) that specifically target students from underserved communities who are interested in addressing health and health care disparities.
4) Our curriculum as a whole is designed around a pillar of social justice. In 2021 we launched the Anti-Oppression Curriculum Initiative, a three-year initiative to review the content and pedagogy within our curriculum to ensure all content is taught through an anti-oppression lens.
5) We have worked with our student body to address issues of equity and inclusion in education and health care. Informed by students' advocacy, the medical school has launched several initiatives, the Anti-Oppression Curriculum Initiative, the launch of a new Evaluation Plan for Anti-Oppression Education and the establishment of a Racial and Sociopolitical Trauma Protocol. Students are our best recruiters: their belief in UCSF's commitment to improve the care and education of minority populations contributes to our ability to attract a diverse class.
6) We have worked with our residency programs to also embrace holistic review so that our students from populations underrepresented in medicine have a greater opportunity to continue their training at UCSF. Since 2018, the diversity of the incoming residency class has increased from 28% to 36% which provides a more diverse graduate medical education cohort and contributes to an inclusive clinical learning environment.

The UCSF Differences Matters initiative has been instrumental in this work. This multi-year, multi-million-dollar initiative is designed to create the most diverse, equitable and inclusive academic health system in the country and targets equity and inclusion in faculty, staff, learners, leaders and residents. By building more diverse communities, students from diverse backgrounds feel confident that their experiences at UCSF will be positive ones. These active commitments to diversity, equity and inclusion help UCSF recruit and retain students and faculty. Differences Matter initially launched in 2015 as a five-year initiative and from 2015-2020, the school invested $3,900,000. The program was relaunched in 2022 for another five-year commitment. Initial investments include supporting the program's executive sponsor and faculty and staff directors. To date, the school has spent over $2,500,000 on the relaunched program. We anticipate further investment in diversity-related training programs and systemic and structural change over the next three years.

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?

In the past three years, our percentage of Pell Grant recipients has increased by 3% due in part to our ability to provide larger financial aid packages. We have successfully kept our average indebtedness to levels lower than peer institutions and other public institutions by raising funds through philanthropy. Our scholarship strategy matches increased tuition and fees with equivalent increases in scholarship once a student has matriculated so that all students know what their cost of attendance will be at the time they are admitted. The program allocates return to aid from PDST funds on a needs basis to promote access to a UCSF education.

We are working with pathway and outreach programs such as the Doctor's Academy in Fresno, California and the new SJV PRIME+ program, to attract more students who come from socioeconomically disadvantaged backgrounds. The SJV PRIME+ program is a new BS/MD program designed to recruit, educate, and support future physicians to serve the communities of the San Joaquin Valley. Students admitted to this program, which matriculated its first class fall 2023, enter the eight-year program directly from high school, earning their baccalaureate degree at UC Merced and Doctor of Medicine through UCSF. The eight-year program takes place entirely in the San Joaquin Valley with the goal of increasing the likelihood that graduates enter residency programs in the region and remain to care for Valley community members. Both initiatives are long-term strategies, involving targeting students in high school, at least six years prior to medical school matriculation. The program focuses its outreach efforts on high school students in the following San Joaquin Valley counties: San Joaquin, Stanislaus, Merced, Madera, Mariposa, Fresno, Kern, King, and Tulare. Prospective students receive information including a slide deck outlining the financial benefits of the SJV PRIME+ financial aid program. One specific advantage of the program is that all students live on campus as part of a Living, Learning Community to

reduce housing costs. Our existing work with the current San Joaquin Valley PRIME program also focuses on students from these same rural and economically disadvantaged communities.

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 (that is compliant with Proposition 209) 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?

Using 2022 national data as comparison, where women comprise 55.6% and 53.8% of matriculants and total enrollment respectively, UCSF SOM has matriculated between 55- 57% women over the past 3 years and 2% non-binary students in the 2022-2023 admissions cycle. UCSF is therefore slighty ahead of national gender data for women. UCSF School of Medicine admissions performs holistic review of applicants to strategically assess stellar academic performance and stories of applicants that are consistent with our PRIDE values. In addition, we have supported a positive environment for women in medicine, by establishing forums on women in medicine and hiring multiple women leaders, including several women who are chairs of departments. This encourages applicants who have multiple options to choose UCSF rather than a competitor.

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 students from underrepresented groups, Pell Grant recipients, and gender? Explain your reasoning.

We will continue to actively recruit students who are interested in meeting the health care needs of our increasingly diverse state and nation. UCSF is home to a number of outreach and pipeline programs designed to recruit a diverse student body. This includes a 25 year-old post-baccalaureate program which is part of the California Post-Baccalaureate Consortium. This consortium partners with community colleges throughout the state. The school also hosts an annual Admissions Workshop designed to teach interested applicants on how to develop a competitive admissions application. The UCSF Center for Science and Outreach and UCSF Fresno Doctors Academy host middle school and high school student programs to increase the pipeline of diverse students entering medicine and encouraging students to apply to UCSF.

The school's SJV PRIME and PRIME-US parallel tracks are specifically designed to recruit medical students interested in serving underrepresented patient populations. During the MD admissions process, the school hosts question and answer sessions during interview days and admitted student weekend to welcome students from a variety of ethnicities and cultures.

Working with these students, supported by our Dean, we will also continue to make UCSF the most equitable and inclusive academic institution in the country. Consequently, we expect our diversity with regard to race, ethnicity, socioeconomic status, sexual orientation and gender identity status will be sustained or enhanced by the end of this multi-year plan.

V.f. In the tables on the following page, 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.) The figures provided should align with the most recent three years for which data are available.

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.

Table 6: Faculty Diversity

All Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	2.40%	2.80%	2.79%
	International	0.28%	0.30%	0.31%
Hispanic/ Latino(a)	Domestic	4.70%	5.09%	5.15%
	International	1.37%	1.39%	1.34%
American Indian	Domestic	0.18%	0.16%	0.15%
Native Hawaiian	Domestic	0.03%	0.04%	0.06%
Asian/ Pacific Islander	Domestic	20.33%	20.21%	20.70%
	International	7.99%	8.00%	7.89%
White	Domestic	45.29%	43.55%	41.99%
	International	5.98%	5.72%	5.44%
Two or More Races	Domestic	1.49%	1.59%	1.68%
	International	0.17%	0.20%	0.18%
Other/ Unknown	Domestic	9.25%	10.34%	11.67%
	International	0.57%	0.60%	0.65%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		44.89%	42.84%	42.41%
Male		45.21%	42.62%	41.14%
Non-Binary/Unknown		9.90%	14.54%	16.46%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		**2020-21**	**2021-22**	**2022-23**
Black/ African/ African American	Domestic	2.23%	2.19%	2.13%
	International	0.20%	0.20%	0.19%
Hispanic/ Latino(a)	Domestic	2.83%	2.79%	3.29%
	International	0.81%	0.80%	0.78%
American Indian	Domestic	0.00%	0.00%	0.00%
Native Hawaiian	Domestic	0.00%	0.00%	0.00%
Asian/ Pacific Islander	Domestic	10.32%	10.56%	10.08%
	International	2.63%	2.59%	2.91%
White	Domestic	72.47%	72.31%	71.32%
	International	7.29%	7.37%	8.14%
Two or More Races	Domestic	0.61%	0.40%	0.58%
	International	0.20%	0.20%	0.19%
Other/ Unknown	Domestic	0.20%	0.40%	0.19%
	International	0.20%	0.20%	0.19%
Percentage by Gender		**2020-21**	**2021-22**	**2022-23**
Female		30.36%	29.88%	30.43%
Male		64.37%	64.14%	63.57%
Non-Binary/Unknown		5.26%	5.98%	6.01%

Sources: UCSF People Analytics Unit

V.g. What are your campus efforts and, specifically, your program's current and proposed efforts (that are compliant with Proposition 209) to advance the recruitment and retention of diverse faculty? In the past five years, what opportunities were available to hire new faculty and fill vacancies?

UCSF recognizes that the success in improving the health of our patients and our communities depends on diversifying our disciplines and professions and creating an inclusive and equitable workplace. Since 2020, the School of Medicine has increased the number of Black/African American faculty and Hispanic/LatinX faculty entering our institution, and the percentages of our

Asian/Pacific Islander faculty have held steady. From 2020-2023, 1456 new faculty were hired into the School of Medicine. Of those new faculty (who declared their race or ethnicity) 14.2% were underrepresented in medicine. We continue to work to increase the diversity of ladder rank and equivalent faculty through a number of initiatives.

In 2014, we launched the Chairs and Directors Council on Diversity (CD2). This council monitors department chair plans for and outcomes relevant to faculty diversity. Each chair submits an annual report to this council, which provides feedback to the chair on their work. The CD2 presents annually to the Chairs and Directors leadership meeting. The faculty search process is facilitated by Faculty Equity Advisors that facilitate evidence-based best practices in faculty recruitment, including the diversification of the search committee, training regarding impact of unconscious bias, requirement for contributions to diversity statements, expanded outreach activities and development of a pool of qualified candidates that reflect national availability data.

The UCSF School of Medicine Dean's Diversity Fund was established in 2015 to support the recruitment and retention of faculty who share our commitment to diversity and/or focus on health equity, anti-racism, and health and healthcare disparities. Each year eight faculty members are selected. Selected faculty are named the John A. Watson Scholars and are awarded three years of financial support ($75,000/year) to pursue their academic interests. Seventy-seven scholars, the majority of whom come from groups underrepresented in medicine, have participated in this program, which enabled them to successfully launch their academic careers and build relationships with diverse faculty and role models. Scholars are invited to participate in leadership events to increase their visibility as high value faculty. Many have been appointed to leadership positions in their departments.

In our basic sciences departments, an interdepartmental hiring strategy known as a 'cluster strategy' was implemented five years ago to broaden the scope of our recruiting efforts. In contrast to a departmental faculty search with a narrow scientific scope, the interdepartmental search posts a general call for applicants working in any basic research field – resulting in a large and diverse applicant pool. The search committee identifies the top candidates on the basis of scientific excellence and considers candidates' diversity and economic or other obstacles they have overcome, regardless of the research field. These top candidates are then forwarded to appropriate departments to be considered for recruitment. This strategy expanded the pool of applicants to include a more diverse field and enabled us to recruit a strong cohort of scientists from historically excluded groups.

In 2022, we launched the second phase of Differences Matter, an initiative designed to make UCSF a university that is home to people with diverse identities and backgrounds, all of whom are committed to advancing equity, belonging and anti-oppression in medicine. Our focus is on three areas:

- **Diversify Medicine** by expanding faculty and leadership from historically excluded groups to transform UCSF and the nation's medical schools to better solve the complex problems that continue to face our increasingly diverse communities.
- **Generate, Disseminate and Apply New Knowledge** by critically analyzing and exploring the role of race, ethnicity, gender, gender identity, sexual orientation and oppression related to membership in diverse groups in medicine, science and health; in particular in emerging fields of population health and precision medicine.
- **Build Anti-racism/Anti-oppression Expertise within UCSF** by establishing competencies by role and devising educational strategies for individuals to develop these competencies, using both internal and curated external resources.

Teams are in the process of designing work to meet these goals.

In the first phase of Differences Matter, we focused on implementing programs and systems-change in the areas of institutional climate and recruitment, education, clinical care, research and pathway programs. Several programs were developed that have aided in recruitment and retention of our faculty including:

- DEI Champion Training – 80% of our faculty completed training on implicit bias and microaggressions, coaching skills related to the issues, and how to foster a more inclusive environment.
- Strategies for Holistic Review in Graduate Medical Education.
- NIH Diversity Supplements — increased growth in the School of Medicine's NIH diversity supplement applications. The Diversity Supplement Program is sponsored by the National Institutes of Health and provides additional research funding to scientists from underrepresented groups.
- Best Practices for DEI in Leadership Searches and Appointments

Supporting our diverse talent is also a core pillar of the UCSF School of Medicine Strategic plan. The Multicultural, LGBT and Disability Inclusion resource centers provide support for community building, belonging and intersectional engagement. In addition, we have established the ARCHES (Advancing the Research Careers of Historically Excluded Scholars) to further support career development.

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?

The financial aid and affordability goals for the program are to **provide sufficient financial aid to recruit the class that we want to align with our mission to train diverse physicians to provide high-quality patient-centered care; to graduate students with a cumulative debt less than the national average for public institutions; to compete successfully with our private institution competitors for students; and to graduate a physician workforce that supports the needs of our diverse California population.** Metrics used include overall matriculation rate (matriculated/accepted); mean and median indebtedness of UCSF graduates compared with public medical school student indebtedness; and matriculation rate for students dually admitted to UCSF and one of our private institution competitors.

All financial aid for the School of Medicine is awarded first based on need and then to a lesser degree on merit. 94% of all financial aid scholarships are awarded based on need This is true for all sources of funds, including Return to Aid (RTA), school endowments and philanthropy. Students' demonstrated need is met with a combination of loans, grants, and scholarships.

By focusing our resources on student need, we minimize to the fullest extent possible the financial impediments to medical education for those who cannot afford it. Over the past six years, we have kept the graduating debt of medical students at UCSF much lower than the national average for public medical schools (in 2022 average debt $194,558) and for private medical schools (in 2022 average debt $222,899).[2] We have also significantly reduced the amount of debt of our underrepresented groups (URG), reducing the average URG student debt from $147,267 in 2017 to $127,356 in 2022.

Through philanthropy, we have raised funds to increase our competitiveness among peer institutions to provide more scholarship aid and thereby reduced our average student debt.

This need-based focus has also led to a consistently strong track record with matriculation rates of over 50% of accepted applicants for many years. We also track the socioeconomic demographics of our students and total indebtedness, which confirm that (i) we have been able to make medical school accessible to applicants from low-income families; and (ii) over the past six years have significantly reduced the debt levels of our Underrepresented Group (URG) students.

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[2] Per Association of American Medical Colleges (AAMC) *2022 Debt Fact Card*, found at https://store.aamc.org/medical-student-education-debt-costs-and-loan-repayment-fact-card-for-the-class-of-2022.html

Table 7: Debt

Graduating Class		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Percent with Debt	URG	88.0%	93.0%	90.0%	93.0%	78.0%	79.0%
	Non-URG	62.0%	74.0%	66.0%	61.0%	61.0%	70.0%
	International			**			
	All	68.0%	80.0%	72.0%	71.0%	67.0%	73.0%
Average Debt among Students with Debt*	URG	$147,267	$141,853	$159,930	$128,664	$133,817	$127,356
	Non-URG	$134,424	$131,503	$145,622	$139,061	$144,631	$153,075
	International			**			
	All	$139,710	$135,044	$149,113	$140,426	$140,426	$145,102

* Figures in the table do not reflect any existing debt incurred by students out of this program (e.g., undergraduate education).

** Figures for these student are included in the "All" rows but are not shown separately due to the small number of students in this category and the resulting privacy concerns.

Note: Blank cells reflect no data available in the PDST dashboard.

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?

Overall, from 2016 to 2022, there has been little net increase in the total graduation debt of our graduates. We have been able to hold the overall dollar amount of debt constant despite the rising cost-of-attendance. While the percentage of students with debt has fluctuated over the years, this is due in part to students electing to take leaves of absences or extending time in the curriculum to complete their MD degree.

While the PDST increases will add upward pressure to indebtedness levels, our success in philanthropic fundraising is expected to more than offset that impact.
In 2020, we received a $106 million in gifts from our Board of Trustees. This influx of funds has helped us to significantly reduce the average URG student debt from $147,267 in 2017 to $127,396 in 2022 and is projected to bring the average debt levels for all graduating students to below $130,000 in 2024.

Table 8: Affordability

	Graduates with Debt	2021-22 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
This program	74%	$143,246	$83,704	24%
Public comparisons	73%	$194,558	N/A	N/A
Private comparisons	68%	$222,899	N/A	N/A

Sources:
UC: Corporate data
UCSF, GME Salary Scales: https://meded.ucsf.edu/residents-clinical-fellows/gme-resident-and-fellow-resources/trainee-salaries-and-financial-resources
Comparison institutions: AAMC 2022 Debt Fact Card, https://store.aamc.org/medical-student-education-debt-costs-and-loan-repayment-fact-card-for-the-class-of-2022.html

Additional comments: The $83,704 median salary of a medical student at graduation is based on the 2022 UCSF salary scale for first year residents at UCSF (known as the PGY1 GME salary scale). Historically we have used the median salary of UCSF PGY1 residents as our benchmark, since a large percentage of our graduates begin their PGY1 year at UCSF. Information regarding public and private median salary at graduation is not available. The 2022 AAMC Survey of Resident/Fellows Stipends and Benefits lists the average median salary of PGY1 residents nationally at $60,942.

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.

The manageability of the student loan debt relates directly to the chosen career path. For those who choose more lucrative paths in high income medical specialties such as surgical and other procedural specialties, the debt becomes manageable. For those who might otherwise choose less lucrative career paths such as general internal medicine, general pediatrics and family practice, debt is a strong disincentive. Loan repayment programs are valuable, but few students feel comfortable counting on them at the time that they are making their career choices. As a result, their potential impact is undermined.
UCSF's ability to award substantial grants and scholarships allows our students to graduate with an average indebtedness that is considerably lower than the national average for public medical schools. We have very few students who pursue private loans; and generally only in cases where they qualify for lower interest rates than Federal Direct loans. The default rate on Federal loans for the institution is under 0.05%--a good indication of the ability of our students to manage their debt during the first few years after graduation.

During students' time at UCSF, extensive opportunities to learn about student loan repayment options are provided by a Resource Advisor in the Financial Aid Office whose primary role and responsibility is to help our students understand their debt and the available payment plan options during residency and beyond. This staff member provides numerous group sessions to our students during organized class activities coordinated with the School of Medicine throughout the four-year curriculum, and also meets one on one with any member of the community who needs assistance developing a loan repayment plan tailored to their specialty choice and career goals. A recent analysis of our graduates in repayment reveals that many are in Income-Based or Pay-As-You-Earn repayment plans during their residency as a result of this commitment to meeting with students individually to develop the best loan management plan. Special sessions on loan forgiveness programs also provide our students with the information they need to take advantage of programs designed to help our students pursue primary care and other specialties that are covered by such plans. This support continues after graduation, and any former student may continue to work with our Resource Advisor throughout their Residency for advice and support.

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 use financial aid to offset the cost of the mandated fifth year of the PRIME-US program, so that students who choose to devote themselves to the care of underserved communities do not incur additional debt by virtue of making this choice. We also do targeted fundraising to provide further support for the students in both the PRIME-US and SJV-PRIME programs. In addition, we offer several scholarships specifically for students who perform exceptional community service.

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?

Many of our students choose to pursue public interest careers. We encourage such action and offer strong curricular supports. According to the 2023 Association of American Medical College's Mission Management Tool, UCSF is in the top decile of medical schools for the percentage of students who intend to care for the underserved (53.2%).

Medical school graduates in residency training all earn about the same low (compared to physicians who have completed residency training) salaries during their internship and residency years. The amount of income they will receive after residency depends on the specialty they go into as well as whether they enter private practice or academic medicine. UCSF offers Income Based Repayment (IBR) and Public Service Loan Forgiveness for students matching in the lower-paid primary care specialties and/or those working in nonprofit, clinical, medically underserved settings. These vary by specialty and clinical practice area. For example, a VA Specialty Education Loan Repayment (SELRP) provides financial assistance to residents who are matched to a residency identified as a shortage by the Department of Veteran's Affairs and who agree to serve in a clinical practice at a VA facility for 12 months following the end of their residency.

As described in section VI.c, UCSF offers extensive opportunities to learn about student loan repayment options and to receive individualized counseling from Resource Advisor in the Financial Aid Office. From recruitment to graduation, through counseling and workshops, we teach and stress to our premedical and medical students the importance of budgeting, careful spending, and wise borrowing, and that student loans are an investment in your future and do not have to be a career obstacle.

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

Our website contains detailed information about our financial aid programs. In addition, our outreach programs which serve predominantly low-income, first-generation or students from underrepresented groups in medicine conduct admissions-related workshops at UCSF, at nearby campuses of the State college and university system, and at nearby community colleges. Questions about the affordability of applying to medical school are addressed during those sessions.

A financial aid representative also speaks to applicants during the admissions interview information session, which occurs prior to interview day. The financial aid overview includes information about applying for aid and the resources available to students. Applicants are also encouraged to schedule individual appointments to meet with financial aid counselors prior to the school's annual Admitted Student Weekend. These efforts have resulted in approximately 1 in every 4 of our students in the 2022-2023 admissions cycle being first generation students and our financial aid program meeting 100% of calculated need of our students.

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?

The average indebtedness at graduation and average loan debt for students is provided to prospective students on the School of Medicine Admissions website (https://meded.ucsf.edu/prospective-students/md-program-admissions/md-program-application-process?anchor=step6#section3506-6). Average salary during post-graduate residency training is also available on the UCSF website: (https://ucsf.app.box.com/s/y5mvrwqa1vo722l3e8q2s8wrsruqb8vt))

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.).

During the COVID-19 pandemic, the school was able to pivot its curriculum successfully to remote learning to continue to provide an outstanding medical education program and graduate students on time. UCSF already had a long history of providing some online learning in the pre-clerkship years and was able to quickly pivot its instruction to this format. The school provided additional resources in terms of technology and personal support to students who were especially challenged during the pandemic due to connectivity challenges, social isolation or additional personal/family care needs. We were able to innovate as well and developed a new scheduling method for clerkship blocks that enabled students to pass clerkship exams and achieve clerkship clinical competencies. New clinical blocks of instruction, now called Thematic Clinical Blocks (TCBs), have received positive feedback from faculty and students and are continuing now that the pandemic has ended.

In 2021 and 2022, our medical school application numbers increased as undergraduates were inspired to enter medical school based on the impact of the pandemic. Our admissions office seamlessly accommodated this increase, moving to remote interviews and a remote revisit day without any break in service. In 2021 and 2022, the percentage of accepted underrepresented in medicine students who chose to enter UCSF increased from 55% to 60%.

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 primarily 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 2023-24 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 and elaborate in Section IX.b.

- ☐ (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): N/A
- ☒ Scheduled in-person or virtual town-hall style meetings with students in the program to discuss the plan and solicit feedback
- ☒ Convened in-person or virtual focus groups of students in the program to discuss the plan and solicited feedback
- ☐ Convened in-person or virtual focus group with students representing underrepresented populations in your program to discuss the plan and solicit feedback
- ☐ Described the plan to students in the program via email, solicited their feedback, and reviewed the comments received
- ☒ Other (please describe): The following meetings were held with our students and/or faculty:
  - Associated Students of the School of Medicine (ASSM) Student Leadership on 9/22/2023
  - Graduate & Professional Student Association (GPSA) meeting on 10/2/2023
  - Committee on Curriculum and Educational Policy (CCEP) Meeting on 10/10/2023
  - SOM Faculty Council Meeting on 10/19/2023
  - ASSM Monthly Meeting on 10/25/2023

IX.b. Below, please elaborate on all student consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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.

<Add paragraph on 9/23 ASSM consultation>
On 09/23/2023, the Associate Dean for Students met with the co-Chairs of the ASSM student organization, went over the process of the PDST proposal and reviewed the proposal for their feedback. At that meeting the Co-Chairs of ASSM stated that there is an ongoing need for travel assistance in the clinical phase of the curriculum, that there is more support needed for students to prepare for the USMLE licensing examinations, and that there is greater coordination needed to support students with disability accommodation needs. They agreed with everything the school was proposing in the PDST increase.

We also presented at the 10/10/2023 CCEP meeting. The Committee on Curriculum and Educational Policy (CCEP) includes four student members. The committee unanimously voted to approve the proposal to increase Professional Degree Supplemental Tuition by 3% annually from 2024-2029. A student committee member asked if the increase would impact the aid the non-financial aid students receive (i.e., merit-based aid) and was assured it would not. Committee members also confirmed that student support for mental health assessments is still being covered by other components of the budget.

The ASSM presentation and discussion on 10/25/23 included 14 students from the School of Medicine, including the ASSM President, Vice President, Treasurer, Secretary, MS1 reps, MS2 reps, MS3 reps, MS4 reps, and Joint Medical Program rep. Our ASSM representatives meet monthly with the Education Deans and other Co-Chairs of other student organizations. They communicate to their respective classes through a Slack channel and in person to gain broad input on the committee recommendations regarding priority change areas. The ASSM student representatives agreed that a 3% increase annually in PDST seemed appropriate given the funding priorities and how current inflation is even higher than this 3% proposal. Students appreciated the School's thoughtfulness in benchmarking the 3% proposed increase with other UC Schools of Medicine (e.g. UC Davis, UC San Diego, etc.). Students emphasized the value in initiatives in which PDST funds are used to benefit all students. Students appreciated the use of PDST funds to support language electives, the UWorld subscription, Step 1 study resources, and travel expenses in clinical clerkships, especially given increasing transportation and parking costs associated with travel during this phase in the curriculum.

Furthermore, students were interested in continued efforts to analyze and mitigate food costs during the clinical clerkship phases of the curriculum, acknowledging that food costs differ depending on the clerkship, site, and curricular structure of particular clerkships and tracks. For example, some clinical clerkship departments provide lunch . Students emphasized the importance of the Cal Fresh program and were curious about whether or not future PDST funds could supplement those students who are not eligible for Cal Fresh. Students appreciated department contributions for food in Department-sponsored electives and interest groups and wondered if the School could increase School funds to support food at more events. Students were interested in whether or not future PDST funds could support service-learning experiences or student-led clinics. Students emphasized the importance of well-being and mental health resources, provided directly by the School through our staff position in the Medical Student Wellbeing Program. While the reps understood that PDST funds were not specifically supporting these positions, they did appreciate that these positions are being funded directly by the School. Students were interested in how other institutions, especially UC Schools, use PDST funds. We discussed how all Schools contribute at least 33% back to student financial aid.

After consultation with the three groups, we didn't make any changes to the 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 should be provided by the program.**

☒ Plan shared with Graduate and Professional Students Association on 10/2/2023.
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: The Associate Dean for Students presented a summary of the proposal to GPSA at the 10/2/2023 meeting. The student representatives were appreciative of the fact that PDST funds were being prioritized for travel expenses in the Foundations 2 (F2) clinical clerkships, USMLE licensing exam preparation study resources, conference travel for RCO affinity groups, and disability accommodations services. The student representatives asked questions about how we came to the determination of 3% (as opposed to other options). The student representatives were curious about how our PSDT proposal compares to the other UC School of Medicine campuses and learning more about funding streams that reduce overall medical school debt burden (beyond PDST funds), such as philanthropy.

Based on the student feedback, we finalized the PDST proposal to prioritize travel assistance in the clinical phase of the curriculum, provide more support for students to prepare for the USMLE licensing examinations and greater coordination to support students with accommodations needs.

☒ If applicable, plan shared with Associated Students of the School of Medicine on 9/22/2023.
Program graduate student organization (i.e., your program council or department GSA)

- ☒ Comments or feedback was provided.
- ☐ Comments or feedback was not provided.

Nature of feedback or full comments: Dean Erick Hung presented a summary of the proposal to ASSM and took notes of the comments (summarized in IX.b).

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 and elaborate in Section IX.e.

- ☒ Agenda item at a regularly scheduled faculty meeting
- ☐ Scheduled in-person or virtual town-hall style meetings of faculty to discuss the plan and solicit feedback
- ☐ Convened in-person or virtual focus groups of faculty in the program to discuss the plan and solicit feedback
- ☐ Convened in-person or virtual focus group with faculty representing underrepresented populations in your 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): The plan was discussed with the Committee on Curriculum and Educational Policy (CCEP), which is charged by the Faculty Council committee to provide oversight for the continuum of medical education at the UCSF school of medicine. This includes direct oversight and accountability for undergraduate medical education. The plan was also discussed with the SOM Faculty Council, which acts on behalf of that School's faculty in matters related to education and other issues of concern for the faculty, in which they are advisory to their School's Dean.

IX.e. Below, please elaborate on all faculty consultation undertaken as part of this proposal - for each consultation effort, provide the date, the number of participants, how participants were chosen, description of consultation method, etc. - and 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.

There were no issues raised by the faculty at the 10/10/2023 CCEP meeting. The committee voted to approve the proposal to increase Professional Degree Supplemental Tuition by 3% annually from 2024-2029.

At the 10/19/2023 SOM Faculty Council Meeting, the group had questions about housing costs, commutes for clerkship students, and financial aid. Overall, the Council was supportive of our plan with no concerns.

After consultation with the two faculty groups, we did not make any changes to the proposal.

IX.f. Please confirm that this multi-year plan template was provided to the campus Graduate Dean and Vice Chancellor Equity, Diversity, and Inclusion (or equivalent), as well as endorsed by the Chancellor.

☒ Plan shared with Nicquet Blake, PhD on 10/9/2023.
Graduate Dean

☒ Plan shared with J. Renee Navarro, PharmD, MD on 10/9/2023
Vice Chancellor for Equity, Diversity and Inclusion (or equivalent)

☒ Plan endorsed by Sam Hawgood on 11/8/2023 .
Chancellor