

## **Summary of PDST Multi-year Plans for March 2023 Regents Meeting**

Eight existing programs currently assessing Professional Degree Supplemental Tuition (PDST) have submitted new multi-year plans that range from three to five years in duration. For ease of navigation, the clickable links below lead to key sections from each program's submission.

### **Berkeley – Optometry**

Berkeley Optometry, a four-year program established in 1966, is proposing annual increases of 5% over five years for both resident and nonresident students. The Optometry program's average class consists of 68 students with a total enrollment of approximately 270 students.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
- [Faculty Diversity](#)
- [Program Affordability](#)

### **Davis – Veterinary Medicine**

Davis Veterinary Medicine (DVM), established in 1948, is proposing annual increases of 5% over five years for both resident and nonresident students. DVM enrolls approximately 600 students (150 per class) in its four-year program.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
- [Faculty Diversity](#)
- [Program Affordability](#)

### **Irvine – Nursing**

Irvine Nursing, a two-year program established in 2009, is proposing annual increases of 5% over three years for both resident and nonresident students. The program enrolled 39 students in 2022-23 and plans to grow enrollment to 80 students by the end of the proposed multi-year plan.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
- [Faculty Diversity](#)
- [Program Affordability](#)

### **UCLA – Dentistry**

UCLA Dentistry, a four-year program established in 1964, is proposing annual increases of 5% over five years for resident students; for nonresident students, the plan proposes an increase of 7% in the first year (to reach parity in PDST fee levels between residents and nonresidents) followed by four years of 5% increases. The program enrolls an average of 88 students per cohort for a total enrollment of approximately 350 students.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
- [Faculty Diversity](#)
- [Program Affordability](#)

### **UCLA – Nursing**

UCLA Nursing, a two-year program currently offering two degree options—Master’s Entry Clinical Nursing / Pre-licensure and MSN / Advanced Practice Registered Nurse (MSN-APRN)—is proposing annual increases of 5% over three years for both resident and nonresident students. UCLA Nursing intends to phase out its MSN-APRN program by fall 2025 resulting in an overall reduction in class size from 334 in 2022-23 to 140 in 2025-26.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
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### **UCSF – Nursing**

UCSF Nursing, a two-year program established in 1907, is proposing annual increases of 5% over three years for both resident and nonresident students. The program enrolled 295 students in 2022-23; however, given national enrollment trends favoring entry into Doctor of Nursing Practice (DNP) programs, UCSF Nursing intends to sunset its Master’s program and enroll its final cohort of students in 2024-25 with all students having graduated by 2025-26.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
- [Faculty Diversity](#)
- [Program Affordability](#)

### **UCSF – Pharmacy**

UCSF Pharmacy, a three-year program established in 1955 and culminating in a Doctor of Pharmacy degree, is proposing annual increases of 3% over five years for both resident and nonresident students. The program enrolls approximately 127 students per cohort with a total annual enrollment of about 380 students.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
- [Faculty Diversity](#)
- [Program Affordability](#)

### **UCSF – Physical Therapy**

UCSF Physical Therapy, a three-year joint program between UCSF and San Francisco State University, is proposing annual increases of 3% over five years for both resident and nonresident students. The program enrolls 50 students per cohort with total annual enrollment of approximately 150 students.

- [Current and Proposed Fees](#)
- [Program Enrollment](#)
- [Student Diversity](#)
- [Faculty Diversity](#)
- [Program Affordability](#)

## Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels Effective Beginning Summer or Fall 2023

### PART A

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

#### I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION

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

	Actual	New Proposed Fee Levels					Increases/Decreases										
		2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
								%	\$	%	\$	%	\$	%	\$	%	\$
Prof. Degr. Suppl. Tuition (CA resident)	\$22,022	\$23,122	\$24,278	\$25,492	\$26,766	\$28,104	5.0%	\$1,100	5.0%	\$1,156	5.0%	\$1,214	5.0%	\$1,274	5.0%	\$1,338	
Prof. Degr. Suppl. Tuition (Nonresident)	\$22,022	\$23,122	\$24,278	\$25,492	\$26,766	\$28,104	5.0%	\$1,100	5.0%	\$1,156	5.0%	\$1,214	5.0%	\$1,274	5.0%	\$1,338	
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	\$14,712	\$15,144	4.8%	\$618	3.0%	\$402	3.0%	\$414	3.0%	\$426	2.9%	\$432	
Campus-based Fees**	\$1,624	\$1,665	\$1,707	\$1,750	\$1,794	\$1,839	2.5%	\$41	2.5%	\$42	2.5%	\$43	2.5%	\$44	2.5%	\$45	
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)***	\$212	\$223	\$234	\$246	\$258	\$271	5.2%	\$11	4.9%	\$11	5.1%	\$12	4.9%	\$12	5.0%	\$13	
<b>Est. First-Year Fees (CA resident)</b>	<b>\$36,710</b>	<b>\$38,480</b>	<b>\$40,091</b>	<b>\$41,774</b>	<b>\$43,530</b>	<b>\$45,358</b>	4.8%	\$1,770	4.2%	\$1,611	4.2%	\$1,683	4.2%	\$1,756	4.2%	\$1,828	
<b>Est. First-Year Fees (Nonresident)</b>	<b>\$48,955</b>	<b>\$50,725</b>	<b>\$52,336</b>	<b>\$54,019</b>	<b>\$55,775</b>	<b>\$57,603</b>	3.6%	\$1,770	3.2%	\$1,611	3.2%	\$1,683	3.3%	\$1,756	3.3%	\$1,828	

\* 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 Fee.

**Additional comments:** Other fees include a mandatory Course Materials and Services Fee called the Instructional Resilience and Enhancement Fee (IREF).

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

Berkeley Optometry has been offering optometric education for 100 years, since 1923, and established the 4-year Doctor of Optometry (O.D.) program in 1966. The average class consists of 68 students with a total enrollment of approximately 270 students, all of whom are charged Professional Degree Supplemental Tuition (PDST). In addition to the O.D. program, The Herbert Wertheim School of Optometry and Vision Science offers a Ph.D. in Vision Science and an O.D. Residency program. The mission of the School is advancing optometric education, clinical practice and vision research for the benefit of a diverse and inclusive society. Our students not only become clinicians and researchers, but also complete their education with an understanding of the disease they diagnose and the treatments they prescribe. We take pride in our ability to train technically proficient doctors and researchers who are also well educated in clinical and basic science. Building on our students' strong didactic knowledge base, we offer extensive clinical experience to our interns and residents. The exposure to patient care, the breadth of clinical cases, and the opportunity to train with top clinical faculty, in one of the country's largest optometry clinics, all provide an exceptional learning environment. We are committed to excellence, diversity, justice, and inclusion in optometric education, vision research and clinical practice, including community outreach and public access to primary care services.

During the first two years of the O.D. program, students spend significant time in lectures and pre-clinic laboratories where students work with each other and their instructors to learn the fundamental skills needed to become a licensed Optometrist. Here they learn the techniques and procedures necessary to 1) conduct a primary care optometric examination, 2) fit contact lenses, 3) diagnose and treat ocular diseases, 4) diagnose and manage sensory motor anomalies of vision, and 5) perform advanced procedures in ocular disease diagnosis and management. After the first two years, students experience a variety of clinical settings. Our intensive-training clinics (On-Campus Clinics, Off-Campus externship clinics, and Community Outreach Clinics) offer services to populations associated with the Bay Area community and associated clinics around the country and the world. Perhaps no single measure documents the extent of our students' clinical training better than the number of patients for whom they provide vision care. On average, each student will have experienced more than 2,500 patient encounters by the time of graduation.

## II. PROGRAM GOAL EVALUATION

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

The Herbert Wertheim School of Optometry and Vision Science expiring multi-year plan covered the 5-year period: 2018-19 to 2022-23. Our expiring plan increased PDST by 5% each year for resident students. Per the Regents request to close the resident and nonresident PDST rates gap, PDST was increased by 6% each year for nonresident students. As of 2022-23, the same PDST levels are assessed to resident and nonresident students. **The stated goal of the multi-year plan was to maintain a stable clinical student-faculty ratio.** Though it was not a stated goal in our expiring PDST multi-year expense plan, the School has been and remains committed to enhancing our affordability and diversity. We continue to prioritize increasing the pool of qualified URG candidates.

Additional revenues generated from the increase in PDST were essential in maintaining and establishing new diversity initiatives (see section V.b) and allowed us to maintain a clinical student-faculty ratio of 4:1 over the last five years. Compared to 2017-18, approximately \$0.5M in new PDST funding supports our clinical faculty to pay for mandated salary and benefit increases and UCRP increases. PDST is one of two primary sources of funding for operations of the school, including clinical faculty, clinical teaching, school and clinic staff, student scholarships and other operating expenses.

PDST revenue became even more essential when the public health requirements of the COVID-19 pandemic shut down our non-essential clinical operations for a brief period from March 2020 to May 2020 and substantially reduced our patient volume over the past few years. Compliance with the public health ordinances and campus policies resulted in additional operating costs, specifically for social distancing, routine testing, COVID screening of patients, sanitizing exam rooms and public areas, in addition to providing personal protective equipment (PPE) to faculty, staff, and students. The O.D. program was the only academic program that remained on campus offering clinical training and lab instruction throughout the pandemic despite substantial losses in revenue. The school remained open at reduced capacity to serve the community and to ensure our students' learning experience and preparation for state licensing continued. This included essential 24/7 emergency on-call services. To protect the integrity of our clinical training program through this difficult period, we reduced costs in other areas to maintain the size of our faculty.

The School remains committed to enhancing our affordability and diversity. Our program increased our URG population from 8% to 13% over the past 5 years due primarily to strategic changes in recruitment/pipeline efforts, as well as hiring a Director of Diversity, Equity, Inclusion, and Belonging (DEIB). In partnership with the Assistant Dean of Admissions and Student Affairs, the Director of

DEIB reexamined how we were utilizing application data to identify additional organizations, state and national, that would help us further our diversity efforts. Ultimately, they expanded our recruitment efforts to attract a more diverse population, e.g., the Association of American Medical Colleges Graduate Diversity Initiative Conference and Career Fair and the National Association of Medical Minority Educators Conference and Career Fair. We have also been successful in creating a strong sense of community through services and programs that directly impact student educational outcomes. Please see section V for more information.

Over the past 5 years, PDST and private sources have been deployed to meet the School's affordability and diversity goals. The departmental awards, which are distributed to all students and are mainly funded by PDST, have gradually increased from \$5,000 to \$6,000 annually for each student for each year of the program for a minimum award of \$24,000. Three years ago, the School began offering Optometry Opportunity Awards (OOA) with the ultimate goal of matching the Graduate Opportunity Program Awards offered each year. These awards provide a \$10,000 stipend in addition to tuition and in-state fees for the first year of enrollment and enables us to better recruit underrepresented groups to our program. In recent years the School has also offered over \$30,000 in need-based scholarships from private sources. These are in addition to over \$100,000 awarded annually from our Professional Student Support Funds (PSSFs), which are funded from philanthropic endowed funds.

### III. PROGRAM GOALS AND EXPENDITURE PLANS

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

Our School is proposing 5% increases in PDST for each year of our five-year plan to maintain the program's excellence as a top ranked optometry program. New PDST funds will be used on the following goals:

1. **Affordability, Access, Diversity:** Generated funding will be utilized towards increasing our affordability, access, and diversity initiatives. We will continue to ensure that financial aid sources for students in our program receive financial aid equivalent to at least 33% of the new PDST revenue. This will assist us in our strategy of attracting applicants and continuing to support students from low-SES and URG backgrounds. In enrolling a more diverse student population, PDST funds will also be utilized to increase student support services such as expanding the pilot mentorship program and employing a full time Director of DEIB. In addition, we have recently created educational and social opportunities to promote inclusion and belonging, such as pre-clinic Bootcamps. The creation of these additional bootcamps allows students to hone their examination skills, enter data into a

simulated EHR environment, make real-time clinical decisions, determine a differential diagnosis, consult with an attending doctor, and finalize a management plan, all without the pressure and responsibility of a graded practical environment.

2. **Updated curriculum for expanded scope of O.D. practice:** It is essential that we continue expanding our curriculum in the area of advanced in-office procedures in order to teach to a national standard. The expanded curriculum includes training in laser treatments, lesion removal, eye injections, and corneal crosslinking. Investments in new faculty and equipment will be required for a successful new curriculum. These investments will be needed in order to keep the program's quality and relevance. If the proposed fee levels are not approved, the program runs the risk of falling behind in relation to other educational institutions.
3. **Stable student-faculty ratios:** It continues to be a financial challenge to maintain stable clinical student-faculty ratios given the imminent increase of clinical faculty compensation. We have to comply with UC mandated salary increases. A very conservative estimate is for faculty compensation to increase 3% annually. At the same time merit increases are expected to increase by 1.78%. In addition, the salaries of our clinical faculty are not on par with market rates, specifically UCSF. Increased PDST levels will help us overcome these compensation-related challenges in order to keep stable student-faculty ratios.

Approval of the multi-year increases will provide an educational benefit to the students by maintaining a stable student-faculty ratio, which is essential for a health science program. Maintaining a stable ratio is not just important for the education of our students, but for the safety of our patients, who are treated by our students under the direction of a clinical faculty member during the last two years of their curriculum. The optometry students spend 70% of their time in patient care during their 3rd year and 100% of their time in patient care during their 4th and final year.

4. **Ongoing investments in clinical equipment:** As a result of the financial impact from the COVID pandemic, the School was forced to delay investments in planned equipment replacement, clinic upgrades, renovations and new equipment. Making these investments will allow all students to learn utilizing cutting edge technologies and equipment, which can improve efficiency and provide better patient outcomes.

If the PDST increase is not approved, there would be several repercussions. First, it is imperative that we continue to meet the accreditation requirements of the American Council on Optometric Education (ACOE). Not having the PDST funding would make it more difficult for us to ensure our program is in compliance. Our reaccreditation process will begin in 2024. It should be noted that the ACOE scrutinized our budget last cycle. Second, it is likely that our reputation will be compromised because of an inability to teach to a national scope of practice, recruit qualified top candidates, or invest in upgrades and optometric equipment. Third, it will



remain difficult for us to continue to attract qualified URG candidates as other optometry schools may be able to offer them more lucrative financial aid packages.

**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue						Total Projected PDST Revenue in Final Year
	Total 2022-23 PDST Revenue	Incremental 2023-24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	
<b>Faculty Salary Adjustments</b>	\$1,750,000	\$58,363	\$204,794	\$108,673	\$97,634	\$110,948	\$2,330,413
<b>Benefits/UCRP Cost</b>	\$595,000	\$19,843	\$69,630	\$36,949	\$33,196	\$37,722	\$792,340
<b>Providing Student Services</b>	\$1,269,377	\$42,334	\$148,549	\$78,827	\$70,820	\$80,477	\$1,690,384
<b>Improving the Student-Faculty Ratio</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Expanding Instructional Support Staff</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Instructional Equipment Purchases</b>	\$100,000	\$3,335	\$11,703	\$6,210	\$5,579	\$6,340	\$133,166
<b>Providing Student Financial Aid</b>	\$1,857,189	\$61,937	\$217,338	\$115,329	\$103,615	\$117,744	\$2,473,152
<b>Other Non-salary Cost Increases</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Facilities Expansion/Renewal</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total use/projected use of revenue</b>	\$5,571,566	\$185,812	\$652,014	\$345,988	\$310,844	\$353,232	\$7,419,456

\* 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.**

For the next five years, the Development's office Strategic Objectives is to accelerate the School's growth, leadership position, and preeminence through fundraising. They plan to expand philanthropic support and increase awareness of & advocacy for the school. In 2021, the Development and Alumni Relations Office had a total of \$2.9 million in total giving inclusive of gifts, endowments, and pledges. The School's Endowment value at the end of the Fiscal Year was \$26,837,335 with a payout allocation of \$719,225. Of significant note is the \$50M pledge from the Dr. Herbert and Nicole Wertheim Foundation. Over the next 10 years, funding from the pledge will include a \$5M endowment towards student financial aid, which will generate scholarships beginning in 2030 for O.D. and Vision Science students.

The pledge from Dr. Herbert and Nicole Wertheim Foundation will allow for investments in the school’s training and research programs and will also provide the opportunity for revenue generation though clinic expansion. As we expand programs and diversify our revenues, the School will have increased opportunities to cover operational costs and make investments from non-PDST sources. Clinic expansion alone will increase clinical revenues that may be used to cover a larger portion of clinical expenses such as faculty salaries, equipment maintenance and capital renewal. In addition, the pledge from Dr. Herbert and Nicole Wertheim Foundation provides seed funding to renovate our existing facilities and establish a simulation lab for our students that would otherwise need to be covered entirely by the school. Barring any major disruptions to our operations such as those experienced through the pandemic, our increase in non-student fee revenues is likely to reduce our reliance on PDST for general operating expenses. This will help avoid PDST increases greater than proposed in future years.

**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.”**

	Enrollment					
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Resident	216	219	235	236	236	236
Domestic Nonresident	19	12	12	12	12	12
International	18	18	17	17	16	16
<b>Total</b>	<b>253</b>	<b>249</b>	<b>264</b>	<b>265</b>	<b>264</b>	<b>264</b>

**Additional comments:** Nonresident: About 20% of the entering class consist of US domestic students who become residents in their second year. Only a few students remain as nonresidents throughout the 4 years of the program.

### IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 institutions that are 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.

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR																
Total <i>Resident</i> Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
Ohio State College of Optometry	123,965	127,684	131,515	135,460	139,524	143,710	3.0%	3,719	3.0%	3,831	3.0%	3,945	3.0%	4,064	3.0%	4,186
Indiana University School of Optometry	137,859	141,995	146,255	150,643	155,162	159,817	3.0%	4,136	3.0%	4,260	3.0%	4,388	3.0%	4,519	3.0%	4,655
SUNY College of Optometry	127,433	131,256	135,194	139,250	143,428	147,731	3.0%	3,823	3.0%	3,938	3.0%	4,056	3.0%	4,178	3.0%	4,303
New England College of Optometry	188,778	194,441	200,274	206,282	212,470	218,844	3.0%	5,663	3.0%	5,833	3.0%	6,008	3.0%	6,188	3.0%	6,374
Southern California College of Optometry	202,626	208,705	214,966	221,415	228,057	234,899	3.0%	6,079	3.0%	6,261	3.0%	6,449	3.0%	6,642	3.0%	6,842
Pacific University College of Optometry	194,388	200,220	206,227	212,414	218,786	225,350	3.0%	5,832	3.0%	6,007	3.0%	6,187	3.0%	6,372	3.0%	6,564
<b>Average public comparison</b>	<b>129,752</b>	<b>133,645</b>	<b>137,655</b>	<b>141,784</b>	<b>146,038</b>	<b>150,419</b>	<b>3.0%</b>	<b>3,893</b>	<b>3.0%</b>	<b>4,010</b>	<b>3.0%</b>	<b>4,130</b>	<b>3.0%</b>	<b>4,254</b>	<b>3.0%</b>	<b>4,381</b>
<b>Average private comparison</b>	<b>195,264</b>	<b>201,122</b>	<b>207,156</b>	<b>213,370</b>	<b>219,771</b>	<b>226,364</b>	<b>3.0%</b>	<b>5,858</b>	<b>3.0%</b>	<b>6,034</b>	<b>3.0%</b>	<b>6,215</b>	<b>3.0%</b>	<b>6,401</b>	<b>3.0%</b>	<b>6,593</b>
<b>Average public and private comparison</b>	<b>162,508</b>	<b>167,384</b>	<b>172,405</b>	<b>177,577</b>	<b>182,905</b>	<b>188,392</b>	<b>3.0%</b>	<b>4,875</b>	<b>3.0%</b>	<b>5,022</b>	<b>3.0%</b>	<b>5,172</b>	<b>3.0%</b>	<b>5,327</b>	<b>3.0%</b>	<b>5,487</b>
<b>Your program</b>	<b>157,055</b>	<b>163,875</b>	<b>170,753</b>	<b>177,381</b>	<b>183,727</b>	<b>189,761</b>	<b>4.3%</b>	<b>6,820</b>	<b>4.2%</b>	<b>6,878</b>	<b>3.9%</b>	<b>6,628</b>	<b>3.6%</b>	<b>6,346</b>	<b>3.3%</b>	<b>6,034</b>

Total <i>Nonresident</i> Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
Ohio State College of Optometry	212,056	218,418	224,971	231,720	238,672	245,832	3.0%	6,362	3.0%	6,553	3.0%	6,749	3.0%	6,952	3.0%	7,160
Indiana University School of Optometry	190,305	196,014	201,894	207,951	214,190	220,616	3.0%	5,709	3.0%	5,880	3.0%	6,057	3.0%	6,239	3.0%	6,426
SUNY College of Optometry	216,670	223,170	229,865	236,761	243,864	251,180	3.0%	6,500	3.0%	6,695	3.0%	6,896	3.0%	7,103	3.0%	7,316
New England College of Optometry	188,778	194,441	200,274	206,282	212,470	218,844	3.0%	5,663	3.0%	5,833	3.0%	6,008	3.0%	6,188	3.0%	6,374
Southern California College of Optometry	202,626	208,705	214,966	221,415	228,057	234,899	3.0%	6,079	3.0%	6,261	3.0%	6,449	3.0%	6,642	3.0%	6,842
Pacific University College of Optometry	194,388	200,220	206,227	212,414	218,786	225,350	3.0%	5,832	3.0%	6,007	3.0%	6,187	3.0%	6,372	3.0%	6,564
<b>Average public comparison</b>	<b>206,344</b>	<b>212,534</b>	<b>218,910</b>	<b>225,477</b>	<b>232,242</b>	<b>239,209</b>	<b>3.0%</b>	<b>6,190</b>	<b>3.0%</b>	<b>6,376</b>	<b>3.0%</b>	<b>6,567</b>	<b>3.0%</b>	<b>6,765</b>	<b>3.0%</b>	<b>6,967</b>
<b>Average private comparison</b>	<b>195,264</b>	<b>201,122</b>	<b>207,156</b>	<b>213,370</b>	<b>219,771</b>	<b>226,364</b>	<b>3.0%</b>	<b>5,858</b>	<b>3.0%</b>	<b>6,034</b>	<b>3.0%</b>	<b>6,215</b>	<b>3.0%</b>	<b>6,401</b>	<b>3.0%</b>	<b>6,593</b>
<b>Average public and private comparison</b>	<b>200,804</b>	<b>206,828</b>	<b>213,033</b>	<b>219,424</b>	<b>226,007</b>	<b>232,787</b>	<b>3.0%</b>	<b>6,024</b>	<b>3.0%</b>	<b>6,205</b>	<b>3.0%</b>	<b>6,391</b>	<b>3.0%</b>	<b>6,583</b>	<b>3.0%</b>	<b>6,780</b>
<b>Your program</b>	<b>206,035</b>	<b>212,855</b>	<b>219,733</b>	<b>226,361</b>	<b>232,707</b>	<b>238,741</b>	<b>3.3%</b>	<b>6,820</b>	<b>3.2%</b>	<b>6,878</b>	<b>3.0%</b>	<b>6,628</b>	<b>2.8%</b>	<b>6,346</b>	<b>2.6%</b>	<b>6,034</b>

Source(s): Ohio State College of Optometry: <https://optometry.osu.edu/financial-information>

Indiana University School of Optometry: <https://optometry.iu.edu/admissions/cost-aid/index.html>

SUNY College of Optometry: <https://www.sunyopt.edu/academics/tuition-fees-financial-aid/>

New England College of Optometry: <https://www.neco.edu/admissions/tuition-and-aid/>

Southern California College of Optometry: <https://www.ketchum.edu/optometry/cost-aid>

Pacific University College of Optometry: <https://www.pacificu.edu/optometry-od/cost-financial-aid>

**Additional comments:** All schools have required summer program fees in their 3<sup>rd</sup> and 4<sup>th</sup> years of the program. Summers fees are not published by all our comparators and, therefore, total charges for our comparators may be higher than shown in the table above.

**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 public institutions have similar programs, are similar in size, have a research component, and graduate PhD programs in Vision Science, and thus compete for the same pool of students and ladder rank faculty.

The private schools were chosen primarily because of their proximity to Berkeley – California (Southern California) and Oregon (Pacific). Most of our students are California residents and apply primarily to Western schools. The New England College of Optometry (NECO) is included since it is located in Boston and has a similar cost of living to the Bay Area.

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

Compared to public institutions in the chart above, The Herbert Wertheim School of Optometry and Vision Science is more expensive for residents and about the same for nonresidents. Compared to private institutions, our program is less expensive for residents and slightly more expensive for nonresidents. For the cohort starting in fall 2023, compared to the average of public comparators, the cost of our 4-year program is \$27K higher for residents. However, our student debt is lower than our comparable institutions. In AY 2020-21, 69% of our graduates had debt while 79% had debt in comparable public institutions. In the same year, our graduate students with debt had on average \$165K in debt, while students with debt in comparable public institutions had on average \$178K in debt.

Additionally, the Association of Schools and Colleges of Optometry (ASCO) reports that the national indebtedness average of *all* O.D. graduates in AY 2020-21 is \$158,713 compared to our average indebtedness of \$114,485. The only school with an average indebtedness of all O.D. graduates lower than us is Pacific University College of Optometry (PUCO), a private university.

It is important to note the following:

- All schools have required summer program fees in their 3<sup>rd</sup> and 4<sup>th</sup> years of the program. Summers fees are not published by all our comparators and, therefore, total charges for our comparators may be higher than shown in the table above.
- In addition, 4<sup>th</sup> year students who perform clinical rotations at distances exceeding 50 miles from the Berkeley campus are eligible for *in-absentia* status through the campus. This status reduces 4<sup>th</sup> year costs by approximately \$5,000. Over 50% of our 4<sup>th</sup> year students are placed into in-absentia status at some point in the 4<sup>th</sup> year.

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

According to the *Journal of Clinical and Experimental Optometry* (2021), Berkeley Optometry is the world's top-ranked program in optometric education and training, and vision research. In addition, we are distinguishable in that Berkeley Optometry awards over \$2M per year in scholarships and tuition reduction to O.D. students. 100% of our students enrolled in the O.D. program receive a departmental award. Other opportunities for tuition and fee support come from: Professional Student Support Funding (PSSF) scholarships, Optometry Opportunity Award scholarships, incoming student scholarships. The high level of financial aid results in a lower cumulative cost of the 4-year program. In consequence, ***UCB students graduate with less debt than our comparators***, and our grants/scholarships cover a higher percentage of program expenses than our comparators. The graduating class of 2022 continued our tradition of excellence in performance on the National Board of Optometry examinations, by having the #1 performance for all schools and colleges of optometry.

## 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.

	Actual	Actual	Actual	Estimated	Comparison (2020-21)	
	2019-20	2020-21	2021-22	Fall 2022	Publics	Privates
Ethnicity						
<b>Underrepresented</b>						
African American	1.1%	1.2%	1.6%	2.0%	3.4%	1.1%
Hispanic/Latino(a)	6.4%	6.9%	11.6%	11.0%	4.5%	3.6%
American Indian	0.0%	0.0%	0.0%	0.0%	0.2%	0.4%
<b>Subtotal Underrepresented</b>	<b>7.5%</b>	<b>8.1%</b>	<b>13.2%</b>	<b>13.0%</b>	<b>8.1%</b>	<b>5.1%</b>
Asian/Pacific Islander	63.7%	63.3%	62.8%	63.0%	22.8%	40.0%
White	14.2%	15.3%	14.4%	14.0%	63.4%	40.4%
Domestic Unknown	10.5%	7.7%	2.8%	3.0%	5.7%	14.5%
International	4.1%	5.6%	6.8%	7.0%	N/A	N/A
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Socioeconomic</b>						
% Pell recipients	33.8%	40.9%	32.8%			
<b>Gender</b>	100.0%					
% Male	20.6%	20.2%	19.2%	19.8%	31.0%	29.0%
% Female	79.4%	79.8%	78.4%	80.2%	69.0%	71.0%
% Non-Binary	0.0%	0.0%	0.0%	0.0%	N/A	N/A
% Unknown	0.0%	0.0%	2.4%	0.0%	N/A	N/A

Sources: UC ethnicity, socioeconomic status: UC Corporate data

Comparison institutions: [www.optometriceducation.org](http://www.optometriceducation.org)

Comparison institutions do not track "International" as a category for ethnicity and also do not track "Non-Binary" and "Unknown" as categories for gender.

Comparison institutions track "Two or more races" as a category for ethnic enrollment; these percentages were included under "domestic unknown."

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

In the United States, all health care specialties suffer from the lack of diversity in their practitioners, which leads to inequities in care in our country. The Herbert Wertheim School of Optometry and Vision Science continues to make intentional efforts to increase our enrollment of underrepresented groups within our program and the field of Optometry. The number of applicants from underrepresented populations continues to grow at a slow pace not only at Berkeley but nationally. According to ASCO, the number of Black applicants has remained essentially unchanged at 5% and the number of Hispanic applicants has shown modest growth from 10% to 12% within the past seven years. We have seen modest gains in both our Hispanic and Black students over the past five years. Our program is in direct competition with other schools and colleges of Optometry for the very few URGs that apply to Optometry school yearly. Our difficulties in matriculating these applicants include the high cost of living in the bay area and the availability of scholarships. Increased efforts, such as those listed below (which include expanding the pipeline), have been implemented to continue to increase our URG populations.

The following shows programs that have assisted our URG goals followed by new programs that we have implemented to further our ambitions.

**On-Going:**

- **Opto-Camp:** For over fifteen years, our School has partnered with Vision Service Plan (VSP) to provide a five-day program that provides undergraduate students from underrepresented groups (globally) with opportunities to learn about the profession of optometry and the process of becoming an optometrist. This free program provides in-depth information about Optometry as a career track with an intentional emphasis on exposing first generation students to the profession. Program components include providing opportunities to network and learn from our alumni, workshops on applying and interviewing for O.D. admissions, fundamentals of vision health, how to be successful in a health care program, the different career paths possible, and finally, financing optometry school.

- Graduate Opportunity Program (GOP) Awards & Optometry Opportunity Awards: In order to increase enrollment of URG students within our Doctor of Optometry Program, our School utilizes GOP Fellowships and Optometry Opportunity Awards (OOA). These awards provide a \$10,000 stipend in addition to tuition and in-state fees for the first year of enrollment. These awards allow us to actively recruit underrepresented groups to our program by providing funding opportunities.
- Relationship & Coalition Building with On Campus Student Organizations: Our program intentionally builds relationships with on-campus student organizations that foster, encourage, and support underrepresented students entering health-related professions. Examples include Comunidad for Health Equity, Medical and Pre-Health Student Society, Black Students in Health, and the American Medical Student Association, all active student organizations at UCB.

**Recent efforts include:**

- The hiring of a Full Time Director of Diversity, Equity, Inclusion, and Belonging (DEIB) in July 2021: The Director, who is also a clinic faculty member, works to identify and support opportunities to improve diversity, equity, inclusion, and belonging with the Herbert Wertheim School of Optometry & Vision Science. Our goal is to create culturally humble clinicians and researchers for a culturally complex world.
- In a short amount of time, the Director of DEIB has opened up opportunities to increase accessibility and affordability of our program through on campus partnerships with the Office of Graduate Diversity. For example, our incoming URG students will have access to travel stipends for campus Diversity Days.
- Expanded Diversity Recruitment Effort: Over the past two years, our School has made more intentional efforts to connect with national and local organizations with a focus on recruiting more underrepresented students to health-related professional programs, including Optometry. This past cycle, we attended local and national conferences and recruitment fairs, such as the National Association of Medical Minority Educators, the Diversity in Education Graduation and Professional School Recruitment Fair and fostered connections with national organizations such as the Black Eyecare Perspective.
- OptomCAS Waivers: To reduce the financial burden associated with applying to our Doctor of Optometry program, our Admissions & Student Affairs recently began providing a limited number of application fee waivers to students of underrepresented groups and low SES to encourage application completion and submission.



- Vision Science Undergraduate Research Program (ViSUR): In the Summer of 2022, we launched an 8-week in-person program that allows undergraduate students (with an emphasis on recruiting underrepresented populations) to work in a lab with a faculty advisor on a research project related to vision, vision health, etc. In addition to working on a project, students had regular seminars with other summer undergraduate students across campus. Three students completed the program, with increased efforts to grow the program in the Summer of 2023.
- Holistic Admission Policies & Practices: The School's faculty has been instrumental in the creation of holistic based admissions practices, which significantly impacts our underrepresented student applicant pool. Strategies include the elimination of numerical cutoffs for GPA thresholds, becoming standardized test optional, and moving programmatic interviews to a completely virtual format to reduce financial barriers. Additionally, members of the faculty admission committee have engaged in training surrounding unconscious bias and stereotype threat, which has led to an increase in more underrepresented students receiving an invitation to interview for our program.
- Opening opportunities that were previously unavailable for our professional students to participate in established campus programs designed for graduate students, such as attendance at Diversity Days and Path to the Professoriate 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?**

The Herbert Wertheim School of Optometry and Vision Science continues to make intentional efforts to increase our enrollment of students from low socioeconomic backgrounds. This includes utilizing financial aid data to make more informed decisions regarding financial aid award packages, removing structural barriers such as offering application fee waivers through OptomCAS, and implementing a more holistic selection process. Our school began requiring the Free Application for Federal Student Aid (FAFSA) with the incoming class of 2026. Our student percentage of students from low-SES status remains between 30 - 40%.

For the incoming Class of 2026, we were able to offer a number of incoming student scholarships that addressed the financial challenges associated with enrolling in our program. Partnering with our Development & Alumni Relationship team, we intend to increase the number of scholarships we offer. Additionally, 100% of our students receive a departmental award in the amount of \$6,000 per year to offset the cost of tuition and fees (for a total of approximately \$24,000 over four years). We also intend to use financial aid data from our OptomCAS applications and student financial aid data (FAFSA) to identify those in need. Also, students from low socioeconomic backgrounds are encouraged to apply for the Health Professions Student Loan, a subsidized 5% interest

rate loan available to Berkeley Optometry graduate students. Our program has made intentional efforts to reduce barriers to enrollment, such as hosting virtual interview days, partnering with our financial aid and scholarships office, encouraging students to apply for in-state residency, and increasing awareness of scholarship eligibility through local, state, and national organizations. A recent development has been the inclusion of being an Optometry student as an eligibility criterion for the CalFresh program, a State-funded program that was built for low income students to encourage the consumption of healthy and nutritious food.

**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 Herbert Wertheim School of Optometry and Vision Science continues to make intentional efforts to increase our enrollment of students who decrease the gender imbalance within our program and the field of Optometry. Our gender demographic is similar to the national trend, where there are more women than men who apply and enroll in Optometry programs. Our O.D. program has remained largely unchanged in terms of our gender makeup over the past five years, with 20% identifying as male and 80% identifying as female. This breakdown is lower than our comparisons who generally have 30% identifying as male and 70% identifying as female.

As such, Berkeley Optometry & Vision Science has worked to increase the visibility of male identified students in our program, utilizing such strategies as increasing our Berkeley Optometry Ambassador (BOA) male identified students (upper class students who serve as mentors to potential applicants). Our application through OptomCAS has both sex and gender markers and utilizes gender-neutral language in essay questions to demonstrate a more inclusive environment.

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

By increasing the diversity of our School, we can increase not only the educational outcomes of all students but improve existing health care disparities within California and the United States. Therefore, we expect to increase our diversity by the end of this plan and are intentional in the recruitment of those qualified students specifically from URG backgrounds (Hispanic, Black), low-SES, and male identifying students. Fortunately, the need for more diversity in the health care professions, and acknowledgement that health care inequities have worsened during the pandemic, national optometric associations like the American Academy of Optometry, the

Association of Schools and Colleges of Optometry, and the American Optometric Association are spearheading efforts to increase the application pipeline for these populations to optometry schools across the country. As we celebrate our 100th anniversary, the faculty, staff, and students within our School understand the need and value for diversifying our profession.

We are constantly evaluating our programs, and while we expect them to be successful, we are prepared to alter our curriculum as necessary and give more energy to those programs that are fulfilling our goals and sun setting those programs that do not. We acknowledge that this is a long-term challenge that will require persistence and time to address, and we are motivated to do just that.

**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.***

<b>All Faculty (School or Department)</b>				
<b><i>Ethnicity</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	0.0%	1.0%	2.0%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	2.0%	4.0%	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	43.0%	42.4%	43.6%
	International	0.0%	0.0%	0.0%
White	Domestic	55.0%	52.5%	50.5%
	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%
<b><i>Percentage by Gender</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		58.0%	60.6%	60.4%
Male		42.0%	39.4%	39.6%
Non-Binary/Unknown		0.0%	0.0%	0.0%

<b>Ladder Rank and Equivalent Faculty (School or Department)</b>				
<b><i>Ethnicity</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	0.0%	4.2%	4.5%
	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	26.1%	25.0%	27.3%
	International	0.0%	0.0%	0.0%
White	Domestic	73.9%	70.8%	68.2%
	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%
<b><i>Percentage by Gender</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		47.8%	45.8%	45.5%
Male		52.2%	54.2%	54.5%
Non-Binary/Unknown		0.0%	0.0%	0.0%

**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?**

Diversity and inclusion are essential to the mission of the School at every level. We will continue to advertise, promote, and recruit all future faculty positions in order to attract the broadest applicant pool and in full accordance with UC policy and campus best practices. Our most recent faculty searches have demonstrated that this careful adoption of best practices have yielded a slightly higher number for URG applicants. All senate searches include an equity advisor that contributes to the faculty recruitment plan to promote diversity, equity, and inclusion, advises the search committee on effective strategies for enhancing the diversity of the applicant pool, and ensures all the campus guidelines in relation to diversity and equity are observed and followed. This includes

incorporating information provided by the UC Berkeley Office of Faculty Equity and Welfare, specifically a compilation of information from national data sets on the demographics of individuals who received doctoral degrees in the fields targeted by the search. A goal of the search is for the applicant pool, long list and short list, to reflect the diversity of the pool of potential applicants. We specifically advertise with Diversity.com and the National Optometric Association, the largest optometric association representing minority providers to attract the most diverse applicant pools in addition to tapping into personal networks. In 2021-22 only 6% of faculty members were URG compared to two years ago when we only had 2% URM. This represents an increase of 4 URG faculty members for a total of 6.

It should also be noted that embedded within the 'All Faculty' table are the Clinical faculty who are non-senate faculty. Every year, the School reappoints and recruits clinical faculty, many of whom are part-time due to having their own private practice, to fill vacancies throughout the year. In 2021-22, 51 of 79 clinical faculty members were women and 38 were Asian, 3 were Hispanic, and 2 were Black. We have conducted 8 Senate Faculty searches over the last 10 years. Six of the 8 yielded no African American applicants, 3 of the 8 yielded no Latinx applicants, and there were no Native American or Hawaiian/Pacific Islander applicants. The 8 searches have resulted in the hiring of 7 women, 4 Asians (including a woman of South Asian origin), 1 Hispanic man and 2 white men. Diversity, Equity, Inclusion and Belonging was an important part of our 2018 and 2021 strategic plans. In 2021, we hired a new Director of DEIB and Associate Clinical Professor to assist with expanding our outreach and recruitment efforts. This includes recruitment of students in the O.D. program who will be licensed to practice in the state of CA and eligible for employment as clinical faculty, representing the school within various organizations to create awareness and promote the school, in addition to leading the DEIB Council and Climate Committee to ensure a sense of belonging within the community.

Identifying future faculty is critical to our success and waiting to identify a good candidate for a faculty position at the application and interview stage is too late. Therefore, we are working to identify and mentor prospective faculty by continuing the thread of mentorship through undergraduate education, optometry school graduation, post-doctoral training, and navigating the faculty recruitment process. The Director of DEIB is working to leverage existing organizational and university programs while creating optometry-specific initiatives. Examples include:

- Organizational programs: Association of Schools and Colleges of Optometry (ASCO)
  - ASCO created the Faculty Diversity Initiative (FDI) for current Black and Latinx-identifying residents, a sister program to the Future Faculty Program for all residents. In just two short years, the FDI has shown promise for its effectiveness in mentoring Black residents into academic careers - the program helped facilitate the placement of five Black faculty members into optometry schools across the country.

- University Programs
  - The University of California system offers Advancing Faculty Diversity and the Provost Postdoc Fellows program, both of which provides funding to university departments to support scholars from underrepresented groups. The UC's Diversity Council is pursuing the goal to double the number of underrepresented faculty by 2026.
- Discipline-Specific programs
  - The Vision Science Undergraduate Research program (ViSUR) was established in 2022 and was designed for undergrad students to develop an interest in vision science. The students spend two months assigned to a lab and are mentored by the PI and other members of the lab, with a final presentation at the end of the program.
  - Young Scholars Program (not yet established) - will be used to mentor current residents to pursue an academic career with participation in clinical research and post-residency fellowship.

We believe that creating an inclusive and welcoming environment is important to diversifying our faculty because it requires us to focus on how we ensure they will thrive and be valued for their contributions. This is a fundamental shift in our processes, policies, and structures of recruitment, mentoring, hiring, and promoting our faculty. Celebration of cultural and intellectual richness, diversity of thought and perspective, and human identity are essential elements of academic excellence and will demonstrate our commitment to a faculty body that is representative of our communities.

## 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 goal is for our students to continue to graduate with less debt than our competitors.** We will continue to monitor the ASCO data table to ensure that this remains consistent from year to year.

Berkeley Optometry awards approximately \$2M per year in scholarships and tuition reduction to O.D. students from PDST and philanthropic sources, as well as additional aid from block grants. The high level of financial aid results in a lower cumulative cost of the 4-year program. In consequence, ***UCB students graduate with less debt than our comparators***, and our grants/scholarships cover a higher percentage of program expenses than our comparators (see Table 3.9 of the ASCO annual student data report).<sup>1</sup>

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<sup>1</sup> See <https://optometriceducation.org/wp-content/uploads/2022/05/2021-22-Annual-Student-Data-Report.pdf>

The Herbert Wertheim School of Optometry and Vision Science continues to make intentional efforts to increase our enrollment of students from low socioeconomic backgrounds within our program and the field of Optometry. This includes utilizing financial aid data to make more informed decisions regarding financial aid award packages, removing structural barriers such as offering application fee waivers through OptomCAS and implementing a more holistic selection process. Our school began requiring the Free Application for Federal Student Aid (FAFSA) with the incoming class of 2026. Our student percentage of students from low-SES status remains between 30 - 40%.

Currently, PDST is awarded to all students enrolled in our O.D. program. Each student receives a departmental award in the amount of \$6,000 per year and an additional \$0.3M is distributed based on need. As such, students receive a total award of approximately \$24,000 spread out over the 4-year program. Based on the data we collect from the FAFSA requirement, we may choose to adjust how PDST is distributed in the future to maintain our goal of graduating students with lower debt than our competitors and to mitigate the disproportionate burden on URG students.

Each year, over \$150,000 is available in additional awards, through our Professional Student Support Funds (PSSF) Scholarships. These endowed awards, available to continuing students, are made possible through the generosity of faculty and alumni of the School. An intentional focus is placed on ensuring students are meeting the funding terms of each scholarship.

Our Graduate Opportunity Program Fellowships (GOP) and Optometry Opportunity Awards (OOA) provide additional funding to those students who demonstrate financial need and whose backgrounds, interests, or goals serve to enhance the level of diversity within our graduate community.

The Herbert Wertheim Optometry Fellowships will be established over the next 10 years from the Dr. Herbert and Nicole Wertheim Foundation pledge. It includes an endowment towards student financial aid, which will generate scholarships beginning in 2030 for O.D. and Vision Science students. The endowed fellowships will be used to recruit and support O.D. students based on merit and need as they train to serve as future leaders in a diverse vision care profession.

Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
<b>Percent with Debt</b>	<b>URG</b>	100%	100%	89%	100%	75%	100%
	<b>Non-URG</b>	73%	65%	67%	77%	78%	68%
	<b>International</b>	0%	0%	0%	0%	0%	0%
	<b>All</b>	73%	61%	69%	74%	74%	69%
<b>Average Debt among Students with Debt*</b>	<b>URG</b>	\$185,355	\$86,441	\$190,610	\$189,221	\$189,960	\$178,968
	<b>Non-URG</b>	\$143,150	\$125,017	\$119,458	\$139,902	\$148,639	\$163,845
	<b>International</b>	\$0	\$0	\$0	\$0	\$0	\$0
	<b>All</b>	\$146,987	\$122,813	\$132,696	\$144,935	\$151,169	\$164,900

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

**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 shows a slight upward trend of indebtedness of our students. We anticipate that the increase in PDST will slightly increase indebtedness; however, it is important to note that we still graduate students with less debt than our comparators. Optometry’s increasing scope of practice on a national level requires a higher level of education for our students which in turn costs more money to deliver. At the same time, we anticipate that practicing to a higher scope would likewise increase average salaries of optometrists and enable them to face the burden of higher loans more readily. Increased scholarship fundraising, and the Wertheim gift (see VI.a) will also help to mitigate this necessary increase in PDST in the future.

Our data also show that URG students are more likely to take out debt at higher levels showing greater levels of need. The School will consider these factors as we move forward in our fundraising efforts and policies surrounding the Wertheim gift scholarships. As we are unable to give race-based scholarships, we will use the FAFSA data to inform our decisions moving forward.

Additional initiatives that will assist in debt reduction include the Herbert Wertheim Scholarship Endowment of \$5M that will boost the annual scholarships to O.D. students. The endowment will be fully funded by 2030. We also continue to prioritize O.D. student scholarships in our development office’s annual campaigns. In addition, we are working with a variety of private practice groups and industry practice groups to reduce graduating debt by offering \$100,000 employment “loans.” The idea is that these loans will be reduced to zero over the first 3 or 4 years of employment or partnership. We anticipate this being a growing trend as recruitment continues to be highly competitive for our new graduates.



	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	69%	\$164,900	\$160,000	15%
<b>Public comparisons</b>	85%	\$178,276	\$139,000	18%
<b>Private comparisons</b>	67%	\$182,122	\$145,000	18%

Sources:

UC: Corporate data

Comparison institutions: [www.optometriceducation.org](http://www.optometriceducation.org)

**Additional comments:** Salary data are based on median incomes available at salary.com and are not based on salary immediately after graduation. Many of our students after graduation go on to do a fifth year of residency and residency salaries are not publicly available. Of the 62 graduating Doctor of Optometry students from the Class of 2022, 61% of the class pursued residency.

**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 comparisons with the public and private institutions chosen indicate that our graduates have less debt than other institutions. The data for the comparison institutions were reported to the Association of Schools and Colleges of Optometry as part of their annual student survey. It should be noted that the American Optometric Association lists the national average salary to be \$176,000. We have no Loan Repayment Program. A few of our students who continue their research training are eligible to apply to the competitive Federal Loan Repayment Grants from the National Eye Institute. Resident students defer loan repayment during their residency. Based on the average indebtedness of our students and the average salary range for optometrists (see salary.com data below, which are based on median salaries for cities/areas where programs are located), the School feels that the level of indebtedness is manageable

**This Program (Berkeley, CA): \$160,000**

Public

Ohio State College of Optometry (Columbus, OH): \$132,000

Indiana University School of Optometry (Bloomington, IN): \$124,000

SUNY College of Optometry (New York, NY): \$161,000

**Average Public: \$139,000**

Private

New England College of Optometry (Boston, MA): \$151,000

Southern California College of Optometry (Fullerton, CA): \$150,000

Pacific University College of Optometry (Forest Grove, OR): \$134,000

**Average Private: \$145,000**

**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.**

Community health care systems, which are Federally Qualified Health Centers (FQHC), are designed to provide primary and preventative care to medically underserved and uninsured individuals, regardless of their ability to pay. Many of these community health clinics are located in rural and inner-city neighborhoods where barriers to traditional care can often include: limited English language proficiency, lack of transportation, poverty, or homelessness. As a result, many of these clinics provide not only comprehensive primary health care but many specialty services including social services, behavioral health, podiatry, dentistry, and vision care. The Berkeley Optometry clinical program has partnered with several off-campus community clinics providing clinical training and patient care through faculty and student rotations. These partnerships include the Alameda Health Care System at Hayward and East Oakland, the Marin Community Clinic at Novato and San Rafael, the West Oakland Health Clinic, and the Lifelong Medical Care Over 60 Clinic in Berkeley.

**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?**

Public interest careers are not available within optometry.

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

More effort has been given in our marketing and outreach plan to prospective and enrolled students explaining aid opportunities and financial aid programs. Our website has recently been updated to include a [Financing Your Education page](#), which outlines opportunities for aid. Additionally, we have created a [Cost of Attendance webpage](#) and a recruitment card insert that reviews estimated yearly expenses, tuition and fees, and ways to save. At on campus recruitment events and our new student orientation,

information is provided regarding financial assistance and on campus resources such as the UC Berkeley Scholarship and Financial Aid Office. Moving forward, our School intends to continue to search for new opportunities for prospective and incoming students to receive aid, which may include more outreach to alumni and eyecare corporations to fund scholarships. Finally, we have recently introduced a limited number of debt forgiveness programs associated with post-graduation employment opportunities. It is our expectation that such programs will increase in popularity in the near future.

**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?**

According to the Association of Schools and Colleges of Optometry (ASCO) for the past 10 years, our graduates who take out loans graduate with much lower debt than the national average for optometry schools (\$166,524 vs. \$191,591). Table 3.10 of the ASCO annual student data report<sup>2</sup> reviews Optometric Educational Indebtedness of Graduates of all Optometry schools, including UCB. Our website posts this information with links to the data provided by ASCO. Our recruitment materials also provide the median salaries of optometrists in the US with data provided by the American Optometric Association.

## 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.).**

UC Berkeley Optometry relies more on clinic revenue for core funding, gives *more* in scholarships and has a *lower* student debt ratio than the other national public optometry schools.

The past few years were tumultuous due to the COVID-19 pandemic; however, the school has demonstrated great resiliency in our recovery. Like everyone else, we were forced to move our didactic teaching online and temporarily reduce our clinical operations to essential services. In March 2020, COVID-19 lockdowns prematurely ended the in-person clinical laboratories that typically prepare second year students for entrance into third year summer clinic. In response, the faculty developed a "Clinic Bootcamp" during the first half of summer that consisted of timed examinations with fellow students sitting as "patients," with fully realized case histories, complaints, engineered data, and realistic responses to tests and procedures. This bootcamp experience allowed students to hone their examination skills, enter data into a simulated Electronic Health Record environment, make real-time clinical decisions, determine a differential diagnosis, consult with an attending doctor, and finalize a management plan, all without the pressure and

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<sup>2</sup> See <https://optometriceducation.org/wp-content/uploads/2022/05/2021-22-Annual-Student-Data-Report.pdf>

responsibility of seating an actual patient. We invested heavily in protecting the internal and external community by investing in PPE and reducing patient volume to properly sanitize equipment and exam rooms. The results were that there was not a single clinic or teaching related case of COVID-19, despite full time clinic and clinical teaching. This is true for the entire time of the pandemic. We also completed renovations to ensure optimal and safe teaching.

In 2021, didactic and lab-based teaching returned to in person, full-class schedules. Clinical teaching pivoted back to a full capacity clinic schedule. Despite our enrollment dropping by 25% for the fall of 2020, we have been successful in recruiting full classes since then.

On the recruitment side, we expanded our outreach efforts to improve our pipeline and also employed a new Director of DEIB to focus on recruiting a diverse student population in partnership with our Admissions and Student Affairs team.

As we recover from our pandemic losses, continuing to invest in our program will be paramount to serving the state of CA. Over 80% of our students are residents of CA and even more will go onto practice optometry in CA. This will greatly benefit our students and improve access to medical care for Californians.

Over the next 10 years, we anticipate significant investments in the program as we realize the Wertheim Foundation pledge. Dr. Wertheim is known for his work as an optometrist, entrepreneur, philanthropist, and inventor. The philanthropic funds coupled with increased student fees will be used to elevate the school's training and research programs through an investment in innovative models of vision care, teaching, and discovery. The gift will specifically support new clinical and educational facilities, the expansion of the school's clinical network and residency training, the creation of endowed support for both professional and research graduate students and a new Vision Science Institute to help unite vision research at UC Berkeley.

## **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 2022-23 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):
- 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):

**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.**

In Fall 2022, Dean Flanagan met with both the student leadership (October 10, 2022) and faculty (November 17, 2022) regarding the PDST proposal. The October 10<sup>th</sup> presentation is included as Attachment 1.

The student leadership meeting consisted of approximately 15 students who represent each of the 4 years of the O.D. program, which consists of approximately 270 students. He explained that it is essential we maintain our current levels of investment, which is needed for new teaching for the national, expanding scope of O.D. practice and ongoing investments in clinical equipment. We therefore need to apply for an increase which is projected to keep pace with cost of living increases over the 5 years. Consequently, the School has requested a 5% increase in PDST per year. This is lower than the projected cost of living increases over the next 2 years.

There was a frank discussion at the meetings where it was understood that no one likes the idea of tuition increases, and that we are simply attempting to maintain cost of living increase over the 5 years. PDST is the primary way for the School to maintain the integrity of the program and accommodate the nationally expanding scope of practice and the adaptations required to curriculum. It also has an impact on our ability to recruit a diverse student body (primarily URGs and low-SES students). Dean Flanagan also discussed the impact of the 10-year pledge from the Wertheim Foundation and the opportunity for increased revenue generation and scholarships and awards to the program. It was also explained to the student leadership that the School only directly receives their PDST and not their tuition dollars.

Student leadership was asked to inform the rest of the student community about the proposal and that the Dean was available to answer questions at any time. The School shared the slides from the meeting and also offered to hold student town hall meetings for each class if the student leadership felt it necessary. At this time, none of the class representatives have requested additional meetings. To ensure access for the greater community, especially our students, the PowerPoint presentation, a feedback/questionnaire form, and a FAQ document were posted to our internal intranet site. To date, we received and responded to six questions, two of which were not relevant to the proposed PDST increase. There were clarifying questions related to the budget, the naming gift, and COLA/inflation. The questions did not result in change 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 Lucy Andrews, GSA President on 10/21/22.  
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 University of California Optometric Student Association (UCOSA) on October 10, 2022.  
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):

**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.**

Initial discussions regarding the PDST proposal included several meetings between the Dean and Associate Deans (Associate Deans for Admissions and Student Affairs, Clinical Affairs and Academic Affairs). All were supportive of the proposed increase for the reasons mentioned above. The same presentation shared with the program's student population was discussed with ladder-rank and clinical faculty members and instructors on Thursday, November 17. A total of 57 faculty members attended the meeting. There were no comments or questions from the faculty.

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

Plan shared with     Lisa Garcia Bedolla     on     10/21/22     .  
Graduate Dean

Plan endorsed by     Carol T. Christ     on     11/18/22     .  
Chancellor



Attachment 1



FY 2022-23 Professional Degree Supplemental Tuition (PDST)  
Fee Proposal

Student Consultation

October 10, 2022  
John G. Flanagan, Dean

## O.D. PROGRAM FEES - HISTORICAL

	2018-19	2019-20	2020-21	2021-22	2022-23
<b>PDST Fee</b>					
CA Resident	18,120	19,026	19,976	20,974	22,022
<i>CA Res YoY increase</i>	<i>5%</i>	<i>5%</i>	<i>5%</i>	<i>5%</i>	<i>5%</i>
Nonresident	17,422	18,468	19,576	20,750	22,022
<i>Nonres YoY increase</i>	<i>6%</i>	<i>6%</i>	<i>6%</i>	<i>6%</i>	<i>6%</i>
<b>Mandatory Systemwide Fees</b>					
Tuition	11,442	11,442	11,442	11,442	11,700
Student Services Fee	1,128	1,128	1,128	1,128	1,152
Nonresident Supplemental Tuition	12,245	12,245	12,245	12,245	12,245
<b>Campus-based Fees</b>					
Campus Fee	1,401	1,457	1,486	1,400	1,434
Class Pass Fee - Transit	160	160	190	190	190
Instructional Resiliency & Enhancement					212
<b>Other Fees</b>					
Document Management Fee	117	120	123	125	128
Health Insurance	4,744	5,240	5,682	6,088	6,372
<b>Total CA Resident (excl health Ins &amp; Doc Mngmt)</b>	<b>32,251</b>	<b>33,213</b>	<b>34,222</b>	<b>35,134</b>	<b>36,710</b>
<b>Total Nonres (excl health Ins &amp; Doc Mngmt)</b>	<b>43,798</b>	<b>44,900</b>	<b>46,067</b>	<b>47,155</b>	<b>48,955</b>
<b>Total CA Resident (with health Ins &amp; Doc Mngmt)</b>	<b>37,112</b>	<b>38,573</b>	<b>40,027</b>	<b>41,347</b>	<b>43,210</b>
<b>Total Nonres (with health Ins. &amp; Doc Mngmt)</b>	<b>48,659</b>	<b>50,260</b>	<b>51,872</b>	<b>53,368</b>	<b>55,455</b>

# O.D. PROGRAM FEES – PROPOSED

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
<b>PDST Fee</b>										
CA Resident	18,120	19,026	19,976	20,974	22,022	23,122	24,278	25,492	26,766	28,104
<i>CA Res YoY increase</i>	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Nonresident	17,422	18,468	19,576	20,750	22,022	23,122	24,278	25,492	26,766	28,104
<i>Nonres YoY increase</i>	6%	6%	6%	6%	6%	5%	5%	5%	5%	5%
<b>Mandatory Systemwide Fees</b>										
Tuition	11,442	11,442	11,442	11,442	11,700	12,264	12,630	13,008	13,398	13,794
Student Services Fee	1,128	1,128	1,128	1,128	1,152	1,206	1,242	1,278	1,314	1,350
Nonresident Supplemental Tuition	12,245	12,245	12,245	12,245	12,245	12,245	12,245	12,245	12,245	12,245
<b>Campus-based Fees</b>										
Campus Fee	1,401	1,457	1,486	1,400	1,434	1,470	1,507	1,545	1,584	1,624
Class Pass Fee - Transit	160	160	190	190	190	195	200	205	210	215
Instructional Resiliency & Enhancement					212	223	234	246	258	271
<b>Other Fees</b>										
Document Management Fee	117	120	123	125	128	132	136	140	144	148
Health Insurance	4,744	5,240	5,682	6,088	6,372	6,563	6,760	6,963	7,172	7,387
<b>Total CA Resident (excl health Ins &amp; Doc Mngmt)</b>	<b>32,251</b>	<b>33,213</b>	<b>34,222</b>	<b>35,134</b>	<b>36,710</b>	<b>38,480</b>	<b>40,091</b>	<b>41,774</b>	<b>43,530</b>	<b>45,358</b>
<b>Total Nonres (excl health Ins &amp; Doc Mngmt)</b>	<b>43,798</b>	<b>44,900</b>	<b>46,067</b>	<b>47,155</b>	<b>48,955</b>	<b>50,725</b>	<b>52,336</b>	<b>54,019</b>	<b>55,775</b>	<b>57,603</b>
<b>Total CA Resident (with health Ins &amp; Doc Mngmt)</b>	<b>37,112</b>	<b>38,573</b>	<b>40,027</b>	<b>41,347</b>	<b>43,210</b>	<b>45,175</b>	<b>46,987</b>	<b>48,877</b>	<b>50,846</b>	<b>52,893</b>
<b>Total Nonres (with health Ins. &amp; Doc Mngmt)</b>	<b>48,659</b>	<b>50,260</b>	<b>51,872</b>	<b>53,368</b>	<b>55,455</b>	<b>57,420</b>	<b>59,232</b>	<b>61,122</b>	<b>63,091</b>	<b>65,138</b>

## SCHOLARSHIPS AND AWARDS

	2018-19	2019-20	2020-21	2021-22 Projected	2022-23 Projected
Departmental Awards	1,311,281	1,462,675	1,453,188	1,559,500	1,713,800
GOP Awards	96,717	132,013	189,950	243,791	247,644
PPSF Awards	138,050	118,206	134,000	135,000	135,000
Other Grad Div Awards/Scholarships	11,000	9,594	9,000	10,000	10,000
Other Optometry Awards/Scholarships	16,426	49,143	49,483	50,000	50,000
<b>Total OD Student Aid</b>	<b>1,573,474</b>	<b>1,771,631</b>	<b>1,835,621</b>	<b>1,998,291</b>	<b>2,156,444</b>

- Over 55 named endowed funds limited to student support
- Departmental award granted to every student
  - Average support totaling +\$24,000 over four years of study

# AFFORDABILITY

<b>2020-2021</b>	<b>Graduates with Debt</b>	<b>Average Debt</b>
UCB	69%	\$166,524
All Schools and Colleges	83%	\$191,591
	<b>All Graduates</b>	<b>Average Debt</b>
UCB	100%	\$114,485*
All Schools and Colleges	100%	\$158,713

\* Second lowest after PUCO

## PROGRAM GOALS AND EXPENDITURE PLANS

- New teaching for expanded scope of O.D. practice
  - Laser procedures, lesion removal, several types of injections and corneal cross-linking
  - Risk of falling behind in learning
- Clinical faculty compensation
  - Maintain faculty-to-student ratios
  - UC mandated salary increases
  - Align salaries to market rates, specifically UCSF
- Ongoing investment in clinical equipment

## FUTURE FUNDRAISING EFFORTS

- DAR Priorities
  - Increase Scholarships and Awards
  - Enhancing student experience
  - Debt relief programs
- Wertheim Foundation 10-year pledge includes funding for:
  - Scholarships and Awards - Endowments
  - Revenue generation through clinical expansion and new programs

## DIVERSITY AND ACCESSIBILITY

- OptoCamp
- Expanded recruitment efforts
- New Director of DEIB
- Travel grants for visit days
- Optometry funded opportunity grants
  - Similar to Grad Division GOP awards

**Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels  
Effective Beginning Summer or Fall 2023**

**PART A**

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

**I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION**

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

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
							%	\$	%	\$	%	\$	%	\$	%	\$
Prof. Degr. Suppl. Tuition (CA resident)	\$16,544	\$17,370	\$18,240	\$19,152	\$20,110	\$21,116	5.0%	\$826	5.0%	\$870	5.0%	\$912	5.0%	\$958	5.0%	\$1,006
Prof. Degr. Suppl. Tuition (Nonresident)	\$16,544	\$17,370	\$18,240	\$19,152	\$20,110	\$21,116	5.0%	\$826	5.0%	\$870	5.0%	\$912	5.0%	\$958	5.0%	\$1,006
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	\$14,712	\$15,144	4.8%	\$618	3.0%	\$402	3.0%	\$414	3.0%	\$426	2.9%	\$432
Campus-based Fees**	\$994	\$1,024	\$1,054	\$1,086	\$1,119	\$1,152	3.0%	\$30	3.0%	\$31	3.0%	\$32	3.0%	\$33	3.0%	\$34
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)***	\$2,524	\$2,524	\$2,524	\$2,524	\$2,524	\$2,524	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0
<b>Est. First-Year Fees (CA resident)</b>	<b>\$32,914</b>	<b>\$34,388</b>	<b>\$35,690</b>	<b>\$37,048</b>	<b>\$38,465</b>	<b>\$39,936</b>	4.5%	\$1,474	3.8%	\$1,303	3.8%	\$1,358	3.8%	\$1,417	3.8%	\$1,472
<b>Est. First-Year Fees (Nonresident)</b>	<b>\$45,159</b>	<b>\$46,633</b>	<b>\$47,935</b>	<b>\$49,293</b>	<b>\$50,710</b>	<b>\$52,181</b>	3.3%	\$1,474	2.8%	\$1,303	2.8%	\$1,358	2.9%	\$1,417	2.9%	\$1,472

\* 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. Do 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.

**Additional comments:** We do not necessarily plan to increase the PDST 5% every year, but have included the 5% as an upper bound. The ‘other’ fee is our annual course materials and services fee, which we do not plan to change during the period of our multi-year plan.



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

We propose to increase our PDST for the School of Veterinary Medicine's Doctor of Veterinary Medicine (DVM) program at a maximum of 5% per year for our multi-year plan. Our DVM program is the top-ranked program in the country according to US News and World Report (2020) and ranked 2<sup>nd</sup> in the world according to QS World University Rankings by Subject (2022). The program was established in 1948 with an inaugural class of 42 students, all WW II veterans. We now enroll 600 students (150 per class) in our four-year program. Our school's primary goal is to: educate world leaders in academic veterinary medicine, veterinary medical practice, and public and environmental health. Our strategies are: (1) Promote faculty and staff engagement in career development programs and best practices for educators; (2) Promote dynamic, up-to-date curriculum and training programs to foster educational goals and career opportunities; (3) Establish and maintain programs and strategies that promote a diversified professional community; and (4) Implement multiple strategies to reduce educational debt for professional degree and graduate students. Diversifying our professional community is a top priority for our school. Our new Dean has charged a Diversity, Equity, and Inclusion (DEI) working group to develop plans to diversify our students, faculty, residents, and staff. We have just hired a full time Director of Diversity and Outreach, a new position in the school to strategize and coordinate DEI efforts.

## **II. PROGRAM GOAL EVALUATION**

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

Our primary goal listed in our expiring multi-year plan inspired by our strategic plan is to: educate world leaders in academic veterinary medicine, veterinary medical practice, and public and environmental health. Our strategies are: (1) attract, mentor, and support the best and the brightest students and trainees; (2) design curriculum and training programs to meet current and future societal needs; and (3) lead the field of veterinary medicine by sharing educational expertise and best practices locally, nationally, and internationally. Our expiring plan covered 2018-19 through 2022-23 and included 3% annual increases in PDST. However, with approval from the President, we kept PDST flat for three years (19-20, 20-21, and 22-23) in order to keep student debt as low as possible, and assessed 3% increases in (18-19 and 21-22). Despite the reduced PDST support, we were able to accomplish the following goals in part with the support of other fund sources.

**Strategy 1: We were able to use the PDST revenue to maintain the quality of the DVM program and attract, mentor, and support the best and brightest students and trainees** despite a five-year budget reduction plan implemented by the UC Davis campus in 2020-21 resulting in a \$3.65 million budget reduction target for the School of Veterinary Medicine and additionally a global pandemic that required us to modify our didactic teaching to a hybrid method of combined outdoor (under protective tents) sessions and online sessions. Our clinical sessions remained in the clinic with a revised, socially-distanced format.

We continued our **outreach program to enhance the pipeline of diverse and socioeconomically disadvantaged students** such as our SMASH (Summer Math And Science Honors) program. In collaboration with the College of Agricultural and Environmental Sciences, the SMASH program is a college preparation program we offer at UC Davis for thirty 8<sup>th</sup> grade students from underrepresented groups and disadvantaged socio-economic backgrounds. During the summers of 2020 and 2021, we offered this program in a remote environment due to the pandemic. We employed a half-time diversity officer to work with our admissions office to conduct outreach to underrepresented individuals for our DVM program. We have maintained a 1.5 FTE of mental health counselors devoted to mental well-being. As discussed in more detail below in V.b., we have made modest progress increasing under-represented students in our program. In 2016-17, 11.5% of our students were from URGs and in 2021-22 it increased to 16%.

Note, we have aimed to limit our PDST increases to minimize the financial impact on students with increases not exceeding 3% since 2015: in 2015-16 the DVM program increased its PDST by 2.5%, 3% in 2018-19, and 3% in 2021-22. In addition to the required level of financial support for students allocated from the PDST (~33%), we allocated \$4M in scholarships from donor endowments (up from \$2.7M in 2018-19). This increase is due to market increases in endowment values and newly established endowments. Our median student debt, inclusive of all students including those who did not take on debt, has decreased from ~\$100K for our class of 2017 to the mid \$80K's for our class of 2021. Our average debt of those who took on debt has declined from \$146K for our class of 2016 (69% took on debt) to \$134K for our class of 2021 (59% took on debt). We believe we have made significant progress regarding student debt due to our scholarship funding.

**Strategy 2:** To compensate faculty members who developed and teach our innovative and world-class curriculum and training programs, we used PDST in the following ways:

- DVM provided faculty stipends and honoraria to individuals serving as teaching block leaders with stipend funding for the position of Director of Professional Students' Clinical Education so to ensure that students in their clinical year have a faculty advisor and advocate in our teaching hospital.
- We sustained 15 small group learning rooms within our primary teaching facility to facilitate learning in groups of 8-10 students.
- To ensure that our students have access to the best technology and tools, we have an annual \$400,000 to \$700,000 equipment budget to upgrade our clinical skills lab tools and audio visual equipment. For example, in 2022-23 we invested in iSeek a

software solution that permits both faculty and staff to conduct a 'Google'-like search of our entire curriculum according to search parameters specified by the user. Given that we have all lectures recorded via our MediaSite system and course materials accessible electronically, this is a powerful tool for teaching and research.

**Strategy 3:** We have attracted and retained internationally renowned faculty members. We use a portion of our PDST annually for DVM faculty start-up packages to ensure faculty members launch and maintain their research programs that integrate with their educational delivery. The School expends on average \$2.8 million annually for faculty start-up packages.

Our students directly benefit from our faculty members' research programs. In particular, the SVM has the only Medical Scientist Training (MSTP) funded by NIH<sup>1</sup> among all veterinary schools in the country. We supplement this grant program with our endowed Veterinary Scientist Training Program (VSTP) funded entirely by donated endowed funds to offer a total of 3-4 fully-funded slots annually for four years of the DVM program, plus 3 years of research stipend for their PhD program<sup>2</sup>. Students can complete a DVM/PhD program by working in our faculty members' labs with this program. In addition to the MSTP/VSTP program, our faculty members have the largest research portfolio of all veterinary schools in the country. This permits research outcomes to be applied to the clinical setting, offering students the chance to learn state-of-the-art techniques. Our school has a Veterinary Center for Clinical Trials<sup>3</sup> embedded within the teaching hospital. This permits students to participate in cutting edge clinical research as they rotate through clinical services enrolling patients in clinical trials.

We believe we have met our goals listed above. We have maintained the high quality of our program and achieved our accreditation standards. We have a high passage of the North American Veterinary Licensing Exam (NAVLE): 99% of all students in 2021 and 96% of all students in 2022). According to our annual work preparedness surveys of our graduating class, we believe our students are well-prepared for the workplace. For example, in our most recent survey 94% of the respondents indicated that problem solving skills were a strength in the curriculum and permitted them to be successful in the workplace. The UC Davis DVM graduates consistently self-report high ratings for their work preparedness. The school successfully passed our most recent accreditation review in 2018. We have made IT system improvements to compute and track student outcome assessments by faculty in the required competency areas. Our program is in demand: we consistently receive close to 1,000 student applications annually for a class of 150. Our DVM program has been ranked the #1 DVM program in the country by US News and World Report's most recent ratings. QS World University rankings has ranked our school #2 in veterinary science in the world. We have been ranked #1 by the US News and World Report since 2016 and ranked either #1 or #2 in the world by QS World University rankings in veterinary science

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<sup>1</sup> <https://vstp.vetmed.ucdavis.edu/fellowship-support>

<sup>2</sup> <https://vstp.vetmed.ucdavis.edu/program-overview>

<sup>3</sup> <https://clinicaltrials.vetmed.ucdavis.edu/>

since 2015. We are able to attract and retain our faculty members because of our excellent reputation and our world-renowned faculty. We have two National Academy of Medicine members serving on our faculty.

We were able to achieve our goals during the COVID 19 pandemic through our fundraising team's efforts, which secured over \$100K annual investment for outdoor tent teaching environments that met health, safety, and technology standards and requirements. This investment allowed our clinic to continue to operate in a socially-distanced manner. Students, faculty, and staff met with clients outside to discuss their animal's healthcare needs. Didactic lectures were held remotely for a period of time – the faculty used Zoom and thankfully we had previously invested in MediaSite so all lectures were recorded. UC Davis provided excellent COVID 19 testing resources and access to vaccines as they became available. While we proudly continued our programs during the pandemic, we are pleased to regain some semblance of normalcy this past Spring 2022 semester.

### 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?**

To continue to offer innovative programs, we propose to increase the DVM PDST by as much as 5% per year. The Northern California Consumer Price Index (used as a measure of inflation) was 6.8% annually through June 2022. We don't plan to increase the PDST at a 5% rate every year in the five-year plan unless it's warranted by our budget. Our aim is to keep the PDST as low as possible given that a priority of the School is to keep student debt load low. Our fundraising success in recent years has permitted us to not raise the PDST even as fixed cost increases occurred. We only increased our PDST twice during our last multi-year plan, in 2018-19 and 2021-22. In addition to scholarships, we have an additional fundraising goal to raise \$500M to replace our outdated teaching hospital built in the late 1960's. To date we have raised \$113M towards this goal for our new Veterinary Medical Center.

We have included the estimated cost of our planned innovations below, but emphasize that inflation has been a key driver in cost increases that we are experiencing now and for projections in our five-year plan. As can be seen by the Northern California CPI for the past few years, inflation started increasing dramatically in April, 2022, and has so far peaked at 6.8% in June, 2022.<sup>4</sup> On a

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<sup>4</sup> [https://www.bls.gov/regions/west/news-release/consumerpriceindex\\_sanfrancisco.htm](https://www.bls.gov/regions/west/news-release/consumerpriceindex_sanfrancisco.htm)

national level, the CPI peaked at 9.1% in June, 2022.<sup>5</sup> We strongly expect that our peer schools will feel this pressure and increase tuition and fees above 3% for 2023-24 as well as in future years.

We propose the following innovations to benefit our students over the next five years that will be funded in part by PDST:

- (1) **Continue to fund and grow our exceptional academic programs and student services** including our 1.5 FTE mental health counselors, our diversity officer, and our continuously-improved, top ranked DVM curriculum<sup>6</sup>. The academic and student support costs for the DVM program are approximately \$6.5M annually (excluding faculty salary costs). Computing even a low estimate of cost increase for this program at 3% per year yields annual cost increases of \$200,000.
- (2) **Continue to fund and expand our pipeline and outreach efforts as part of our diversity, equity, and inclusion strategies.** We recently recruited a new Director of Diversity and Outreach as part our Diversity, Equity, and Inclusion strategic initiative established by our new Dean (who joined us in October, 2021). This role will help us to further diversify our students, residents, and faculty. This individual will partner with the campus Vice Chancellor for Diversity, Equity, and Inclusion to further develop our outreach programs to other UCs, CSUs, and other colleges with underrepresented populations. The new annual salary and benefits cost to hire this Director is \$166,000 plus any salary and benefits increases in the future. We will also continue to innovate our SMASH outreach program and our Summer Enrichment Program (SEP). Both our SMASH and SEP are discussed in detail in V.b. Both aim to encourage under-served students to consider veterinary medicine as a career path. In a very recent development, our faculty have voted to discontinue the use of the Graduate Record Exam (GRE) as an admissions requirement due to concerns over the poor correlation between student success and exam scores.<sup>7</sup>
- (3) **Further improve our clinical skills laboratory** and add several more small group learning spaces to support our new block structure curriculum that emphasizes small group learning with an interactive, hands-on, team-based approach. In August 2022, we secured the first floor of the former Carlson Library (21,000 assignable square feet) for expansion of teaching and clinical programs for both students and residents. Our draft estimates for this renovation and improvement are between \$200,000-\$400,000 annually for the next three-years.

If the PDST increase is not approved, we will need to fundraise to fund the improvements described above which would detract from our successful DVM scholarship and Veterinary Medical Center fundraising programs. We would not be able to operate as we currently do and would need to pause improvements in our clinical skills lab and teaching facilities. Our fundraising team is currently

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<sup>5</sup> <https://www.bls.gov/opub/ted/2022/consumer-prices-up-9-1-percent-over-the-year-ended-june-2022-largest-increase-in-40-years.htm#:~:text=Consumer%20prices%20up%209.1%20percent,U.S.%20Bureau%20of%20Labor%20Statistics>

<sup>6</sup> <https://www.vetmed.ucdavis.edu/index.php/dvm/dvm-curriculum>

<sup>7</sup> <https://www.science.org/content/article/wave-graduate-programs-drop-gre-application-requirement>

working on a campaign to raise \$500M for our clinical facilities. They are 50 years old (built in the 1970s) and are outdated and too small. They were designed for a clinical caseload of 3,000 per year and our caseload exceeds 50,000 per year. Our students require updated clinical environments so they can perform the latest techniques using the latest equipment. Redirecting fundraising to more operational needs would diminish our ability to renovate and build clinical facilities. Note, we do not have a State-funded capital program to replace/update our clinical facilities.

**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue						Total Projected PDST Revenue in Final Year
	Total 2022-23 PDST Revenue	Incremental 2023-24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	
Faculty Salary Adjustments	\$100,257	\$3,963	\$5,220	\$5,472	\$5,748	\$6,036	\$126,696
Benefits/UCRP Cost	\$1,604,106	\$63,414	\$83,520	\$87,552	\$91,968	\$96,576	\$2,027,136
Providing Student Services	\$1,604,106	\$63,414	\$83,520	\$87,552	\$91,968	\$96,576	\$2,027,136
Improving the Student-Faculty Ratio	\$701,796	\$27,744	\$36,540	\$38,304	\$40,236	\$42,252	\$886,872
Expanding Instructional Support Staff	\$3,107,956	\$122,864	\$161,820	\$169,632	\$178,188	\$187,116	\$3,927,576
Instructional Equipment Purchases	\$100,257	\$3,963	\$5,220	\$5,472	\$5,748	\$6,036	\$126,696
Providing Student Financial Aid	\$2,506,416	\$140,772	\$165,420	\$186,595	\$186,221	\$197,359	\$3,382,783
Other Non-salary Cost Increases	\$300,770	(\$29,798)	(\$19,260)	(\$33,379)	(\$25,277)	(\$28,351)	\$164,705
Facilities Expansion/Renewal	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total use/projected use of revenue</b>	<b>\$10,025,664</b>	<b>\$396,336</b>	<b>\$522,000</b>	<b>\$547,200</b>	<b>\$574,800</b>	<b>\$603,600</b>	<b>\$12,669,600</b>

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

**Additional comments:**

Our School uses PDST revenue to support our instructional support and student services staff group and their operational and equipment budget (~60%); financial aid for DVM students (~25-27%); and faculty start-up packages (~10%). We meet the return-to-aid (RTA) policy by directing at least 33% of incremental new PDST revenue to student financial aid in 2023-24 through 2027-28. Our effective RTA rate is 25% in 2022-23 and increases to 26.7% in 2027-28. The program contributes substantially more than the 33% required by policy for RTA when donor-funded scholarships are included as described below. Including donor-funded scholarships of \$4M annually, the program contributes over 60% of total PDST toward student financial aid.

**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 have grown our student scholarships endowment to over \$100M through fundraising efforts compared to \$67M when we last submitted our proposal. **We allocate ~\$4M per year (up from \$2.7M from our last five-year plan) in student scholarships** in addition to the ~\$4M return-to-aid component of the PDST and the USAP (financial aid) component of the graduate tuition DVM students pay. The Schools of Veterinary Medicine nationwide are concerned about DVM student debt, and our school has been a leader in this effort. There has been a national movement to fundraise to buy-down the student debt with scholarship funds and we are happy to report, based on data from the AAVMC annual survey, UC Davis has the lowest mean and median debt compared to our comparators for all students in the program. See more details below in the affordability section of this plan.

**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.”**

**ENROLLMENT TABLE**

	Enrollment					
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Resident	571	575	575	575	575	575
Domestic Nonresident	32	23	23	23	23	23
International	3	2	2	2	2	2
<b>Total</b>	<b>606</b>	<b>600</b>	<b>600</b>	<b>600</b>	<b>600</b>	<b>600</b>

**Additional comments:**

Our program has always had a significantly high percentage of resident students, ~>=95%. We do not expect that to change.

### IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 institutions that are 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.

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR																
Total <i>Resident</i> Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
N. Carolina State University	84,690	87,231	89,848	92,543	95,319	98,179	3.0%	2,541	3.0%	2,617	3.0%	2,695	3.0%	2,776	3.0%	2,860
Cornell University	174,215	179,441	184,824	190,369	196,080	201,962	3.0%	5,226	3.0%	5,383	3.0%	5,545	3.0%	5,711	3.0%	5,882
Colorado State University	167,931	172,969	178,158	183,503	189,008	194,678	3.0%	5,038	3.0%	5,189	3.0%	5,345	3.0%	5,505	3.0%	5,670
Ohio State University	170,273	175,381	180,642	186,061	191,643	197,392	3.0%	5,108	3.0%	5,261	3.0%	5,419	3.0%	5,582	3.0%	5,749
University of Minnesota	158,341	163,091	167,984	173,024	178,215	183,561	3.0%	4,750	3.0%	4,893	3.0%	5,040	3.0%	5,191	3.0%	5,346
University of Florida	124,088	127,811	131,645	135,594	139,662	143,852	3.0%	3,723	3.0%	3,834	3.0%	3,949	3.0%	4,068	3.0%	4,190
Texas A&M University	117,948	121,486	125,131	128,885	132,752	136,735	3.0%	3,538	3.0%	3,645	3.0%	3,754	3.0%	3,867	3.0%	3,983
University of Pennsylvania	223,413	230,115	237,018	244,129	251,453	258,997	3.0%	6,702	3.0%	6,903	3.0%	7,111	3.0%	7,324	3.0%	7,544
Tufts University	253,573	261,180	269,015	277,085	285,398	293,960	3.0%	7,607	3.0%	7,835	3.0%	8,070	3.0%	8,313	3.0%	8,562
<b>Average public comparison</b>	<b>142,498</b>	<b>146,773</b>	<b>151,176</b>	<b>155,711</b>	<b>160,383</b>	<b>165,194</b>	<b>3.0%</b>	<b>4,275</b>	<b>3.0%</b>	<b>4,403</b>	<b>3.0%</b>	<b>4,535</b>	<b>3.0%</b>	<b>4,671</b>	<b>3.0%</b>	<b>4,811</b>
<b>Average private comparison</b>	<b>238,493</b>	<b>245,648</b>	<b>253,017</b>	<b>260,607</b>	<b>268,426</b>	<b>276,479</b>	<b>3.0%</b>	<b>7,155</b>	<b>3.0%</b>	<b>7,369</b>	<b>3.0%</b>	<b>7,591</b>	<b>3.0%</b>	<b>7,819</b>	<b>3.0%</b>	<b>8,053</b>
<b>Average public and private comparison</b>	<b>163,830</b>	<b>168,745</b>	<b>173,807</b>	<b>179,021</b>	<b>184,392</b>	<b>189,924</b>	<b>3.0%</b>	<b>4,915</b>	<b>3.0%</b>	<b>5,062</b>	<b>3.0%</b>	<b>5,214</b>	<b>3.0%</b>	<b>5,371</b>	<b>3.0%</b>	<b>5,532</b>
<b>Your program</b>	<b>144,657</b>	<b>150,340</b>	<b>156,030</b>	<b>161,950</b>	<b>168,082</b>	<b>174,437</b>	<b>3.9%</b>	<b>5,683</b>	<b>3.8%</b>	<b>5,690</b>	<b>3.8%</b>	<b>5,920</b>	<b>3.8%</b>	<b>6,132</b>	<b>3.8%</b>	<b>6,355</b>

Total <i>Nonresident</i> Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
N. Carolina State University	209,620	215,909	222,386	229,058	235,930	243,008	3.0%	6,289	3.0%	6,477	3.0%	6,672	3.0%	6,872	3.0%	7,078
Cornell University	271,628	279,777	288,170	296,815	305,719	314,891	3.0%	8,149	3.0%	8,393	3.0%	8,645	3.0%	8,904	3.0%	9,172
Colorado State University	270,072	278,174	286,519	295,115	303,968	313,087	3.0%	8,102	3.0%	8,345	3.0%	8,596	3.0%	8,853	3.0%	9,119
Ohio State University	211,237	217,574	224,101	230,824	237,749	244,881	3.0%	6,337	3.0%	6,527	3.0%	6,723	3.0%	6,925	3.0%	7,132
University of Minnesota	284,281	292,809	301,593	310,641	319,960	329,559	3.0%	8,528	3.0%	8,784	3.0%	9,048	3.0%	9,319	3.0%	9,599
University of Florida	196,111	201,994	208,054	214,296	220,725	227,347	3.0%	5,883	3.0%	6,060	3.0%	6,242	3.0%	6,429	3.0%	6,622
Texas A&M University	187,212	192,828	198,613	204,571	210,708	217,029	3.0%	5,616	3.0%	5,785	3.0%	5,958	3.0%	6,137	3.0%	6,321
University of Pennsylvania	266,293	274,282	282,510	290,985	299,715	308,706	3.0%	7,989	3.0%	8,228	3.0%	8,475	3.0%	8,730	3.0%	8,991
Tufts University	281,589	290,037	298,738	307,700	316,931	326,439	3.0%	8,448	3.0%	8,701	3.0%	8,962	3.0%	9,231	3.0%	9,508
<b>Average public comparison</b>	<b>232,880</b>	<b>233,555</b>	<b>240,562</b>	<b>247,778</b>	<b>255,212</b>	<b>262,868</b>	<b>0.3%</b>	<b>675</b>	<b>3.0%</b>	<b>7,007</b>	<b>3.0%</b>	<b>7,217</b>	<b>3.0%</b>	<b>7,434</b>	<b>3.0%</b>	<b>7,656</b>
<b>Average private comparison</b>	<b>273,941</b>	<b>282,160</b>	<b>290,624</b>	<b>299,343</b>	<b>308,323</b>	<b>317,573</b>	<b>3.0%</b>	<b>8,219</b>	<b>3.0%</b>	<b>8,465</b>	<b>3.0%</b>	<b>8,719</b>	<b>3.0%</b>	<b>8,981</b>	<b>3.0%</b>	<b>9,250</b>
<b>Average public and private comparison</b>	<b>242,005</b>	<b>249,265</b>	<b>256,743</b>	<b>264,445</b>	<b>272,378</b>	<b>280,550</b>	<b>3.0%</b>	<b>7,260</b>	<b>3.0%</b>	<b>7,478</b>	<b>3.0%</b>	<b>7,702</b>	<b>3.0%</b>	<b>7,933</b>	<b>3.0%</b>	<b>8,171</b>
<b>Your program</b>	<b>193,623</b>	<b>199,292</b>	<b>204,968</b>	<b>210,874</b>	<b>216,876</b>	<b>223,010</b>	<b>2.9%</b>	<b>5,669</b>	<b>2.8%</b>	<b>5,676</b>	<b>2.9%</b>	<b>5,906</b>	<b>2.8%</b>	<b>6,002</b>	<b>2.8%</b>	<b>6,134</b>



**Source(s):**

N. Carolina State (public)	<a href="#">Education - DVM - Admission Costs - NC State Veterinary Medicine (ncsu.edu)</a>
Cornell University (public)	<a href="#">Cost   Cornell University College of Veterinary Medicine</a>
Colorado State University (public)	<a href="#">dvm-financial-aid.pdf (colostate.edu)</a>
Ohio State University (public)	<a href="#">Cost of Attendance   College of Veterinary Medicine (osu.edu)</a>
University of Minnesota (public)	<a href="#">Cost of attendance for graduate students   One Stop Student Services - Twin Cities (umn.edu)</a>
University of Florida (public)	<a href="#">Financial Aid » Veterinary Education » College of Veterinary Medicine » University of Florida (ufl.edu)</a>
Texas A&M University (public)	<a href="#">Tuition &amp; Fees - DVM Professional Program (tamu.edu)</a>
University of Pennsylvania (private)	<a href="#">School of Veterinary Medicine Costs   Penn Student Registration &amp; Financial Services   Penn Srfs (upenn.edu)</a>
Tufts University (private)	<a href="#">Tuition and Fees at Cummings School – Cummings School of Veterinary Medicine at Tufts University</a>
UC Davis	<a href="#">Veterinary Medicine, DVM   Finance &amp; Business (ucdavis.edu)</a>

**Additional Comments:** Per UCOP's guidance, we projected 3% increases in our comparator's fees; however, we strongly expect that our peer schools, in response to inflation, will feel pressure to increase tuition and fees above 3% for 2023-24 as well as in future years, similar to our program. Accordingly, fee levels for our comparators in outlying year will likely be higher than what we reported in the table above.

**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).**

We chose these comparators because they are highly regarded and ranked programs and considered our peers across the 30 Schools and Colleges of Veterinary Medicine in the US. Our program is a top ranked program in the country and internationally by rating organizations described earlier. The most recent US News and World Report Ranking is as follows: (1) UC Davis; (2) Cornell University; (3) Colorado State University; (4) NC State; (5) Ohio State University; (6) Texas A&M University; (7) University of Pennsylvania; (9) University of Florida; (10) University of Minnesota; and (12) Tufts University. These schools are similar to UC Davis in that their clinical program is similar (on-site teaching hospital and a variety of specialties offered) and they also have a significant research portfolio.

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

Our program costs for residents are very close (slightly higher) to the average for public institutions (\$142,498 versus our program cost of \$144,657) and well below the public and private combined average of \$163,830. University of Pennsylvania and Cornell University are considered our closest peers, and we are well below those program costs. Our nonresident program cost is below the public average, the combined private and public average, and the private average. Our nonresident, domestic students typically achieve residency after one year in California.

Our program contributes a substantial amount of financial support to our students, an additional \$4M annually in donor-funded scholarships, on top of the ~\$4M return-to-aid component of the PDST and the USAP (financial aid) component. This is reflected in our indebtedness levels, in which, per an AAVMC annual survey, UC Davis has the lowest mean and median debt for all students (includes students who did not take on debt) among our peers. We believe we provide a very fair tuition and fees package for the highest quality DVM program.

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

Our DVM program has been ranked #1 in the country by US News and World Report and #2 in the world for veterinary science by QS World University rankings. We believe our program is unique in offering students an excellent educational experience. Our teaching hospital is home to 34 specialties (the most in the nation), with the largest veterinary residency program in the world, and a world-renowned faculty. In addition, students benefit from our school's substantial research activity, also the largest among all veterinary schools in the nation, with \$70M in annual research expenditures. Students are able to participate in faculty research projects, and the school offers a Veterinary Scientist Training Program (VSTP). Students accepted into the VSTP pause their veterinary studies after their second year to complete a PhD and return to their veterinary program afterward to complete years 3 and 4. The school has NIH and endowment funding to provide the full cost of tuition/fees and a stipend for those selected into the VSTP program.

## 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.

	Actual	Actual	Actual	Estimated	Comparison (2020-21)	
	2019-20	2020-21	2021-22	Fall 2022	Publics	Privates
Ethnicity						
<b>Underrepresented</b>						
African American	3%	3%	2%	2%	N/A	N/A
Hispanic/Latino(a)	13%	13%	13%	13%	N/A	N/A
American Indian	1%	1%	1%	1%	N/A	N/A
<b>Subtotal Underrepresented</b>	<b>16%</b>	<b>17%</b>	<b>16%</b>	<b>16%</b>	<b>N/A</b>	<b>N/A</b>
Asian/Pacific Islander	27%	27%	30%	30%	N/A	N/A
White	56%	55%	52%	52%	N/A	N/A
Domestic Unknown	0%	0%	0%	0%	N/A	N/A
International	1%	1%	1%	1%	N/A	N/A
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>N/A</b>	<b>N/A</b>
<b>Socioeconomic</b>						
% Pell recipients	25%	22%	27%	N/A	N/A	N/A
<b>Gender</b>						
% Male	14.4%	15.8%	13.7%	14.6%	N/A	N/A
% Female	85.6%	84.0%	85.9%	85.0%	N/A	N/A
% Non-Binary	0.0%	0.0%	0.2%	0.2%	N/A	N/A
% Unknown	0.0%	0.2%	0.2%	0.2%	N/A	N/A

Sources:

UC ethnicity, socioeconomic status: UC Corporate data

Comparison institutions: Data for other Universities not available.

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

The UC Davis School of Veterinary Medicine has worked hard to increase racial and ethnic diversity in our DVM program. Our percentage of underrepresented students increased by a modest amount from 14-15 to 16-17 (from 9.2% to 11.5%, as indicated in our last PDST plan for 18-19 through 22-23) and has further increased to 16% of our program's population in 19-20 through 21-22. We have a diversity officer (hired in 2017) who conducts outreach and recruitment to schools and colleges in search of qualified applicants from diverse backgrounds. Our newly appointed Dean has created a Director of Diversity and Outreach position that was recently filled who will be charged with further diversifying our student body and faculty as one of the dean's four key strategic initiatives.

This year we participated in the UC Native American Opportunity Program. The UC Native American Opportunity Plan (UCNAOP) ensures that in-state systemwide Tuition and Student Services Fees are fully covered for California undergraduate and graduate students who are enrolled in federally recognized Native American, American Indian, and/or Alaska Native tribes. We have opted in to include our DVM professional students in this program and have allocated funding to those students determined eligible by our campus financial aid office. For this 2022-23 admissions cycle, we sorted all applicants listing Native American on their application and notified them of the program.

Our best strategy for developing and recruiting students from underrepresented groups is to develop and recruit students from lower socioeconomic backgrounds. As documented in the literature, e.g., Ethnic and Racial Minorities & Socioeconomic Status<sup>8</sup>, there is a correlation between ethnicity and socioeconomic status. In addition to the substantial increase in our student scholarship endowment levels, described further in V.c, we have a number of efforts underway to grow the pipeline of students into our program. Our fairly new Summer Math and Science Honors (SMASH) program, established in 2018, is a college STEM preparation program we offer for thirty 8<sup>th</sup> grade students from underrepresented groups and disadvantaged socio-economic backgrounds.

We also offer our Summer Enrichment Program (SEP) which began over 25 years ago and has welcomed college students around the world. It is designed to provide disadvantaged students with activities that will enhance their preparation for veterinary school. This

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<sup>8</sup> <https://www.apa.org/pi/ses/resources/publications/minorities#:~:text=Research%20has%20shown%20that%20race,SES%2C%20race%2C%20and%20ethnicity>

is a five-week intensive summer program designed for college level students. The program accommodates 12 students each summer at no cost to the students. Since 2001, we have had 52 SEP participants matriculate in our program and earn a DVM degree.

Students have the opportunity to obtain some veterinary experience through rotations at the UC Davis Veterinary Medicine Teaching Hospital. Some of the rotations previously featured in SEP rotations include Community Medicine, Small Animal Surgery, Equine Medicine, Equine Surgery, CAPE (Exotics), Behavior, Dermatology, Ophthalmology, and more. The SEP students shadow the faculty and veterinary students. Students are required to make presentations, participate in mock MMI situations, and come to all lectures provided. All students are expected to complete the entire five weeks (Monday through Friday) and all components of the program. The day begins with clinical rotations and ends with lectures/labs/field trips.

During the pandemic summers of 2020 and 2021, both the SEP and SMASH programs were offered virtually. Participation was high, and content delivery was engaging and well received. We were able to offer a few more participants a spot virtually for SEP since there were fewer conflicts with scheduling rotations as there would have been in person. Additionally, we offered the opportunity for SEP students to participate in our dairy program in Tulare during the winter so that students still had an opportunity to get some hands-on experience (programming conducted outdoors). There were about 4 students that took advantage of this. We also introduced student mentors for the first time during this virtual experience, and this was well received and highly valuable.

Our Associate Dean for Admissions and Student Programs has been networking with the Compton Cowboys<sup>9</sup> with an aim to develop a program offering. We are also exploring programs that Purdue University's College of Veterinary Medicine has launched including This is How We Role<sup>10</sup> and the League of VetaHumanz (pre-K-3<sup>rd</sup> grade)<sup>11</sup>. We have some grant funding through a partnership with Purdue University and NIH to launch a UC Davis version of these programs. We piloted the programs in 2020 and will relaunch again in 2022-23. In 2020 our team visited a community-based organization 6 times to teach vet med concepts in an interactive, structured environment off campus. We partnered with Rise, Inc.<sup>12</sup>, an afterschool program in Esparto, a rural community north of Davis with a significant underrepresented population.

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<sup>9</sup> <https://www.comptoncowboys.com/>

<sup>10</sup> <https://vet.purdue.edu/engagement/how-we-role/index.php>

<sup>11</sup> <https://vet.purdue.edu/vetahumanz/>

<sup>12</sup> <https://www.riseinc.org/about-us>

**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 have had a marked jump in the percentage of students from lower socioeconomic backgrounds from 20% in 14-15 to 25-27% starting in 15-16 and continuing through 21-22. We have scholarship funds we use to create financial packages to attract this group of students (~\$4M annually in earnings from endowed scholarship funds and ~\$2.5M annually in PDST return-to-aid). In concert with our pipeline efforts described in V.b, this funding has helped us diversify our enrollment and will continue to do so in the future. As mentioned above, when we submitted our 2018-19 PDST plan, our student scholarship endowment was valued at \$67M; it's now valued at over \$100M. Our diversity and admissions officers aim to recruit qualified students from lower socioeconomic backgrounds and racial and ethnically diverse 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?**

Our program is approximately 85% female. We have the opposite situation than most graduate and professional programs in the sciences have. Our recruiters aim for a gender-inclusive, diverse class each year. Our presentations to prospective students include highlighting over 30 clubs at the SVM including the Pride Student Veterinary Medical Community Chapter at UC Davis<sup>13</sup>.

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

Much like the trends we have seen over the past several years regarding underrepresented students (up from 9.2% in 2014-15 to 16% in 2021-22) and Pell grant recipients (up from 20% to 27%), we expect the upward trend in the percentage of students to continue to increase for underrepresented students and Pell Grant recipients. We expect our enrollment of underrepresented students and students who were Pell Grant recipients to increase beyond current levels by executing our programming plans described above including new programs and additional staffing to enhance our efforts. We have experienced an upward trend and can reasonably expect that to continue given our resources devoted to this effort. We expect to remain gender inclusive.

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<sup>13</sup> <https://www.vetmed.ucdavis.edu/student-life/career-leadership-wellness/leadership/clubs-organizations>

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.*

All Faculty (School or Department)				
Ethnicity		2019-20	2020-21	2021-22
Black/ African/ African American	Domestic	1.9%	2.3%	2.4%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	5.3%	7.0%	8.1%
	International	1.0%	1.4%	0.5%
American Indian	Domestic	0.5%	0.5%	0.5%
		0.0%	0.0%	0.0%
Native Hawaiian*	Domestic			
Asian/ Pacific Islander	Domestic	6.8%	7.0%	7.1%
	International	2.4%	0.5%	1.0%
White	Domestic	77.7%	76.5%	73.8%
	International	0.0%	0.0%	1.4%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	3.4%	3.8%	3.8%
	International	1.0%	0.9%	1.4%
Percentage by Gender		2019-20	2020-21	2021-22
Female		51.0%	50.7%	50.5%
Male		45.6%	45.5%	45.7%
Non-Binary/Unknown		3.4%	3.8%	3.8%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		2019-20	2020-21	2021-22
Black/ African/ African American	Domestic	1.8%	2.5%	2.5%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	3.5%	4.1%	5.0%
	International	0.9%	0.8%	0.8%
American Indian	Domestic	0.9%	0.8%	0.8%
		0.0%	0.0%	0.0%
Native Hawaiian*	Domestic			
Asian/ Pacific Islander	Domestic	2.7%	4.1%	4.2%
	International	0.9%	0.8%	0.8%
White	Domestic	83.2%	80.2%	78.2%
	International	0.0%	0.0%	0.8%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	5.3%	5.8%	5.9%
	International	0.9%	0.8%	0.8%
Percentage by Gender		2019-20	2020-21	2021-22
Female		44.2%	43.0%	42.9%
Male		49.6%	51.2%	51.3%
Non-Binary/Unknown		6.2%	5.8%	5.9%

Sources:

UCD Academic Affairs

Note: UC Path has changed the way they report demographic data. In UC Path, the ethnicity group "Native Hawaiian" is now being reported along with other Pacific Islanders as "Native Hawaiian or other Pacific Islander". As one of the categories requested was Asian/Pacific Islander, we have reported Asian ethnicities along with the "Native Hawaiian or other Pacific Islander" group. The Native Hawaiian category has been left blank.

**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?**

The School of Veterinary Medicine (SVM) recruits for faculty at the School level, not for particular degree programs. When our School recruits, we consider the School's research, teaching, service, and clinical needs and we aim to create the most diverse applicant pools consistent with the campus's and school's strategic plans. The SVM works with our campus to diversify our faculty. Chancellor Gary May released a campus strategic plan in 2018, and Goal 3 of that plan is to: embrace diversity, practice inclusive excellence, and strive for equity. Our campus appreciates that diversity in all its dimensions ensures that our faculty will bring a full range of backgrounds and perspectives to its teaching, research, and service responsibilities.

To further continue to diversify our faculty, our School partnered with our campus Office of Academic Affairs in a centralized recruitment of eight faculty (one of whom was selected for our School) with the aim to create a diverse applicant pool. The program was part of the Advancing Faculty Diversity effort in 2018-19.<sup>14</sup> UC Davis' Office of Academic Affairs is receiving funding from the UC Office of the President for this pilot program. This is a program to expand diverse faculty in the ladder ranks at UC Davis. Our School was considered an early adopter of this novel approach. The approach involved recruiting for faculty positions across colleges and schools by a broad area of interest (e.g., healthcare outcomes). Top applicants were interviewed by faculty members of various schools and colleges and the applicants would select where they believed was their best fit. This practice discourages recruiting for very specialized fields and ideally broadens the applicant pool to include more diverse applicants. We were excited to appoint a new faculty member to our School from this recruitment effort.

Our School has made diversity among faculty a high priority, as evidenced by Goal 5 of the SVM's Strategic Plan for 2018-2023: promote a vibrant and diverse community of faculty, staff, and students to advance the mission of the school in an engaged and respectful community. Our new Dean has proposed Diversity, Equity, and Inclusion as one of his four strategic initiatives. He has created a new position, a Director of Diversity and Outreach, to partner with our campus Vice Chancellor of Diversity, Equity, and Inclusion to continue to diversify our faculty, students, and staff. The Dean has formed strategic initiative working groups that began their work this Fall.

We require all faculty search committees to take unconscious bias training as part of the Strength through Equity and Diversity (STEAD) training program offered by UC Davis. Our school has participated in hiring faculty through the Center for the Advancement of Multicultural Perspectives on Science (CAMPOS) program. Our clinical faculty tend to be slightly more diverse than our ladder rank faculty members. There has been a slight uptick in both our clinical faculty and ladder rank faculty diversity over the last three

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<sup>14</sup> <https://www.insidehighered.com/news/2018/11/05/uc-davis-holding-eight-faculty-searches-focused-candidates-contributions-diversity>



years (as can be seen by the table above). Also, in reviewing a prior submission, from 2017-18 to 2019-20, the percentage of all faculty identifying as non-white increased from 18% to 22%. That is now increased from 22% to 25% in the above table. Similarly, the percentage of ladder rank faculty members who identified as non-white increased from 16% to 17% from 2017-18 to 2019-20, and continued to increase to 21% in the above table. These percentages indicate steady progress in diversifying our SVM faculty.

## **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 goals are to reduce student debt and increase student starting salaries.** We measure our success by indebtedness levels, student starting salaries, and funding provided to students from all sources, including PDST and endowments. Our PDST and USAP funding provided to students is uniform across the student population. Scholarships from our endowment earnings are based on merit and on the criteria specified by the donor (e.g., for those students specializing in equine medicine). Our student debt is below the mean and median among our veterinary school peers. For our class of 2021, our average student debt was \$85,172 for all students (includes those who did not take on debt) while the mean student debt load across all 30 accredited veterinary schools was \$155,137 (for all students) – see table below in VI.c for comparator debt data. The average debt for students with debt (excludes those who did not take on debt) has remained fairly steady over the last five years (in the mid-\$130K's), while the percentage of students with debt has reduced from 78% to 59%. Our median starting salary for the class of 2022 was \$132,000, up from \$90,000 in our 2018-19 professional fee submission. As part of our Career, Leadership, and Wellness (CLAW) center that we started in 2014, we provide career development services to our students to assist them in their career search and in negotiating their compensation package. While we understand that measuring student debt load for students with debt is very important, we also like to use the statistic that reflects the average across all students. We believe that fairly measures our progress in reducing debt and is a more comparable number across other veterinary schools. For example, in the extreme, if we had only one student with \$200,000 in debt, that is the data point that would be used (if we just considered those in debt) to compare to another school that may have 80 students with an average of \$200,000. Moving students to a position of completing veterinary school with no debt, as we have done by reducing those who have debt from 78% to 59%, is one of our main goals. This progress is not reflected if we only use a statistic that only includes students with debt.

We have also only increased our PDST levels twice instead of every year in our last five-year plan: 3% in 2018-19 and 3% in 2021-22. We have increased fundraising for student scholarships, now allocating ~\$4M in endowment earnings from a \$100M+ endowment for student scholarships per year (up from \$2.7M/\$67M stated in our last multi-year plan submitted in 2018-19). This is a compounded annualized growth in scholarship funding of 8.1% per year. We will make every effort to continue this growth. This is in

addition to the return-to-aid of approximately \$2.5M per year annually from PDST (and ~\$1.5M from Tuition and the Student Services Fee). We continue to work on our goals to reduce debt by increasing scholarship funding and doing our part to help students negotiate fair (and higher) salaries. We will continue to pursue this path over the next five years.

Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Percent with Debt	URG	86.0%	78.0%	94.0%	86.0%	77.0%	74.0%
	Non-URG	68.0%	79.0%	72.0%	66.0%	70.0%	54.0%
	International	0.0%	0.0%	50.0%	0.0%	0.0%	67.0%
	All	69.0%	78.0%	75.0%	66.0%	70.0%	59.0%
Average Debt among Students with Debt*	URG	\$133,673	\$170,679	\$124,267	\$149,560	\$148,989	\$154,521
	Non-URG	\$147,445	\$135,145	\$132,673	\$132,732	\$130,228	\$131,135
	International			\$143,000			\$18,100
	All	\$146,042	\$137,683	\$131,293	\$135,165	\$133,585	\$134,234

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

Note: Blank cells reflect no data 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?**

We have worked hard to reduce the debt of our students through scholarship and return-to-aid awards and it is in part reflected in amounts in the debt table above. Our median debt for all graduates from the class of 2021 was \$82,111 and the mean was \$85,172. Those levels are the lowest of all the thirty veterinary schools in the country according to the American Association of Veterinary Medical Colleges Institutional Data Report (2021-22). The mean debt for all graduates in veterinary colleges across the nation for the class of 2021 is \$142,021 and the median is \$155,137. The percent of students with debt has decreased from 78% in 2016-17 to 59% in 2020-21 due to our fundraising work to create scholarships and our commitment to keep fees low. The UCOP data show the average debt for all those with debt has hovered in the mid \$130,000's for the past five years. Hispanic/Latino/a students are a bit higher than the average in the \$150,000s, and Asian/Pacific Islander students have below average debt (for those with debt) in the \$120,000's. White students have close to the average level of debt (in the \$130,000's).

We believe the 5% increase in the professional fee is necessary to sustain our programs and will have minimal or no impact on our average student indebtedness levels. Our scholarship endowment value is over \$100M (up from \$67M in 18-19) which is a compounded annualized growth rate of 8.1% per year, and scholarships remain a top priority for our advancement team. The 8.1% growth rate exceeds our 5% requested increase. All students are eligible for return-to-aid from the PDST and USAP funds. We

provide \$8,100 per student this year (2022-23) in combined RTA from professional fees and USAP funds to each student each year (which equates to approximately \$4M total annually in return-to-aid). This has increased from \$7,100 per student in 2017-18 at a compounded annualized growth rate of 2.7% which exceeds our PDST increase over that time period (a compounded annualized growth rate of 1.2%). Also, all first-year students receive a \$500 grant for the purchase of a computer. Finally, we are able to allocate ~\$4M annually in student scholarship funds through our student scholarship endowment earnings funds. That's a total of ~\$8M allocated annually to our students to help defray the cost of veterinary school. We believe the downward trend in student debt will continue as we aggressively pursue further scholarship funding in the coming years. In reviewing our last submission, about 90% of all students had debt from 2009-10 through 2014-15. The percentage of students with debt began to drop in 2015-16 to the mid-70%'s and recently dropped by below 60% in 2021-22. The school also expects to increase PDST in smaller if not zero percent increases for a few years during this five year plan (much like we did in our 2018-19 through 2022-23 plan which has helped keep average indebtedness low).

	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	59%	\$134,234	\$132,000	14%
<b>Public comparisons</b>	N/A	N/A	N/A	N/A
<b>Private comparisons</b>	N/A	N/A	N/A	N/A

Sources:

UC: Corporate data

Comparison institutions: Salary and average debt among students with debt data for other Universities were not available; however, comparator debt data for all students including those who did not take on debt were provided in the table below.

**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.**

Our School remains concerned about student loan debt and continues to fundraise to offer more scholarships to students. Median starting salary has increased to \$132,000 for the class of 2022 from \$90,000 in our last submission in 18-19 and, for cohorts that graduated between 2016 to 2021, the average debt among students with debt (excludes those who did not take on debt) has remained steady around the mid \$130K range and the percentage of students who took on debt has declined from 78% to 59%. Additionally, our mean and median student debt for all students (includes those who did not take on debt) has decreased from ~\$100,000 to mid \$80,000's. UC Davis has the lowest mean and median debt compared to all comparators for all students in the program, as shown in the table below (please note that the data are considered confidential; so we have not identified the comparators by name).

University	Median Debt(All Students)	Mean Debt (All Students)
Comparator 1	\$215,581	\$164,915
Comparator 2	\$180,287	\$175,463
Comparator 3	\$179,822	\$160,038
Comparator 4	\$170,373	\$170,291
Comparator 5	\$166,059	\$147,802

University	Median Debt (All Students)	Mean Debt (All Students)
Comparator 6	\$124,041	\$150,415
Comparator 7	\$110,809	\$99,643
Comparator 8	\$101,250	\$113,046
Comparator 9	\$89,500	\$82,526
UC Davis	\$85,172	\$82,111

Source: AAVMC annual survey

We attribute the increase in our starting salaries to the much increased demand for veterinary care spurred by the pandemic. We attribute our decrease in student debt to our focus on raising scholarship funds and aiming to keep professional fees low. For those students with debt, we aim for a debt repayment of a maximum of 10% of gross salary, so 14% is still too high. However, we are still below common practice of allocating an individual's gross salary using the 50/30/20 or 60/20/20 rule where the first percentage (e.g., 50% or 60%) is for basic fixed needs, the second is for variable expenses, and the third is for savings and debt. We still have work to do and continue to prioritize fundraising for scholarships and carefully considering professional fee increases.

**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.**

Overall, our school makes a concerted effort to keep student debt levels low, which provides graduates more flexibility to pursue lower-paying jobs if they so choose. Each year, in addition to the PDST return to aid and USAP funding (~\$4M), we allocate close to \$4M in scholarship funds from our \$100+M scholarship endowment. In total we are allocating ~8M in aid to our students per year. This lowers their net tuition and fees paid by, on average, \$10,000 per year. Put another way, for a four year program, on average the school funds 1+ years of tuition and fees per student. We promote the USDA Loan Repayment Program<sup>15</sup> for those veterinarians pursuing veterinary medicine in an agriculture area. The American Veterinary Medical Association also assists graduates with the Public Service Loan Forgiveness program (PSLF)<sup>16</sup>. We ensure graduates are aware of this program.

<sup>15</sup> <https://www.nifa.usda.gov/grants/programs/veterinary-medicine-loan-repayment-program>

<sup>16</sup> <https://www.avma.org/resources-tools/veterinary-economics/making-pslf-work-you#eligibility>

**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?**

Most of our students enter private practice or pursue further education through residency and internship programs at UC Davis or other veterinary schools. For those graduating in 2022, 61 went into private practice (45%), and 74 (54%) went on to residency programs at other institutions or UC Davis (out of 136 students responding to our survey). Only one student graduating in 2022 reported taking a public position, and we are not confident using just this one data point. This trend is fairly consistent. Over the past six years on average, ~45% of our graduates went into private practice and ~55% pursue residencies. For the small number that pursue public service upon graduation we promote the PSLF program described above. Our Career, Leadership, and Wellness center (CLaW) is staffed with advisors to provide career counseling and explain different career options and loan repayment programs. We believe focusing on fundraising for student scholarships to drive down debt permits students to be flexible in their career choices.

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

We explain our financial aid programs on our website<sup>17</sup>. We receive approximately 1000 applications per year for 150 slots and prospective veterinary students know to look on our website, as they do for other schools and colleges regarding financial programs. In addition, our Director of Admissions and our Associate Dean of Admissions and Student Programs provides a financial aid component in their recruitment and outreach presentations when they visit other campuses. Our school has a reputation for having a top scholarship program among our peer veterinary schools in the country. We feature scholarship opportunities in our enrichment programs such as our Summer Enrichment Program and our Summer Math and Science Honors program.

**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?**

Our program participates in an annual survey performed by the American Association of Veterinary Medical Colleges (AAVMC) that collects data on US and International Schools and Colleges of Veterinary Medicine including student debt load. This information is publicly available to prospective students on the AAVMC website<sup>18</sup>. We also share this information in presentations to interested students given we have worked hard to drive down student debt and assist students in finding fulfilling and well-compensated careers. We share this information with our students in various venues including meetings with our student leadership group

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<sup>17</sup> <https://www.vetmed.ucdavis.edu/education/cost-attendance>

<sup>18</sup> <https://www.aavmc.org/becoming-a-veterinarian/funding-your-degree/cost-comparison-tool/>

(SCAVMA) and in town hall presentations. We are pleased to see that our average debt load is below the average of the other veterinary schools and colleges, but it is something we constantly target for improvement. The results from our salary surveys are also posted on our intranet.

## **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 UC Davis School of Veterinary Medicine is proud of our program including our shift to a block curriculum that emphasizes both small group interactive instruction as a complement to didactic instruction. We aim to remain innovative and to pursue excellence in teaching to offer our students an affordable, top level Doctor of Veterinary Medicine degree. We are proud of our students' success in passing the North American Veterinary Licensing Exam (NAVLE) exam (99% of all students in 2021, 96% of all students in 2022). These students went through two years of hybrid instruction and socially-distanced clinical education during the peak of the COVID pandemic. Their resilience is remarkable and was buoyed by our dedicated faculty and staff.

## **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 2022-23 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):
- 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):

**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.**

We presented our PDST proposal along with other “Fall School Updates from the Dean” (see Attachment A) to three student groups: first-year DVM students (on 10/3/2022, noon – 1pm); second-year DVM students (10/4/2022, noon – 1pm); and third-year DVM students (on 9/27/2022, noon – 1pm). The only comment we received on the PDST proposal was from a third-year student who inquired, ‘When will we know our tuition and fees for next year?’ We explained the timing of the fee approval. There were between 20-30 students per session. As a follow up, we surveyed all DVM students on 10/13/2022 for their feedback on the “Fall School Updates” presentation. We did not receive feedback from students on this survey. I should note that we did have lively discussions in all three student sessions, but the focus of these discussions was not student fees. Our presentation emphasized that while we propose 5% fee increases for the duration of our proposal, we consider those an upper bound and plan on not increasing fees at that level for all five years. We referenced verbally and graphically how we only increased fees 2 out of the 5 years in our last five year plan. We would take a similar approach in our new plan.

**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 Marcela Radtke – GSA President on 10/30/2022 .

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:

I’m a bit confused about the purpose of the town halls. The notes state the town halls were lively, but not focused on student fees – were they not planned specifically to discuss the increase in tuition? There seems to be very little actual feedback in regard to increased tuition from either faculty or students, therefore my notes will be to try and raise points from a more general graduate/professional student perspective.



There seems to be a strong plan for how to keep the program competitive and how to provide students with the kind of cutting-edge experience they need in order to be successful after graduation. No doubt inflation has had a major impact on operations and given the relatively stable tuition rates, it is not unreasonable to make some changes. However, any increase in tuition will be a hardship on students. Students enter their degree programs with the knowledge of how much it will cost them ahead of time and to make a unilateral change after the fact undermines students' choices and planning. Additionally, one of the faculty comments suggests that there may be some divisions forming among or within faculty and there are other comments about hiring and the need to remain competitive. If there needs to be additional hiring, to what degree is the hiring framed as a potential solution to faculty in-fighting? I just hope that students, who are already in financially precarious situations, are not forced to foot the bill for solving issues of tension between faculty. Overall, however, it's just really difficult to tell how students feel about the program and proposed changes without more data.

If applicable, plan shared with Isabel Vishampayan on 10/31/2022  
Student American Veterinary Medical Association (SAVMA) President Elect

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

Isabel Vaishampayan, the SAVMA president-elect mentioned that while she was aware of the 5% increase for 2023-24 academic year. She was not aware that there would be consistent 5% increases in the subsequent five years. We explained that was not necessarily the case. We would consider our budget each year when making the decision, and that 5% was put in as an upper bound. We noted that we have a track record of thinking carefully about PDST increases – we have held fees relatively flat as noted in the 10-year history graph in the attached presentation.

### **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):

**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.**

We presented our PDST proposal along with other Fall updates from the Dean (see Attachment A) to the six academic departments: Anatomy, Physiology, and Cell Biology (on 10/5/2022, noon – 1pm); Population Health and Reproduction (9/27/2022, 2:30-3:30pm); Pathology, Microbiology, and Immunology (on 10/12/2022, noon – 1pm); Veterinary Medicine and Epidemiology (9/22/2022, 1-2pm); Veterinary Molecular Biosciences (on 10/5/2022, 3-4pm); and Veterinary Surgical and Radiological Sciences (9/20/2022, 12:30-1:30pm). We did not receive any comments from faculty on the PDST proposal. There were between 20-40 faculty members per session. As a follow up, we surveyed all SVM faculty on 10/13/2022 on the “Fall School Updates” presentation. We did receive some feedback from faculty members, but not related to the proposal. I should note that we did have helpful discussions in all six faculty sessions, but the focus of these discussions was not student fees.

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

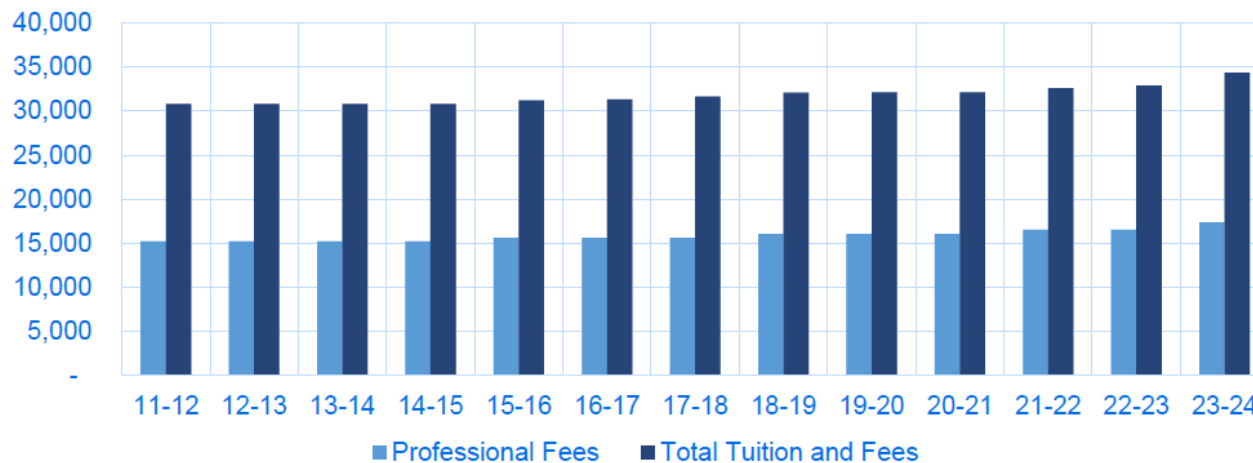
Plan shared with Jean-Pierre Delplanque on 11/7/22.  
Graduate Dean

Plan endorsed by Gary S. May on 11/30/22.  
Chancellor

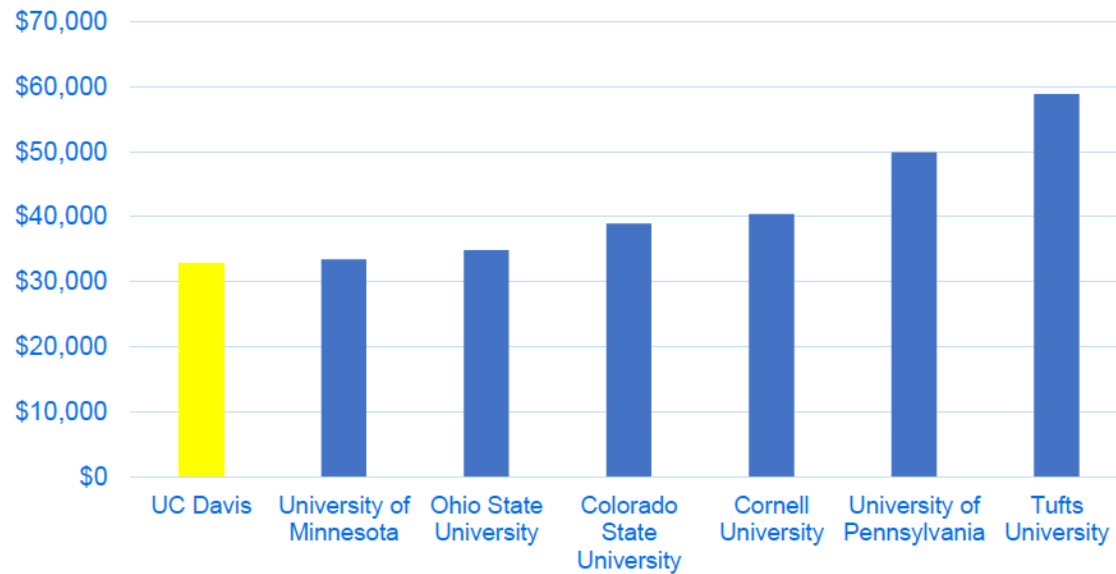
**Attachment A – PDST-Related Slides from the Fall School Updates from the Dean Presentation, October 2022**

## DVM Professional Fees Proposal and History

- In 2023-24, The professional fee will increase from \$16,544 to \$17,370 (an \$826 increase - 5%).
- 1/3<sup>rd</sup> of fee increase used for student fee grants (required by UC policy).
- UC is expecting to raise tuition 4.5%, overall student increase is 4.8%.
- CPI has increased 6.8% in the last year.



## Tuition and Fees: Other Vet Schools – 2022-23



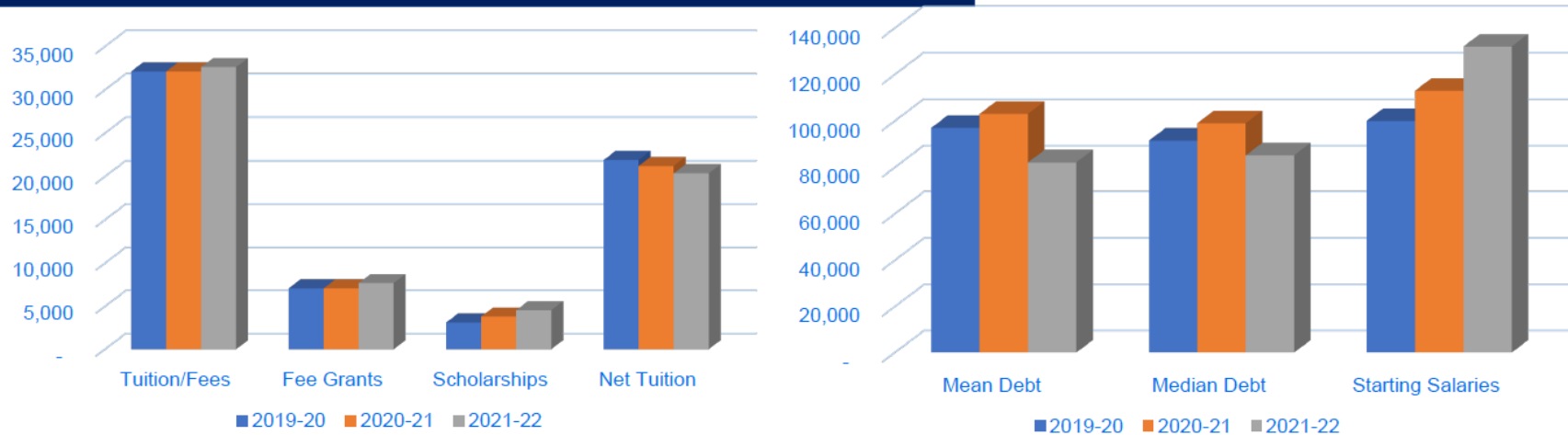
UC Davis has the lowest tuition and fees among our top peers: Cornell, Penn, CSU, and OSU.

Average public school tuition and fees: \$31,612

Average of our top public peers: \$35,065

UC Davis: \$32,913

## Professional Fees: Scholarships, Debt, and Salary



- Scholarships and fee grants help keep net tuition low. SVM has \$100+M in endowed scholarships.
- Student debt has declined over last three years.
- Starting salaries have increased in recent years.
- UCD: Median debt (all students)=\$82K; Median debt (w/debt only)=\$140K;
- All Schools: Median debt (all students)=\$155K; Median debt (w/debt only)=\$178K.

## DVM Professional Fees – next year

- In 2023-24, The professional fees are proposed to increase by 5%.
- 1/3<sup>rd</sup> of fee increase used for student fee grants (required by UC policy).
  - These dollars are provided back to students via the fee grant program.
- UC is expecting to raise tuition 4.5%.

### WHY

- Student fees and tuition have not increased for many years.
- Impacts of cost of living and inflation are having a significant impact on our ability to provide exceptional student services (ie: Gourley programs, student clubs, health & wellbeing programs).
- Vast majority of our budget is for faculty and staff salaries.
- We must stay competitive. Recruitment and retention of faculty and staff can be challenging.



**Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels  
Effective Beginning Summer or Fall 2023**

**PART A**

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

**I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION**

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

	Actual	New Proposed Fee Levels			Increases/Decreases					
	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26	
					%	\$	%	\$	%	\$
Prof. Degr. Suppl. Tuition (CA resident)	\$12,795	\$13,437	\$14,112	\$14,814	5.02%	\$642	5.02%	\$675	4.97%	\$702
Prof. Degr. Suppl. Tuition (Nonresident)	\$12,795	\$13,437	\$14,112	\$14,814	5.02%	\$642	5.02%	\$675	4.97%	\$702
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	4.81%	\$618	2.98%	\$402	2.98%	\$414
Campus-based Fees**	\$793	\$803	\$808	\$814	1.26%	\$10	0.66%	\$5	0.67%	\$5
Nonresident Suppl. Tuition	\$12,245	\$12,245	\$12,245	\$12,245	0.00%	\$0	0.00%	\$0	0.00%	\$0
Other	\$0	\$0	\$0	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
<b>Est. First-Year Fees (CA resident)</b>	<b>\$26,440</b>	<b>\$27,710</b>	<b>\$28,792</b>	<b>\$29,914</b>	4.80%	\$1,270	3.91%	\$1,082	3.89%	\$1,121
<b>Est. First-Year Fees (Nonresident)</b>	<b>\$38,685</b>	<b>\$39,955</b>	<b>\$41,037</b>	<b>\$42,159</b>	3.28%	\$1,270	2.71%	\$1,082	2.73%	\$1,121

\* 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. Do not include the Student Health Insurance Program (SHIP) premium, since this may be waived for students with qualifying coverage under another program.

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

The Master of Science in Nursing Science (MS), with a concentration in Community and Population Health, at the Sue & Bill Gross School of Nursing, University of California, Irvine, also known as the Master's Entry Program in Nursing (MEPN), offers graduates of non-nursing baccalaureate programs direct entry into the profession. Prior to the MEPN, the MS program began in 2009 and offered a two-year degree that prepared students who had a baccalaureate in nursing to become nurse practitioners. Students selected an area of concentration, either the Family Nurse Practitioner concentration (FNP) or the Adult-Gerontological Primary Care Nurse Practitioner concentration (AGPCNP). This program stopped enrolling new students in 2016 and graduated its final cohort in 2018. The MS transitioned to become the MEPN program, which opened for applications in 2016 and enrolled its first cohort in 2017. The program currently enrolls 20 students per cohort. After completing the two-year MEPN program, graduates are eligible to sit for the National Council of State Boards of Nursing (NCSBN) National Council Licensure Examination (NCLEX) to become registered nurses in the State of California. As of June 2022, the program has graduated 100 students.

The program's curriculum prepares students to be leaders in health promotion and disease prevention and includes courses necessary for entry-level nurses: pathophysiology, pharmacology, and physical assessment, and includes nursing specialties of critical care, maternity, and women's health, medical-surgical, gerontological, mental health, and pediatric nursing. These core nursing courses are co-taught with the school's bachelor's program. Advanced elements are added to MEPN students' coursework in these courses. The program was designed this way for cost savings, as one faculty of record could instruct students from the school's two entry-into-practice – the bachelor's and the MEPN – programs together. The MEPN program also includes courses on the compassionate care of underserved populations, research methods and evaluation of evidence, leadership and management, and health promotion and disease prevention. The MEPN program concludes with a scholarly project in an area of community and population health.

A shortage of registered nurses is projected to reach a zenith in 2030. The shortage is projected to be most intense in the West.<sup>1</sup> This workforce shortage, along with the current pandemic, will intensify the need to provide access to community and population health, particularly for underserved populations. The MEPN program addresses this need.

The program's focus on community and population health prepares graduates to adapt nursing care to individuals, families, and groups based on cultural needs and differences; use concepts, knowledge, and evidence of social determinants of health in the delivery of services to individuals, families, and groups; and apply information technology to understand the impact of the social

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<sup>1</sup> Zhang X et al. United States Registered Nurse Workforce Report Card and Shortage Forecast: A Revisit. *Amer J Med Qual* 2018;33(3):229



determinants of health on individuals, families, and groups. MEPN students apply these competencies in a variety of clinical activities with community organizations including Home for Refugees, Orange County Healthcare Agency, and El Sol Science and Arts Academy in Santa Ana. As a result, graduates are eligible to be certified in California as a Public Health Nurse.

## **II. PROGRAM GOAL EVALUATION**

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

In the prior two-year PDST cycle, from AY 2021-22 to AY 2022-23, the school held PDST fees flat due to the financial impact that COVID-19 had on students. We were confident that we would be able to support our goals and our students during those two years, in part through using the school's reserve funds. During the COVID pandemic, the campus was able to provide one-time support to offset some course material costs. However, economic inflation, instructional cost increases, and other salary and benefit adjustments were absorbed by the school's reserve funds, which are no longer a sustainable fund source to cover mandatory cost increases. School core funds are supplementing the MEPN program by supporting faculty instruction (\$153K), teaching assistants (\$63K), operating costs (\$3K) and clinical instructor costs (\$20K). During this prior two-year cycle, PDST funds were used to support faculty, lecturer, and clinical instructor (preceptor) costs including salary and benefits at \$263,763, simulation training at \$2,400 and equipment for manikins and standardized patients at \$2,000, clinical skills teaching supplies, programmatic activities and engagement events, and software used for student data and compliance tracking at \$21,880.

The school's goal evaluation from the prior PDST plan is as follows:

### **INCREASE THE QUALITY OF THE SCHOOL'S SIMULATION PROGRAM**

To increase and improve our simulation program, the school worked with the campus over the prior PDST cycle on the new Sue & Bill Gross Nursing and Health Science Hall, which was completed and opened in September 2022 and outfitted with the Sue & Bill Gross School of Nursing Simulation Center. Standardized patients are a learning tool that uses actors or community lay people to play the role of a patient by simulating a clinical condition. The use of standardized patients assists the nursing student to gain skills in communication, interviewing, counseling, assessment, and patient management. PDST funds supported expenditures for standardized patients in the amount of \$1,232 in 2021-2022 and projected to be \$2,000 in 2022-2023.

The simulation center includes high-fidelity and advanced audio and video capabilities. High-fidelity simulation includes teaching and learning strategies that incorporate lifelike models and real-life situations to improve transference of learned behaviors to various clinical settings. This simulation center houses a 16-bed hospital bed unit, a labor and delivery room, one adult and one pediatric intensive care room, a room that simulates a home setting, and six patient examination rooms. The suites are designed to simulate actual clinical environments where learning can take place in a safe and controlled environment. Each suite contains state-of-the-art equipment for remote assessments and live feedback and are equipped for using standardized patients and/or clinical subjects. The rooms have been created and designed to be versatile as program requirements evolve. For example, the designated community suite may also be converted into a hospice setting, school office, mental health, or COVID-19 clinic. It can accommodate approximately 180 nursing students each year, totaling about 15,000 student contact hours in nursing simulations, nursing skills labs, and standardized patient examinations. The dedicated simulation training space increased from 1,229 square feet (in the school's previous location Berk Hall) to 9,000 square feet and was funded by campus capital project funds. This new Simulation Center is financially supported by non-PDST school funds (\$3M) set into reserve specifically for the Center, along with a generous multi-year donor gift (\$2M) with plans to become a self-supporting auxiliary unit in the school. This center will begin to recharge the MEPN program PDST funds in future years for simulation activities in the space, including simulation staff services.

COVID-19 Impact: After being sent home for online simulations in March 2020, in-person simulations resumed in fall 2021 with significant safeguards. Simulations also included training students for the pandemic and the new viral age. For example, students were educated on swabbing patients for COVID and on infectious disease epidemiology, isolation precautions, and vaccination requirements. These changes improved students' ability to apply these skills in clinical settings and respond to frequent changes to nursing care practices in response to new evidence. Additionally, telehealth simulations were introduced to prepare students with the knowledge and skill to meet community needs.

In response to lessons learned during the pandemic, the new simulation center was designed with video conferencing capabilities that can be modified for telehealth sessions. This will address both the goal of improving the quality of the school's simulation program and advancing students' skill-level. School funds were used to support the faculty time and training required to improve students' knowledge and skills through simulation. PDST funds supported expenditures for course materials and bootcamp used for simulations in the amount of \$1,540 in 2021-2022 and projected to be \$1,900 in 2022-2023.

#### **ADVANCE THE SKILL LEVEL OF THE SCHOOL'S STUDENTS TO MEET COMMUNITY NEEDS**

Over this PDST cycle, the program met with our community partners to better understand and explore what their changing needs are and how the innovations we made over the previous two years can be sustained. We collaborated closely with our community partner, Home for Refugees, to continue our engagement with their clients who are experiencing challenges with healthcare

resources and educational challenges since the onset of the pandemic. Most recently, the school was an integral partner to El Sol Science and Arts Academy in Santa Ana and assisted their teaching staff in meeting the growing need for education regarding navigating health information, wellness practices, infection prevention, and nutrition education in elementary schools. These initiatives, and a culture of service within the school, helped us to attract students from a variety of backgrounds who have a passion for serving underserved communities. In addition to these two community-based programs, the school began working more closely with the leadership team at UCI Medical Center by engaging the Chief Nursing Executive in the school's leadership group to improve students' clinical placements and employment within the UCI Medical Center upon graduation. PDST support of faculty salaries for the lead Community Health Professor and Clinical Instructors was integral to the success of this goal and is included in the salary and benefit total of \$263,763, which was supported by PDST funds.

COVID-19 Impact: The program has been challenged in the last year to regain many of our prior connections that were in place prior to the pandemic. While many of our community connections remain, such as Home for Refugees and El Sol Science and Arts Academy, many have been unable to accept students due to restrictions on the numbers of volunteers or the ability to supervise students. Some community-based agencies have declined students or significantly reduced the number of students and their roles. This has posed a significant challenge for the faculty to create community-based activities that meet our accreditation needs as well as our school goal of expanding outreach efforts into the community. However, other opportunities have arisen and will continue to be cultivated throughout the next PDST cycle, such as WoundWalks OC, and Home for Refugees. Telehealth training will be commencing with MEPN students as the simulation center's audiovisual capabilities are fully realized (targeted within the next 1-2 years) which can create opportunities for students to reach communities that may otherwise be difficult to connect with in person.

### **INCREASE STUDENT DIVERSITY**

A revamped holistic admissions review process was implemented in the MEPN program in 2019. Although there were no direct costs to PDST, significant faculty and staff time went into researching and putting a process in place. The program posted admissions application materials that guided potential applicants through the application process to provide clarity and reduce the "hidden curriculum" in higher education. With this, we saw an increase in eligible applicants, particularly applicants from underrepresented groups (URG). These efforts increased applicant numbers and the number of URG students admitted (offered admission) to the program. In comparing self-reported racial data in the UC Irvine Graduate Application for MEPN cohorts starting in 2020 and 2022, the number of admitted applicants identifying as "Black or African American" increased from 6% to 10% of admitted students and the number of admitted applicants identifying as "Hispanic or Latino" increased from 17% to 20% of admitted students. A barrier to matriculating into the program that admittees have expressed concern about is being able to afford the cost of living in Orange County, which has one of the highest costs of living in the State. The program disseminates information regarding additional costs outside of tuition and fees during information sessions as well as having it posted on the website to be transparent about the cost of

attendance. Additionally, the Student Affairs office surveyed all students regarding financial need and compiled qualitative support in partnership with the development office, speaking to donors to obtain more philanthropic gifts for MEPN scholarships. The program cost itself is comparable to and competitive with other master's entry nursing programs, but the cost of living is a deterrent to potential applicants and a detriment to the success of potential students. The prelicensure program requires in-classroom attendance for completion of clinical courses and clinical bedside hours. In the past two years, the program has received declinations in admissions from students who informed us they were not able to move closer to campus and thus chose other nursing programs closer to home. The students who declined were top-tier and identified as underrepresented students. Although the cost of living may be similar in some of our competitors' areas, such as metropolitan Los Angeles and San Francisco, the students who live near these areas and decide to stay home typically stated rent or the lack of needing to pay rent by living at home, as a reason to decline moving to Orange County.

COVID-19 Impact: Due to the continuing impact of COVID-19 and construction of the Sue & Bill Gross Nursing and Health Sciences Hall, the school has been unable to restart the Nursing Camp in Summer (NCIS) Program. In 2017, the school developed NCIS, a week-long camp introducing nursing to high school students. Selected students who demonstrated financial need were offered full scholarships to the camp. Student evaluations from the camp showed that the program was successful in guiding young health professionals towards nursing. All the scholarship recipients reported that they applied to a nursing school for their post-secondary education. Due to the high demand of applications, the school offered two camps in summer 2018. Of the 56 students who attended, 11 students were supported with full scholarships. The popularity of this camp and our desire to further impact our community by growing the future of the nursing profession supports our plan to offer this program throughout the summer of 2023 and beyond. The school is planning multiple sessions throughout the 2023 summer, and with financial support we can increase the number of scholarships offered to campers in need. Although PDST funds were not used to support this activity during the review period (with COVID restrictions not allowing the program to run), PDST funds will be used in the future to support additional staffing who would support this program.

### **EXPAND OUTREACH EFFORTS**

During the pandemic, the program was limited in our ability to expand outreach efforts since student affairs staff and faculty were not able to attend important conferences to promote our program or recruit students through college or school fairs. Although virtual fairs eventually became available during the pandemic, the ability to speak and meet with potential applicants in person was limited. We elected to leverage our recruitment efforts to online modalities in the interest of keeping information and outreach efforts as accessible as possible for prospective students. We offered several online information sessions on our website that were popular, with registration for each session hitting capacity within a matter of days. We partnered with on-campus departments, like

California Alliance for Minority Participation (CAMP) and Graduate Division, who offer events and programming to first-generation and URG students to offer additional online information sessions to UCI undergraduates.

Still, we recognize the strong, growing demand for our program and aim to find creative solutions for making information accessible to as many students as possible. We also understand that scheduled “live” information sessions during weekdays can present challenges to our prospective applicants who may be working full-time, sometimes multiple jobs, and supporting their families. We created a self-guided, “on-demand” information session in an accessible format for prospective students to access on our website at any time.

### **SUPPORT WELLNESS EVENTS FOR THE HEALTHCARE PROFESSIONS**

The Student Affairs office implemented many on-campus events with the return of in-person activities in 2021-22 which were supported by PDST funding (approximately \$2,200). These included community building and student engagement events such as a nursing school t-shirt tie-dye event; wellness events, such as healthy snacks for midterms and finals; and targeted events held on first-generation student week and nurse’s week.

### **ENHANCE AFFORDABILITY**

Our goal during this prior period was to enhance affordability for our students in the MEPN program. To do this our development officer worked to steward gifts to the school that would provide more fellowships for our students and allow the program to remain affordable and accessible, thereby decreasing debt upon graduation. Student awards from multi-year donor gifts resulted in an increase of fellowships from \$5,000 in 2020-21 for two awards to \$37,500 in 2021-22 for 15 awards. More information on specific fellowships is described under III.c. Of the total \$37,500 available, \$32,500 was specific to students with financial need. Gift funds also supported totes to students (lab supplies) in the amount of \$9,132, which saved students the cost of purchasing them. Additionally, we provided stipends for the cost of scrubs to the students from PDST funds at a cost of \$8,517, which was included in our return to aid. So, these additional fellowships and totes from gifts increased our need-based aid from 33% of revenue to 42% in 2021-22.

### 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?**

Over the three-year PDST cycle (AY 2023/24 to AY 2025/26), the school will use PDST funds to create a stand-alone MEPN program, increase student diversity, and double access. Creating a stand-alone program, which will decouple the teaching of the core nursing courses from the bachelor's program, will raise the program's rigor and meet the specific needs of second-career nursing students. Doubling the size of the cohort will provide more nurses for the community and population health workforce, which is vital in addressing health equity. Accordingly, the program is proposing approximately 5% increases in each year of our three-year plan to use new PDST funds on the following three goals:

#### **1. CREATE A STAND-ALONE MEPN PROGRAM**

A goal to be achieved by raising PDST is to create a stand-alone MEPN program, thereby raising the program's rigor. This will be done in four ways: decoupling the teaching of the core nursing courses necessary for entry into practice from the bachelor's program, increasing the quality of the simulation program for MEPN students, improving transition into practice, and enhancing student wellbeing.

##### *DECOUPLING THE TEACHING OF CORE NURSING COURSES.*

In March 2022, the Irvine Division of the Academic Senate's Academic Programs Review Board conducted a 10-year review of the school. Six external national experts in nursing education conducted the review. One of their recommendations was to create a stand-alone MEPN program with the core nursing courses to be taught separately from the bachelor's program. This way, MEPN students can conduct work in the core nursing courses at the master's level. Students have also given consistent feedback in course and program evaluations that they wish the program to be decoupled from the bachelor's program, as the MEPN students have instructional needs that differ from those of undergraduate students.

Decoupling the teaching of the core nursing courses necessitates hiring more faculty and clinical instructors dedicated specifically to the MEPN program, at an estimated additional cost of approximately \$307K including salary and benefits over the three-year period. An increase in PDST of 5% is necessary to support this goal.

#### *INCREASING THE QUALITY OF THE SIMULATION PROGRAM FOR MEPN STUDENTS*

The simulation center in the new Sue & Bill Gross Nursing and Health Science Hall is equipped with simulation spaces for community health nursing care and for interprofessional simulations, including those with pharmacy and pharmaceutical sciences students. These spaces are of specific importance to the MEPN program given its focus on community and population health and on leadership and management: interprofessional simulations are key to developing advanced leadership and management skills. These two spaces allow for elevating the rigor of the MEPN program.

However, over the next three years, faculty to-be-hired and existing faculty along with simulation center staff will need specific training in community health nursing and interprofessional simulations. Increases in PDST will allow us to fund this training estimated at \$15,000; this will be a shared cost between PDST and non-PDST school funds. The school would not otherwise have the ability to support such efforts. These costs will be ongoing to ensure faculty and center staff are trained on current trends in simulation and nursing education. These efforts may have to be reduced to align with available PDST funding.

Over the next three years, the simulation center will also build on the foundation of a standardized patient training program for advanced simulations specific to the needs of MEPN students, including training on complex chronic diseases including Hispanic/Latino(a) people diagnosed with Type 2 Diabetes; LGBTQ concerns; domestic violence; and complex geriatric concerns. This standardized patient training program is estimated to cost approximately \$1,200-\$2,000 per year. PDST funding will be used for this expansion.

#### *IMPROVING PEDAGOGY AND TECHNOLOGY ESSENTIAL FOR TRANSITION INTO PRACTICE*

To improve the preparation of MEPN graduates for the new technology demands as they enter practice, the program will adopt advanced pedagogical tools – such as competency-based teaching strategies, active learning modalities, and test-item writing workshops – and advanced technology – such as case study, polling, and simulation software, and medication administration computerized carts. Simulation medication administration carts have been purchased for the new simulation center and will be implemented to improve the realism in the practice setting of the lab. PDST funds will support training faculty in these tools and technologies and purchasing the technologies, estimated at \$2,600 for Osmosis software (online clinical learning platform) and \$15,000 for training and simulation conferences as mentioned above. These costs will be ongoing but the amount charged to PDST will need to be adjusted based on available funding or cost-shared with non-PDST school funds.

#### *PROMOTING THE WELLBEING OF SECOND-CAREER NURSING STUDENTS*

The effects of the pandemic on students' wellbeing, particularly health professions students, are well known. To address these effects, we will continue to host wellness events by bringing in speakers who understand the concerns of second career nursing

students and providing spaces, activities, food, and resources that support second-career nursing students' specific needs. These activities will include mindfulness and stress reduction training sessions, which will be conducted in partnership with staff from the Susan Samueli Integrative Health Institute and the campus counseling center for group therapy sessions. In addition, we will partner with the medical school's PRIME LC program for students who identify as Hispanic/Latino(a) and the campus's LEAD program for students who identify as Black or African American. By using campus wellness resources already in place, we do not anticipate many PDST funds will have to be used to support these activities other than activities outside what the campus has available or can offer.

Creating a stand-alone MEPN program will require an increase in PDST funds to hire and train faculty and staff and to purchase technology; a smaller portion of PDST funding will be directed to wellness programming. The funds would help to create a new student services position that would create programming for the holistic well-being of our students and would allow for more advising and support for the MEPN program. Incremental increases in PDST (approximately \$97K over the three-year period) will help support this cost. If the PDST increase is not approved, the school will not be able to decouple the MEPN program from the bachelor's program, develop MEPN-specific aspects to the simulation center, advance the pedagogical tools and technology used in the program, or address the wellness needs specific to second-career nursing students.

## **2. EXPAND OUTREACH**

With a new dean hired in 2022, the school will have a new strategic plan in place in 2023 and will use that to develop a branding campaign that will further define its programs, including MEPN. This strategic branding and marketing plan will help promote the program and the school and align with UCI's honorific from The New York Times' College Access Index of U.S. universities as "Doing the most for the American dream," based on UCI's commitment to economic diversity. With these tools, the school will expand its outreach efforts, both virtual and in-person. PDST funds estimated at \$1,000 will go to support retention and outreach with supplemental support from the school to cover the costs of the schoolwide marketing, communications, and branding strategy.

Specifically, the school will target diversity fairs for graduate education with which the school has partnered before, including virtual and in-person events. The school will increase its on-campus internal pipeline by partnering with campus organizations that support students in STEM education and provide specialized nursing workshops and advising with to reach historically underrepresented populations in nursing. The school will work closely with hospitals in Los Angeles County to advertise the MEPN program to employees interested in becoming registered nurses. As well, the school will promote the MEPN program in advertising outlets specific to Black, Hispanic, and LGBTQ populations and men interested in nursing. Section V.b below describes the school's targeted outreach in more detail. As the school develops and plans for its 2023 Nursing Camp in Summer, the school will now be able to market and promote the program to local high schools with traditionally higher numbers of underrepresented groups of students such as those in the cities of Santa Ana and Anaheim, to introduce younger populations of students to the field of nursing and the



programs that UCI has to offer thereby developing familiarity with the school and pipelines into the program. The school will personalize all these targeted efforts with high-touch outreach from faculty and staff, including from the school's Equity Advisor. The school's Equity Advisor, Dr. Dawn Bounds, has also received the Chancellor's Inclusive Excellence Award for her research among adolescents who have had a high number of adverse childhood experiences.

We will measure the success of this expanded outreach efforts by tracking the percentage of matriculants from underrepresented groups. Our ultimate goal over the three-year PDST period is an increase of students from underrepresented groups to better reflect the diversity of the state.

### **3. INCREASE ACCESS TO THE MEPN PROGRAM**

Creating a stand-alone MEPN program will allow the school to increase the number of admitted students from 20 students per academic year (AY) to 40 students beginning AY 2023/24, for a total of 60 students in the program in AY 2023/24 and 80 per academic year thereafter. This will help address the State's workforce needs. However, this increase in the number of students carries with it the need to increase staff.

Many universities have centralized offices that oversee clinical compliance coordination. Clinical compliance coordination includes guiding students on the health requirements for clinical placement, which differ by agency; managing affiliation and contract agreements for clinical placements; overseeing and resolving background checks and drug screens; and liaising with third party vendors that transfer confidential clinical compliance information among students, the school, and clinical agencies. Without centralized campus support for clinical placement coordination, the school must hire staff to do this work.

The increase in admitted students will mean that the school's student services staff (as mentioned above) will need to be increased by at least one individual who would also support clinical placement coordination estimated at \$102,000 including salary and benefits. An increase in PDST of 5% would allow us to hire this student services staff member, a need that comes with doubling the program's size. If the PDST increase is not approved, the school will not be able to hire the needed staff member to take on the additional clinical placement coordination, making it financially impossible for the school to increase available spots (opportunities) and access to the program.

In sum, PDST funds will be used to create a stand-alone program which will raise rigor and allow the school to address second-career nursing students' specific needs. Over the AYs 2023-2025, PDST funds will be used to double the cohort size and thus address the State's workforce shortage. As well, PDST funds will be used to increase student diversity. Not approving PDST fee level increases will limit the school's ability to achieve these goals. The MEPN student experience and teaching rigor would be affected, with the

program having to be co-taught with the bachelor’s program if PDST is not increased. In addition, absent the requested increase to its PDST level, the program will not be able to expand its outreach to diverse communities and double the cohort size.

**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue				
	Total 2022-23 PDST Revenue	Incremental 2023-24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Total Projected PDST Revenue in Final Year
<b>Faculty Salary Adjustments</b>	\$178,792	\$12,726	\$71,628	\$8,164	\$271,309
<b>Benefits/UCRP Cost</b>	\$84,971	\$47,280	\$4,122	\$8,827	\$145,201
<b>Providing Student Services</b>	\$21,880	\$85,488	\$6,333	\$5,147	\$118,848
<b>Improving the Student-Faculty Ratio</b>	\$45,789	\$17,400	\$122,782	\$14,372	\$200,343
<b>Expanding Instructional Support Staff</b>	\$0	\$0	\$0	\$0	\$0
<b>Instructional Equipment Purchases</b>	\$2,000	\$11,932	\$6,131	\$602	\$20,665
<b>Providing Student Financial Aid</b>	\$161,151	\$124,902	\$106,504	\$18,533	\$411,090
<b>Other Non-salary Cost Increases</b>	\$2,021	\$85	\$927	\$91	\$3,124
<b>Facilities Expansion/Renewal</b>	\$0	\$0	\$0	\$0	\$0
<b>Other (Please explain in the "Additional Comments" below)</b>	\$2,400	\$7,403	\$4,313	\$424	\$14,540
<b>Total use/projected use of revenue</b>	\$499,005	\$307,215	\$322,740	\$56,160	\$1,185,120

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

**Additional comments:** The “Other Non-salary Cost Increases” category listed above reflect the costs associated with Employee Practice Liability assessment costs linked to payroll. The “Other” category reflects costs associated with simulation (standardized patients, boot camp, course materials).

The revenue shows a significant increase in 2023-24 and 2024-25 due to the initial doubling of the incoming cohorts in those years. Once enrollment reaches a steady state, revenue will plateau in 2025-26 with the increase attributable to the requested 5% adjustment. See table and Additional comments below.

**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 continues to work with UCI Health and community partners to expand the number of clinical instructors serving as preceptors to our students in clinical settings and provide those teaching opportunities in-kind or through volunteer faculty titles, a cost-savings to the program of approximately \$143,000-\$250,000 annually. Rather than hiring outside preceptors, the in-kind support helps the program manage costs while maintaining a low instructor-to-student ratio. In addition, through schoolwide planning measures, our staff continue to seek out ways to produce savings through economies of scale by purchasing teaching supplies in bulk for all our clinical programs. The school anticipates that the new building and simulation center will also produce savings from reduced need for outside space rentals for simulation and events such as convocation (White Coat) and commencement (Pinning). Philanthropy has secured three donors committed to supporting our pre-licensure students. The long-established **Susanne Renee Leider Memorial Endowment** continues to support eligible MEPN students willing to share the importance of compassionate care. Additionally, **The Feizel and Dorothy Waffarn Scholarship** awards \$5,000 to one student annually (over a two-year period) as well as other new one-time gifts from donors that we hope to steward into establishing new endowments. For example, **Martha S. and Franklin A. Nachman** recently pledged a one-time gift of \$20,000 to the School's MEPN to support students with a \$5,000 annual award over the next four years, plus another \$50,000 pledge to establish an endowment for the same purpose, in perpetuity. UCI Giving Day 2022 was a success for the School of Nursing, as our efforts were dedicated in part to supporting the lab supplies of MEPN students and as a result, \$15,500 in one-time gifts was raised to sponsor nursing totes at a total cost of \$9,132 (approximately \$175 each), which contain all essential items needed for a successful Fundamentals Lab, thereby saving the students from having to pay lab fees or increasing PDST to cover those costs. Each year we will continue to promote targeted giving for this purpose. As an aside, Giving Day also included targeted giving towards a School of Nursing Emergency Fund to support urgent, non-academic needs that may place students at risk for disenrollment. Students can apply at any time during their enrollment and seek assistance with personal costs such as rent, food, transportation, etc.

**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.”**

	Enrollment					
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Resident	37	56	74	74	74	74
Domestic Nonresident	2	4	6	6	6	6
International	0	0	0	0	0	0
<b>Total</b>	<b>39</b>	<b>60</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>

**Additional comments:** With the additional PDST, the MEPN program plans to double its enrollment, beginning with an increase in AY 2023/24 from the standard enrollment of 40 students (20 continuing and 20 incoming) to 60 students (20 continuing and 40 incoming). The first year where there will be two full 40-person cohorts (80 total) will be AY 2024/25. The incremental PDST revenue increase of \$17,400 in 2023-24 and \$122,782 in 2024-25 will support improving the student-faculty ratio with additional faculty and clinical instructor FTE. Also, the incremental increase of \$85,488 in 2023-24 will support additional staff FTE who will support clinical placements and student services for the increased enrollment.

#### IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 institutions that are 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.

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR										
Total <i>Resident</i> Charges to Complete Degree by Cohort Starting in:	Projections				Increases/Decreases					
	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26	
	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$
University of Virginia, Direct Entry MSN	77,676	80,006	82,406	84,878	3.0%	2,330	3.0%	2,400	3.0%	2,472
University of Arizona, Tuscon MS Entry to the Profession	48,360	49,811	51,305	52,844	3.0%	1,451	3.0%	1,494	3.0%	1,539
University of Maryland - Baltimore, Master's Entry CNL	70,855	72,981	75,170	77,425	3.0%	2,126	3.0%	2,189	3.0%	2,255
Columbia, Masters Direct Entry Program	126,940	130,748	134,670	138,710	3.0%	3,808	3.0%	3,922	3.0%	4,040
Johns Hopkins, MSN Entry into Nursing	113,684	117,095	120,608	124,226	3.0%	3,411	3.0%	3,513	3.0%	3,618
Case Western Reserve, Grad Entry MSN	111,226	114,563	118,000	121,540	3.0%	3,337	3.0%	3,437	3.0%	3,540
<b>Average public comparison</b>	<b>65,630</b>	<b>67,599</b>	<b>69,627</b>	<b>71,716</b>	<b>3.0%</b>	<b>1,969</b>	<b>3.0%</b>	<b>2,028</b>	<b>3.0%</b>	<b>2,089</b>
<b>Average private comparison</b>	<b>117,283</b>	<b>120,802</b>	<b>124,426</b>	<b>128,159</b>	<b>3.0%</b>	<b>3,519</b>	<b>3.0%</b>	<b>3,624</b>	<b>3.0%</b>	<b>3,733</b>
<b>Average public and private comparison</b>	<b>91,457</b>	<b>94,201</b>	<b>97,027</b>	<b>99,937</b>	<b>3.0%</b>	<b>2,744</b>	<b>3.0%</b>	<b>2,826</b>	<b>3.0%</b>	<b>2,911</b>
<b>Your program</b>	<b>54,150</b>	<b>56,502</b>	<b>58,706</b>	<b>60,700</b>	<b>4.3%</b>	<b>2,352</b>	<b>3.9%</b>	<b>2,204</b>	<b>3.4%</b>	<b>1,994</b>

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR										
Total <i>Nonresident</i> Charges to Complete Degree by Cohort Starting in:	Projections				Increases/Decreases					
	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26	
	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$
University of Virginia, Direct Entry MSN	127,175	130,990	134,920	138,968	3.0%	3,815	3.0%	3,930	3.0%	4,048
University of Arizona, Tuscon MS Entry to the Profession	68,510	70,565	72,682	74,862	3.0%	2,055	3.0%	2,117	3.0%	2,180
University of Maryland - Baltimore, Master's Entry CNL	115,388	118,850	122,416	126,088	3.0%	3,462	3.0%	3,566	3.0%	3,672
Columbia, Masters Direct Entry Program	126,940	130,748	134,670	138,710	3.0%	3,808	3.0%	3,922	3.0%	4,040
Johns Hopkins, MSN Entry into Nursing	113,684	117,095	120,608	124,226	3.0%	3,411	3.0%	3,513	3.0%	3,618
Case Western Reserve, Grad Entry MSN	111,226	114,563	118,000	121,540	3.0%	3,337	3.0%	3,437	3.0%	3,540
<b>Average public comparison</b>	<b>103,691</b>	<b>106,802</b>	<b>110,006</b>	<b>113,306</b>	<b>3.0%</b>	<b>3,111</b>	<b>3.0%</b>	<b>3,204</b>	<b>3.0%</b>	<b>3,300</b>
<b>Average private comparison</b>	<b>117,283</b>	<b>120,802</b>	<b>124,426</b>	<b>128,159</b>	<b>3.0%</b>	<b>3,519</b>	<b>3.0%</b>	<b>3,624</b>	<b>3.0%</b>	<b>3,733</b>
<b>Average public and private comparison</b>	<b>110,487</b>	<b>113,802</b>	<b>117,216</b>	<b>120,732</b>	<b>3.0%</b>	<b>3,315</b>	<b>3.0%</b>	<b>3,414</b>	<b>3.0%</b>	<b>3,516</b>
<b>Your program</b>	<b>78,640</b>	<b>80,992</b>	<b>83,196</b>	<b>85,190</b>	<b>3.0%</b>	<b>2,352</b>	<b>2.7%</b>	<b>2,204</b>	<b>2.4%</b>	<b>1,994</b>

Source(s):

University of Virginia School of Nursing. (2022). *Tuition. Master's-entry CNL*. 6 semesters, 2-year program. <https://www.nursing.virginia.edu/admissions/tuition/>

University of Arizona College of Nursing. (2022-23). *Costs & Financial Aid/Tuition Calculator. MEPN-Tucson*. 4 semesters, 15-month program. <https://www.nursing.arizona.edu/costs-financial-aid-tuitioncalculator.fso.arizona.edu/#/>

University of Maryland, Baltimore. (Fall 2022 and Spring 2023). *School of Nursing, Graduate Programs/Tuition & Fees*. 5 semesters, 2-year program.

<https://www.umaryland.edu/media/umb/af/sa/nurs-gradnew22-23.pdf>

<https://oes.umd.edu/current-incoming-former-umd-students/summer-session/tuition-fees>

Columbia University School of Nursing. (2022-23). *MDE Tuition and Fees*. 3 semesters, 15-month program. <https://www.nursing.columbia.edu/academics/academic-programs/masters-direct-entry-program-non-nurses/mde-tuition-and-fees>

Johns Hopkins School of Nursing. (2022-23). *Masters Entry into Nursing (MSN Cost of Attendance)*. 5 semesters, 2-year program. <https://nursing.jhu.edu/academics/programs/pre-licensure/masters-entry/>

[https://nursing.jhu.edu/admissions/financial-aid/coa/22\\_23%20MEN%20New%20Students.pdf](https://nursing.jhu.edu/admissions/financial-aid/coa/22_23%20MEN%20New%20Students.pdf)

Case Western Reserve University. (2022). *Tuition. Graduate Entry Nursing Program. Fees - All Disciplines*. 4 semesters, 2-year program. <https://case.edu/nursing/admissions/tuition>

<https://case.edu/studentaccounts/tuition-fees/graduateprofessional-tuition-fees/frances-payne-bolton-school-nursing>

**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).**

All selected comparator institutions offer master's entry level general prelicensure programs for applicants, without advanced practice nursing (APRN) curriculum, which aligns with the curriculum in UCI's MEPN. The program selected institutions that ranked well in the US News and World Report of master's programs in nursing. We acknowledge that US News and World rankings of master's programs in nursing may include programs other than prelicensure; they may be intended for applicants who are already registered nurses and may be leadership/research focused instead. However, there are a limited number of master's degree-level direct-entry into nursing programs available at comparable universities in the United States. In addition, we consistently receive feedback from admitted students who decline our offers to attend other programs that they see as well-ranked programs such as Yale, UCLA, Johns Hopkins, UCSF, and Columbia, making these top schools true comparators as we consistently compete for the same top candidates. All three public institutions were selected as comparator schools as they were large, public tier-1 research institutions with well-performing and recognizable brands in nursing prelicensure education. Similarly, all selected private comparators boast strong reputations in nursing and high-level research; both Columbia and Johns Hopkins have large student bodies comparable to UCI.

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

UCI's resident and nonresident total annual charges are less than the resident and nonresident total charges of each the selected comparator schools, except for the University of Arizona, Tucson, which is a shorter program. Their program length is 15 months (four semesters including two summers) versus our program which is two years (six quarters).

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

The UCI MEPN program is unique in that the curriculum provides a concentration in community and population health and is designed to prepare students for excellence in research, evidence-based practice, leadership, interprofessional team building, and health policy. None of the comparator programs have this focus; this curricular emphasis is highly sought after by both prospective students and employers. Skills in research, interprofessional teamwork, and evidence-based practice taught throughout the program translate well into the roles MEPN graduates will inhabit within the southern California region, across the US, and globally. In a study from the *Journal of the American Medical Association*, Aiken et al. (2003) found "a clear link between higher levels of nursing education and better patient outcomes" (AACN, 2015). With this focus on nursing science and providing evidence-based care, graduates of the UCI MEPN program are poised to provide high levels of care to increasingly complex patients throughout the community and beyond. In addition, UCI's MEPN program has a lower student to faculty ratio than its comparator institutions, allowing for high-touch advising and individualized student support. Although as we increase in size, the addition of staff hired to specifically support the MEPN program (as mentioned above) and staff hired in the school as part of the schoolwide clinical support unit will keep these high-touch points in check. But we will continue to assess and ensure our students receive excellent support and training along with a positive student experience. Please note that UCI's MSN is a masters entry program and differs from UCLA/UCSF's MSN program, so our comparators may be similar but the fee comparisons may differ due to the program comparison between the UC school and it's program's comparator (e.g. Case Western being a UCI comparator for their masters entry program but UCLA/UCSF may compare their program to the Case Western MSN program – a different program from the masters entry program).

## 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.

	Actual	Actual	Actual	Estimated	Comparison (2020-21)	
	2019-20	2020-21	2021-22	Fall 2022	Publics	Privates
Ethnicity						
<b>Underrepresented</b>						
African American	5.0%	10.0%	10.0%	5.0%	11.0%	11.0%
Hispanic/Latino(a)	37.0%	30.0%	28.0%	30.0%	10.0%	6.0%
American Indian	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
<b>Subtotal Underrepresented</b>	<b>42.0%</b>	<b>40.0%</b>	<b>38.0%</b>	<b>35.0%</b>	<b>22.0%</b>	<b>17.0%</b>
Asian/Pacific Islander	21.0%	23.0%	33.0%	47.5%	10.0%	19.0%
White	21.0%	25.0%	23.0%	15.0%	62.0%	56.0%
Domestic Unknown	16.0%	13.0%	5.0%	2.5%	2.0%	4.0%
International	0.0%	0.0%	0.0%	0.0%	1.0%	3.0%
<b>Total</b>	<b>100.0%</b>	<b>101.0%</b>	<b>99.0%</b>	<b>100.0%</b>	<b>97.0%</b>	<b>99.0%</b>
<b>Socioeconomic</b>						
% Pell recipients	60.0%	75.0%	63.0%	N/A	N/A	N/A
<b>Gender</b>						
% Male	13.0%	20.0%	26.3%	27.5%	15.3%	16.3%
% Female	87.0%	80.0%	73.7%	72.5%	84.7%	83.7%
% Non-Binary	0.0%	0.0%	0.0%	0.0%	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:** Comparison data for 2021-22 was incomplete so 2020-21 was used. Some of the comparator data collected did not total 100% as different institutions used different race/ethnicity categories, and thus, that is why the comparison percentages do not equal 100% in the table above. For example, most institutions had an option to select multiracial/"more than one race/ethnicity."

### Public

- University of Virginia, Direct Entry MSN



- <https://ira.virginia.edu/university-stats-facts/enrollment>
- University of Virginia only provided master's degree graduate student information for the School of Nursing and did not provide program-specific data. They did not list American Indian as an option for race/ethnicity in the data presented. University of Virginia allowed students to respond with multiracial/more than one race/ethnicity.
- University of Arizona, MS Entry to the Profession
  - <https://uair.arizona.edu/content/enrollment>
  - University of Arizona only provided graduate student information for the School of Nursing and did not provide master's specific or program-specific data. Case Western allowed students to respond with multiracial/more than one race/ethnicity.
- University of Maryland - Baltimore, Master's Entry CNL
  - <https://www.umaryland.edu/iespa/educational-productivity/student-enrollment/enrollment-by-school/#d.en.541082>
  - University of Maryland – Baltimore provided data for all Master's degree students and did not specify by program. They did not list American Indian as an option for race/ethnicity in the data presented. They allowed students to respond with multiracial/more than one race/ethnicity.

**Private**

- Columbia, Masters Direct Entry Program
  - <https://opir.columbia.edu/abstract>
  - Columbia only provided graduate student information for the School of Nursing and did not provide master's specific or program-specific data. Columbia allowed students to respond with multiracial/more than one race/ethnicity. Columbia was only able to provide 2020 data.
- Johns Hopkins, MSN Entry into Nursing
  - <https://oir.jhu.edu/university-enrollment/>
  - We did not include Johns Hopkins in ethnicity/gender information. We were unable to find information that specific to graduate students in the School of Nursing.
- Case Western Reserve, Grad Entry MSN
  - <https://case.edu/ir/cwru-facts/student-facts>
  - <https://case.edu/ir/sites/case.edu.ir/files/2021-09/enrollbyethnicity21.pdf>
  - <https://case.edu/ir/sites/case.edu.ir/files/2021-09/enrollbygender21.pdf>
  - Case Western only provided graduate student information for the School of Nursing and did not provide master's specific or program-specific data. Case Western allowed with multiracial/more than one race/ethnicity.

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

## **URG ENROLLMENT BACKGROUND**

URG enrollment, as a percent of total enrollment, has declined from 42% to 38% between 2019-20 and 2021-22, with a fall 2022 estimate of 35%. However, over that same period, the school's percentage of students from some underrepresented groups has grown. While we recognize the decline in Latino enrollment in 2019-20 from 37% to 28% in 2021-22, in a cohort as small as 20 students this represents the difference of approximately two students. Our planned increase in enrollment planned (from ~20 – 40 students per cohort total) provides us with an opportunity to continue enhancing the diversity of the student body. The percentage of African American students increased from 5% to 10% between 2019-20 and 2021-22; however, the school saw a dip in fall 2022, mostly due to admitted African American students choosing other universities. The school's goal is to yield more admitted African American students by providing additional financial support to incoming cohorts to ease the burden with the cost of living in Orange County; we have received feedback from recent applicants that this is a primary reason these students choose competitor programs or schools closer to home. We plan to reach out to community colleges in Long Beach and CSULB to offer individualized information sessions to students, as the city of Long Beach has a larger percentage of African Americans compared to Orange County<sup>2</sup>. The location of the City of Long Beach, which is situated right at the south-eastern border between Los Angeles and Orange counties, provides an ideal commute to UCI as opposed to other nursing programs in the area (e.g. UCLA) that we frequently lose top candidates to, so we anticipate that these applicants will be more inclined to accept our offers of admission compared to students who live in other areas of the greater Los Angeles/Orange County metro area. These students would potentially be saving money by living at home instead of paying additional rent and moving costs to live in Orange County.

## **COMPARATORS**

Compared to our public comparators who had an average underrepresented group percentage of 22% in 2020-21, the school trended higher at 40% total, and our percentage of African American students was close with our competitors at 10% compared to the public average of 11%. But we must do better. The school's percentage of Hispanic/Latino students in 2020-21 was 30% which was more than double the public comparator average of 10%, but correlates to the regional ethnic population of Orange County<sup>3</sup>. To continue to recruit Hispanic/Latino students, we plan to reach out to pre-nursing programs at surrounding HSI's such as Cal State Universities and certain community colleges to provide information sessions. The school trended lower compared to public comparators when it came to American Indian students; however, this is an area the school is actively trying to improve upon. We plan to reach out to California tribal colleges to offer our pathways to nursing presentation, to help inform and recruit American Indian students. Specifically, College of the Desert partners with California Indian Nation's College to ensure transferability of

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<sup>2</sup> United States Census Bureau. (2022, July 21). *QuickFacts* Los Angeles County, California; Los Angeles city, California; Orange County, California; Long Beach city, California; United States. Accessed on January 5, 2023, from <https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia,losangelesciticallifornia,orangecountycalifornia,longbeachcitycalifornia,US/PST045221>

<sup>3</sup>United States Census Bureau. (2022, July 21). *QuickFacts* Orange County, California; United States. Accessed on January 5, 2023, from <https://www.census.gov/quickfacts/orangecountycalifornia>

coursework, and we hope to create a relationship with this college to increase our American Indian applicant numbers. Compared to private comparators in 2020-21, the school's overall underrepresented group average of 40% was higher than the private comparator average of 17%. The African American average was similar at 10% compared to comparator 11%, and the Hispanic/Latino average of the private comparators was much lower at 6% compared to the school's 30%.

## **STRATEGIES TO INCREASE ENROLLMENT OF URG**

### **1. TARGETED OUTREACH (also see III.a above)**

To admit a diverse cohort of students, the pool of applicants must be diverse as well. Part of our recruitment strategy has been to educate and begin creating pipelines, as well as increase our outreach. In 2019, we began targeted recruitment for the MEPN program at California State Universities, many of which are Hispanic Serving Institutions, holding nursing-specific information sessions. We also began a partnership with the California Alliance for Minority Participation (CAMP) at UCI to begin holding educational events and specific advising to students from low income and diverse socioeconomic backgrounds at UCI, encouraging them to pursue a MEPN at UCI. This group consists of African American students as well as other ethnic groups. Through our partnership, we have provided pathways to nursing workshops and advising specifically for their students, to cultivate relationships and build a pipeline of diverse population groups who are currently underrepresented in the MEPN program demographics, including individuals identifying as men, African American, Indigenous, Pacific Islander, and Hispanic/Latino. We will continue these recruitment efforts, and plan to maintain communication with our own current diverse change of major applicants who did not get admitted due to the small number of spots available.

In addition, for the upcoming fall 2023 admissions cycle we will offer a "Preview Day" aimed at introducing students to diverse faculty, staff, and resources to support them in the program, both academically and financially. We also will engage in high-touch, individualized outreach to admitted students to welcome them to the program, answer their questions, and pair them with faculty to address any additional questions about the student experience in the program. Additionally, we are creating an optional summer intensive to prepare incoming students for the transition to graduate-level coursework and nursing school. Finally, we will create "Welcome" activities with continuing MEPN students to build community and a larger network of support. We believe these mentorship, community building, and supportive climate will attract a higher yield of students looking for additional support and resources.

### **2. ADMISSIONS PROCESS**

In 2019, the MEPN admissions committee revamped the admissions process to create a more equitable admissions rubric which took away some potential barriers for underrepresented or low socioeconomic status students. In subsequent years, faculty and

staff reviewed admissions trends and practices to continue to make changes aimed at a more accessible application process. The school's faculty participating in application review were also required to complete implicit bias training. The program found that these admissions changes improved the diversity not only in ethnicity, but in backgrounds and stories of our incoming class, and created a more equitable admissions process. In 2021, to make the admissions process more transparent to applicants, a guide to applying was created and posted to the school's website. This document contains clear instructions on how to complete the application, examples for creating a resume, and other useful tips.

### **3. ADDRESSING FINANCIAL AND HOUSING CHALLENGES**

The financial concerns of this population become obvious after admission into the program when deciding among other competitors. Accepted offers of admission declined from African American admitted students in the fall 2022 admissions cycle, where 10% of offers went out to African American applicants (according to self-reported UCI graduate application data). The school only retained one (3.3%) of those admitted applicants. All African American admitted applicants who declined the offer of admission were top applicants who received multiple offers of admission to prelicensure nursing programs. Most elected to choose offers from programs closer to home to save money on living expenses. We noticed this increased deterrent in Fall 2022 with comments from admitted students referring to increased cost of rent, rising inflation, and an increased cost of gas which affected this cohort (and those who commute from longer distances) more as there were fewer COVID-approved remote class options.

#### *ADDRESSING FINANCIAL NEEDS*

The school will develop a recruitment program by investing incremental PDST revenue increases of \$124,902 in 2023-2024 and \$106,504 in 2024-2025 along with non-PDST graduate block funds (described below) to support fellowships for need-based and top-tier applicants. We will increase PDST return to aid from the mandatory 33% of revenue to 35% of revenue. This will provide an additional \$20,000 per year from the PDST return to aid increase for diversity and inclusive excellence fellowships. Additional fellowships from philanthropic gifts will also help address financial need of incoming and continuing students.

The Vice Provost for Graduate Education/Dean of the Graduate Division allocates University Student Aid Program (USAP) funding to the deans for graduate student support based on a three-term average of students in masters programs across campus. The graduate division delegates control to the deans on how those masters block funds are awarded to graduate students.

The school will use these non-PDST funds to provide incoming masters students with the opportunity to receive a \$12,000 recruitment fellowship over the two years of the program to reduce the burden of the fee increases over time. The number of fellowships available is yet to be determined but is estimated at one to four per cohort. This fellowship will be open to all newly admitted students who have yet to accept their intent to register. Interested applicants would provide a statement on their

contributions to inclusive excellence such as what they have done to contribute to diversity, improving cultural understanding, race relations, ways to improve diverse student recruitment, retention and climate, or their impact on anti-racism and the care of patients and their families. The school will develop a rubric and blind scoring methodology to ensure fair selection. The goal is to use this recruitment tool to increase the yield rate of a more diverse matriculant and the program anticipates this initiative would also increase populations historically underrepresented in our program. As we conduct declination surveys, we can assess whether this program is working to diversify our cohorts and whether they are having a stronger impact on reducing student debt.

We will also collaborate with our director of development to steward larger fellowships for admitted students with financial need as part of their recruitment package, and partner with other departments on campus to provide academic student employee positions (e.g., Teaching Assistantships) for those students who need or request them. Not all MEPN students seek TA opportunities as not all students want to or can work on-campus. We have at least 10 students per year (of the total 40 students in the program) that seek out and apply for TA opportunities through connections we have with Schools of Biological Sciences, Education, Pharmacy and Pharmaceutical Sciences, and Social Ecology. The roadblocks our students encounter are the times during which courses are offered, although we have been able to collaborate with the other schools so that even students with conflicting schedules can TA by holding different office hours, discussion times, and providing at-home work that does not conflict with their clinical rotations. We believe providing these TA opportunities is still important as these positions (at 25% time or more) cover the state-supported portion of the student's tuition, in addition to paying a salary, which relieves some of the financial burden.

### *HOUSING*

Prospective students have given us consistent feedback that a major deterrent for applying to the UCI MEPN is the high cost of living in surrounding Orange County. We will take two actions to address this barrier.

The program will promote campus housing resources and affordable housing options available to incoming master's students. Although guaranteed housing offers are not available to master's students, they can request to get on a waitlist for graduate housing. The UCI campus continues to expand and provide more on-campus housing including seven graduate housing communities. While providing housing to master's students is out of our control, by making students aware of the waitlist and advocating for themselves for campus housing and as new complexes become available during their time at UCI, this could potentially help those most in need.

The school will also explore opportunities for providing move-in fellowships for incoming cohorts within the first week of entering the MEPN program to supplement need-based applicants with support for housing, moving, equipment, or other expenses related

to transition into graduate study. The total cost of such a fellowship could potentially reach \$80,000 or more annually from non-PDST school sources.

**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 consistently see high numbers of students who were Pell Grant recipients in our programs, with 60% in 2019-20, 75% in 2020-21, and 63% in 2021-22. Using the Pell Grant information, we see that over half of our students require financial support. In 2021-22, of the students who completed the Free Application Federal Student Aid (FAFSA) to be eligible for need-based scholarships, 41% had \$0 estimated family contribution (EFC), with the average EFC being \$12,030. The school has done more messaging to encourage students to complete the FAFSA so they are eligible for return to aid, and now have more students eligible and receiving aid going up from 79% in 2019-20 to 89% in 2021-22. Understanding students' financial needs, the school gives back more than one-third in return to aid to the students, using a financial model to assist those with the most financial need.

As mentioned above, the school will develop an incentive program by investing non-PDST graduate block funds to support more scholarships and recruitment packages that include support for housing, moving, equipment, or other expenses related to transition into graduate study. In addition, the school will continue to steward philanthropic gifts to ease the burden on students with financial need with scholarships, fellowships, and course materials (totes) support.

The school continues to recruit and advertise teaching assistant positions from the School of Biological Sciences, where there is a need for TAs outside the school, to provide some tuition and fee support for MEPN students. These teaching assistant positions cover the tuition remission, minus the professional fee. In addition, the school continues to offer several scholarship opportunities for MEPN students each year ranging from \$1,000 - \$5,000. In addition, the prelicensure committee worked over the past few years on a major program modification that removed the previously required summer sessions from the curriculum. This is financially beneficial to students, as they no longer need to pay for summer session tuition and fees (previously totaling around \$2,000, not including transportation/housing/etc.), thus reducing the overall cost of the program.

In terms of recruiting students from low socioeconomic backgrounds, the school has several pipeline efforts. The school created a "Successful Pathways to Nursing" presentation to assist the community in finding different ways to becoming a Registered Nurse (RN), if the MEPN program was not an option. School staff collaborate with partners across campus to advertise the MEPN program and offer information sessions to specific student organizations and programs that are geared towards low income, as well as first

generation students. Faculty and staff have collaborated closely with the school's part-time director of development to secure additional funding for MEPN scholarships for students who demonstrate financial need.

**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 American Association of Colleges of Nursing (AACN)'s 2018-2019 *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing* reported 13% of students in master's degree nursing programs were men; a 2020 National Council of State Boards of Nursing (NCSBN) survey found that 9.4% of the registered nursing workforce were men<sup>4</sup>. Please note that the AACN data includes information for all master's degree nursing programs and is not limited to prelicensure master's degree nursing programs. In AY 2020-21, the MEPN program reflected 20% male students, higher than the national average; the percentage of male students in AY 2022-23 is currently 27.5%, reflecting a steady increase.

While the school's male students have not expressed feelings of discrimination or discomfort being a minority in nursing, we recognize that the proportion of female nurses that they may encounter in the clinical setting is higher. Therefore, all students are assigned a mentor to guide them as they encounter the varied experiences of the clinical courses. Some male students may seek out male faculty for specific advice on ways to navigate working in a particular specialty or seek advice regarding how to become a nurse in an area where few nurses are male. These situations are approached with sensitivity and understanding. Many of our clinical instructors and hired lab assistants are alumni of our programs, all are current working registered nurses, and they serve as industry mentors for our students.

We are interested in continuing to increase the school's diversity in race, ethnicity, and sex and gender. In addition to more targeted marketing and recruitment efforts, we are developing recruitment scholarships we can use to ideally increase the yield of our top male and transgender applicants, after they are admitted through our holistic review process. These scholarship opportunities would be open to all applicants via a competitive essay application process, where the prompts will ask applicants to speak to their commitment to diversity. We also plan to increase recruitment efforts in areas with a high concentration of male and transgender students, such as working with the Veteran resource center to provide specialized presentations, and the STEM fields, which have a historically high male population.

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<sup>4</sup> National Council of State Boards of Nursing. (2021). *The 2020 National Nursing Workforce Survey*. *Journal of Nursing Regulation*. doi: [https://doi.org/10.1016/S2155-8256\(21\)00027-2](https://doi.org/10.1016/S2155-8256(21)00027-2)

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

The current composition of the MEPN student is 35% from URG; 27.5% male, with none identifying as non-binary or unknown gender; and 63% Pell Grant recipients. By the end of our plan, we expect these proportions to increase.

We will do this by increasing recruitment efforts with internal campus pipelines and diversity recruitment fairs, thereby reaching a larger pool of diverse applicants. The MEPN program focuses on serving the community and emphasizes the importance of understanding diverse patients. Student-need will most likely continue to rise in light of rising costs of living and inflation, and we will maintain close communication with our students and frequently assess the extent to which they are supported and make adjustments. The program will use philanthropic gifts to create inclusive excellence recruitment fellowships to attract underrepresented populations as well as top-tier admitted students to UCI, with the possibility of matching competitive offers. With the rise in financial support, we suspect our enrollment of Pell Grant recipients will increase, as we will be able to offer more financial support to students in need.

**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.***



<b>All Faculty (School or Department)</b>				
<b>Ethnicity</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	3.1%	6.9%	9.7%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	6.3%	3.5%	6.5%
	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	18.8%	27.6%	25.8%
	International	0.0%	0.0%	0.0%
White	Domestic	65.6%	58.6%	54.8%
	International	3.1%	3.5%	3.2%
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	3.1%	0.0%	0.0%
	International	0.0%	0.0%	0.0%
<b>Percentage by Gender</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		90.6%	82.8%	80.7%
Male		9.4%	13.8%	16.1%
Non-Binary/Unknown		0.0%	3.5%	3.2%

<b>Ladder Rank and Equivalent Faculty (School or Department)</b>				
<b>Ethnicity</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	6.3%	15.0%	14.0%
	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	31.3%	31.0%	29.0%
	International	0.0%	0.0%	0.0%
White	Domestic	56.3%	54.0%	57.0%
	International	6.3%	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%
<b>Percentage by Gender</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		81.3%	84.6%	85.7%
Male		18.8%	15.4%	14.3%
Non-Binary/Unknown		0.0%	0.0%	0.0%

**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?**

The school recognizes the lack of Hispanic/Latino (0%) and American Indian faculty (0%) ladder rank and equivalent faculty. It is the school’s intent to make improvements in this regard over the next three years. We will use targeted recruiting strategies (below) to identify Hispanic/Latino and American Indian faculty candidates. As well, in 2019, the school initiated an Excellence in Diversity Committee. This committee oversees the school’s initiatives in recruiting and retaining faculty and students in manners consistent with campus programs and with California Proposition 209. In addition, the campus has an Inclusive Excellence Supplement to aid schools in hiring diverse faculty. The school will use faculty candidates’ diversity statements to identify faculty candidates who will

contribute to the campus's goal of inclusive excellence. In addition, beginning AY 2023/24, the dean will restructure the number and work of the school's associate deans to include an associate dean for diversity, inclusion, and outreach. The school recognizes that work needs to be done to diversify its faculty, which it will do through the following recruitment and retention strategies.

## **FACULTY RECRUITMENT**

Faculty recruitment consistent with California Proposition 209 includes the search process and growing the faculty pipeline.

### *THE SEARCH PROCESS*

The school's Equity Advisor, who chairs the school's Excellence in Diversity Committee, facilitates a search-committee discussion about best practices for job ad creation, advertising, recruitment, selection, and interviewing, with a focus on equitable and fair evaluation processes as well as ensuring the diversity of the applicant pool and approving the search plan. Search committee members train in implicit bias.

Special efforts are made in the search plan to target groups underrepresented in nursing, for example, by advertising in *Minority Nurse* and on the websites of the American Association for Men in Nursing, Asian Pacific Islander Nurses Association, GLMA Nursing (Nurses Advancing LGBTQ Health Equity), National Association of Native American/Indian Nurses, National Black Nurses Association, and the National Hispanic Nurses Association. As well, recruiting efforts include networking among diverse faculty, through existing networks but also through attending conferences of minority-serving associations. The school will pay for a faculty member to attend and recruit from conferences at minority-serving institutions when the faculty has an accepted podium or poster presentation.

Applicants include a "contributions to diversity" statement with their application materials.

The Equity Advisor employs evidence-based practices developed by the campus's Office of Inclusive Excellence to increase equity and diversity in hiring. These practices include meeting with search committees at the start of each search to educate them on equity and diversity and to ensure that they have completed required trainings; educate committees on California law and regulations on affirmative action; to review and approve the search process to ensure compliance with university guidelines; to review short lists for equity and fairness in qualifications and representation; and to meet with candidates.

All shortlisted faculty candidates receive the same materials before their visit to campus, including information about what the campus offers to diverse faculty. Each candidate is provided with a detailed itinerary. All interviewers receive the same information

about candidates and are encouraged to read it and to conduct the interview with it in mind. The candidates are introduced to campus diversity resources during the interview.

After all campus interviews are completed and the post-visit candidate evaluations are aggregated and summarized, the search committee meets to review the applicants and develop a strategy for presenting the top candidates to the faculty for the final selections.

All steps in the faculty recruitment process are extensively documented and evaluated by the Equity Advisor after the search.

#### *GROWING THE FACULTY PIPELINE*

An effective strategy for growing the faculty pipeline is to prepare more nurses from underrepresented minorities as PhD nurse scientists. To that end, on June 15, 2022, the school was awarded a 3-year University of California-Historically Black Colleges and Universities (HBCU) Initiative grant for the proposal *Promoting Compassion & Health Equity: Pathways for Nurse Scientists*. The purpose of the work is to create a sustainable joint learning collaborative that prepares HBCU nursing students for graduate education to become community-based health equity nurse scientists trained at the PhD level. The program funded by the grant will include an immersive eight-week summer research program where students will receive 1:1 mentorship in conducting research with the school's faculty and participate in UCI's Summer Undergraduate Research Fellowship (SURF) program; a joint learning collaborative modeled on the Extension for Community Healthcare Outcomes program that will provide ongoing mentorship and guidance from faculty as students apply for PhD programs over the subsequent year; and monthly virtual research seminars to engage students and faculty in scientific discourse and provide professional growth for budding nurse scholars. The primary evaluation metric of the program is the number of HBCU participants who, after completion of participation, pursue PhD study.

#### **FACULTY RETENTION**

The school's faculty retention plan, initiated by the dean in April 2022, has two basic elements: improving the school's climate and promoting faculty success.

#### *SCHOOL CLIMATE*

**SHARED VALUES AND RESPECT.** The school's climate is based on shared values that include respect and general politeness in relationships. These values have been explored among faculty and staff and, when the school inhabits the Sue & Bill Gross Nursing and Health Science Hall, will be displayed throughout the building. Coming out of COVID-19, the school has not had large enough space to hold communal meetings while preserving social distancing. However, in the new building, faculty and staff meetings will

be conducted in person and include a social component. Communal activities engaged in with shared values are key to promoting a positive school climate.

In addition, the school's dean, who took on the role in January 2022, and assistant dean, who started in August 2022, have begun sharing information with faculty and staff, including budgets. This transparency is essential to promoting a positive school climate.

Lastly, a school climate consultant was engaged by the dean in March 2022. The consultant's work is ongoing but will result in a comprehensive approach to cultivating respect for each other and dealing with conflict in ways that work toward common ground and resolution.

**CLIMATE FOR DIVERSE FACULTY.** First, in January 2022, the dean engaged an internationally regarded African American nurse scientist, an elected member of the National Academy of Medicine, as a 0.20 FTE consultant to mentor the school's three assistant professors (senate), all of whom are from populations underrepresented in nursing, and with PhD students from underrepresented minorities. This nurse scientist meets with the assistant professors monthly. Successes already include an African American assistant professor being awarded a nationally regarded two-year nurse leadership fellowship and being inducted as a fellow in the American Academy of Nursing, another African American assistant professor being awarded National Institutes of Health funding, and an African American PhD student being accepted into a postdoctoral fellowship at Columbia University.

#### *PROMOTING FACULTY SUCCESS*

**MENTORING.** In January 2022, in addition to the leading minority nurse scientist, the dean engaged an internationally regarded nurse scientist, also an elected member of the National Academy of Medicine, as a consultant to support all faculty in manuscript and grant application preparation, including in research development, and in mentoring for teaching and leadership.

**RESEARCH INFRASTRUCTURE.** The school is currently searching for an inaugural associate dean for research and scholarship. This associate dean will be integral to building out an office of research and scholarship focused on promoting faculty success.

**TRANSPARENCY IN MERITS AND PROMOTIONS.** The campus's vice provost for academic personnel conducted a schoolwide meeting in February 2022 in which merits and promotions processes and requirements were explained in detail, for transparency's sake. This meeting will recur annually.

FACULTY DEVELOPMENT. The school's extant associate dean roles were reconfigured in July 2022 so that now there is an associate dean for academic personnel for both senate and clinical faculty. The primary duty of these two associate deans is to promote faculty success by implementing individual development plans and by shepherding faculty through the plans to successful merits and promotions.

PAY EQUITY. The dean has addressed pay equity among faculty and staff. Since April 2022, nearly 10% of faculty and 20% of staff have received retention or pre-retention pay equity adjustments. Pay equity reviews occur annually and are conducted in concert with associate deans and the school's Equity Advisor.

These efforts in promoting equitable faculty recruitment and retention will continue over the next 3 years, with evaluations of school climate and faculty success, in merits and promotions, publications, and extramural grant awards, with particular attention to assistant professors.

## **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?**

In the next three-year PDST Cycle (spanning from AY 2023-24 to AY 2025-26), we will strive to reach the following financial aid goals: **Maximize the use of PDST funds to support students with the greatest financial need while maintaining the same level of support for each financial aid recipient during their two-year educational period.**

The school has developed a graduated scale based on the Expected Family Contribution (EFC) provided through FAFSA. The school allocates one-third of the PDST funds as return to aid. This portion is distributed through the graduated scale according to the student's EFC. Students with an EFC of \$0 receive the highest return to aid, with students reporting a higher EFC receiving less return to aid. In the case of the 2nd year MEPN student, if the allocation is less than the prior year, the school supplements the PDST return to aid with PDST or non-PDST school funds to maintain the same level of support for both years. Fellowships are distributed over the three quarters to provide consistent support for students throughout the academic year. The program will monitor those annual awards to ensure the levels are successfully met.

### **STEWARD MORE GIFTS AND ENDOWMENTS THAT WILL SUPPORT MEPN STUDENTS AND REDUCE FINANCIAL DEBT**

In addition to tuition and fees, students are required to purchase lab supplies (BP cuffs, catheters, gloves etc.) Through the generous giving of our donors the last two years, all lab supplies (totes) for MEPN students were covered by philanthropic gifts. We will

continue to steward gifts to cover these lab supplies as the costs escalate. In addition to totes, we will grow gifts and endowments for MEPN students to relieve student financial burden and recruit top tier applicants. We will measure success in this area by the number of fellowships generated and the aggregated number of awards to students. Although not necessarily a financial aid initiative, the school has established an Emergency Fund through donor and alumni gifts that become a repository for students with emergent non-academic needs during their academic time in the program to support and retain students who may potentially drop out of the program due to an unexpected one-time basic needs cost (e.g., rent, food, clothing).

**INCREASE THE AVERAGE AWARD BY UTILIZING MORE FUNDING TO SUPPLEMENT FINANCIAL SUPPORT FOR MEPN STUDENTS**

We have tracked EFC trends since the program started in 2017. The program consistently sees increasing numbers of students submitting FAFSAs, which allows us to identify student need. The number of students reporting \$0 EFC has increased from 10 in 2017 to a peak of 17 in 2021 and 14 in 2022. The average EFC had dropped significantly since 2017, indicating we have more students with higher need. As well, more students are receiving return to aid than in previous years (89% in 2022 compared to 74% in 2017), and thus the average award amount has decreased as the school has kept its PDST return to aid to 33%. To address this, we will evaluate student need and create new fellowships through philanthropy and University Student Aid Program funding (USAP Masters block) as outlined above (V.b.3), to help students with higher need and to help offset indebtedness. To measure success of the school’s financial aid efforts, we will continue to track EFC trends and debt of our graduating students and as well as ensure the average award remains steady or increases. As noted above, we will slowly increase the PDST return to aid from 33% to 35%, which is an additional \$20,000 in PDST revenue available for student fellowships (not including fellowships funded by philanthropic gifts).

Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Percent with Debt	URG	0.0%	83.0%	100.0%	75.0%	86.0%	100.0%
	Non-URG	83.0%	82.0%	83.0%	89.0%	50.0%	50.0%
	International	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	All	86.0%	83.0%	86.0%	83.0%	59.0%	74.0%
Average Debt among Students with Debt*	URG	\$0	\$53,961	\$104,201	\$89,539	\$62,865	\$88,241
	Non-URG	\$70,456	\$57,288	\$64,667	\$77,178	\$87,048	\$65,378
	International	\$0	\$0	\$0	\$0	\$0	\$0
	All	\$68,342	\$57,129	\$71,256	\$81,519	\$72,538	\$74,246

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

Please note that the columns for prior years 2015-16, 2016-17, 2017-18 include data from the Master of Science in Nursing Science (Family Nurse Practitioner and Adult/Gerontological Primary Care Nurse Practitioner concentrations) before it was changed to the Master of Science in Nursing Science with a Community and Population Health Nursing Concentration. The Family Nurse Practitioner terminal degree is now at the doctorate level (Doctor of Nursing Practice-DNP).

**Data for the MEPN is represented in columns 2018-19, 2019-20, and 2020-21.**

**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 school's MEPN program is a prelicensure program, in which students are training to become registered nurses. The program's graduates have been successful in passing the NCLEX, securing their registered nursing license, and obtaining employment. MEPN NCLEX pass rate for 2021-22 was 95%, which due to the small enrollment of our program is equivalent to 1 student not passing on the first attempt. The US Bureau of Labor Statistics (2021) reported an average salary of \$124,000 for registered nurses in California, which is the highest in the country.

The program acknowledges the disparity shown in Table VI.a. above when comparing the percentage of URG students in 2020-21 who carry student debt (100% ) with that of non-URG students who carry student debt (50%). The average debt for URG students (\$88,241) was greater than the average debt of non-URG students (\$65,378). The school is mindful of the additional burden a fee increase would pose for URG students. Hence, as outlined above in VI.a., the school will focus return to aid to support students with higher need (lower EFC), steward more gifts and endowments to support fellowships for MEPN students with higher need and for lab supplies, and work to increase the average financial assistance award. The school hopes that these measures will address this student-debt disparity. However, the school will monitor student-debt burden for URG students each over the course of the three years included in this multi-year plan and make positive adjustments as needed.

The program expects our PDST return to aid, increase in financial aid support through donor gifts (fellowships), and the use of school MEPN block funds (non-PDST) will increase the percent of students receiving support and thereby keep up with PDST increased levels, especially for our students with lower EFC or those with greater financial need. The program can also explore providing more support to those who have a higher need, such that the average award remains steady or increases. This would mean that we expect the Cumulative Debt among Students with Debt to remain steady or decrease. The only unknown factor we cannot plan for would be an economic downturn or recession that would impact all students equally, thereby increasing financial need for more students overall.

In addition to the internal return to aid, donor-funded fellowships, and TA opportunities, we will continue to direct students towards funding opportunities outside of the university. We created an extensive document with nursing specific scholarship opportunities (<https://nursing.uci.edu/wp-content/uploads/2021/11/External-grad-scholarship-doc.pdf>) and partnered with Georgetown University to promote additional scholarship opportunities (<https://online.nursing.georgetown.edu/blog/scholarships-and-grants-for-nursing-students/>).

	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	74%	\$74,246	\$125,822	8%
<b>Public comparisons</b>	N/A	N/A	N/A	N/A
<b>Private comparisons</b>	N/A	N/A	N/A	N/A

Sources:

UC: Corporate data

Comparison institutions: Not available for graduate student debt.

U.S. Bureau of Labor Statistics. (2022, March 31). *Occupational Wage and Employment Statistics*. Accessed on January 5, 2023, from [https://www.bls.gov/oes/current/oes\\_ca.htm](https://www.bls.gov/oes/current/oes_ca.htm)

California Median Hourly Wage for Registered Nurse = \$60.26 x 2088 hours = \$125,822 median wage.

**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.**

Since the start of the MEPN’s first cohort entering in fall 2017 and graduating in spring 2019, the trend in the percentage of students with debt went from 83% in 2018-19 to 59% in 2019-20 to 74% in 2020-21. The Average debt among students with debt went from \$81,519 in 2018-19 to \$72,538 in 2019-20 to \$74,246 in 2020-21. According to a 2016 survey, 69% of graduate nursing students surveyed took out federal student loans to finance their education, with the median amount of student loan debt between \$40,000 and \$54,999.<sup>5</sup>

With the preparation in community and population health, MEPN graduates will be perfectly situated to work in Federally Qualified Health Centers (FQHC), critical access hospitals, or rural health clinics. Any graduate who is employed full time in an FQHC or any other eligible Critical Shortage Facility (CSF) would be eligible for the NURSE Corps Loan Repayment Program. This program could pay participants up to 60% (30% per year) of outstanding qualifying loan debt. Please see <https://bhw.hrsa.gov/loansscholarships/nursecorps/lrp/> for more details. Additionally, students may be eligible for the Public Service Loan Forgiveness program if they meet the program’s requirements further in their careers. We refer students to the Office of Financial Aid who have trained financial counselors to discuss both the loan repayment and public service loan forgiveness programs; we promote scholarships and other aid on our website.

<sup>5</sup> American Association of Colleges of Nursing. (2017). *The Numbers Behind the Degree: Financing Graduate Nursing Education*. Accessed on December 21, 2022, from [https://www.aacnursing.org/Portals/42/Policy/PDF/Debt\\_Report.pdf](https://www.aacnursing.org/Portals/42/Policy/PDF/Debt_Report.pdf)



Any debt upon graduation is a burden on any student. However, the prospect of being able to obtain career advancement with a potential median salary of \$125,822 would hopefully allow the student to pay off that debt in a shorter period of time with a lower debt-to-income ratio. A 5% increase in PDST, which is an increase of approximately \$642-\$702 per year over the next 3 years, would add additional debt of approximately \$1,270 per year (including systemwide mandatory fees). Students may not prefer this increase, understandably so. However, prospective applicants and students around the country and in California still see nursing as an important career. Along with the social value of the career, the positive outlook on the job market, the availability of positions, and the prospect of a lower debt-to-income ratio may offset concern about this PDST increase. Additionally, prospective applicants and current students may see the return on investment for a stand-alone program, with increased rigor and simulation/skills training; the experience that a more diverse cohort brings to the class; and increased access as benefits.

According to the Bureau of Labor Statistics for 2021<sup>6</sup>, California nurses have a median hourly wage of \$60.26, which equates to \$125,822 annually. While this figure is the median for California, the nurse salaries within the state vary by region, and newly graduated registered nurses have starting salaries that differ. With the strong reputation of the MEPN program, MEPN graduates are sought after in the job market and 90-95% are employed as registered nurses within four-six months of graduation. The rest are pursuing graduate studies or international opportunities. MEPN graduates also have a community and population health concentration, which tends to increase their marketability since they will be able to apply for their Public Health Nurse (PHN) certificate through the California Board of Registered Nursing. This certificate allows them to obtain positions in both acute care and community health settings. This will allow them to enter the workforce sooner and begin to pay off student debts more quickly than graduates who do not have this certificate.

**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.**

In nursing, salaries are still competitive and are at market value in public and private sectors, due to demand. The program encourages students to seek employment with underserved agencies so they may be eligible for Loan Repayment Assistance programs as described above. While most new graduate RNs seek work in acute care settings, those who are interested in seeking careers in community and public health are connected with public health agencies, school districts, and clinics that partner with our Nursing School. MEPN graduates are well-positioned for work with underserved populations due to their curricular focus on community and population health. The Student Affairs Office sends job opportunities to alumni through their first-year post-graduation. Throughout the curriculum, students learn how to care for underserved populations through both theoretical and

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<sup>6</sup> U.S. Bureau of Labor Statistics. (2022, March 31). *Occupational Employment and Wage Statistics*. Accessed on January 5, 2023, from <https://www.bls.gov/oes/current/oes291141.htm#st>

clinical projects. In the Community Healthcare course, students are paired with community organizations, such as Home for Refugees and the Orange County Healthcare Agency, who collaborate directly with homeless veterans, elderly people, and families, where they engage with community members and mentors to complete service projects aimed at improving health disparities. During the last quarter of MEPN, the clinical preceptorship course provides a focused clinical experience in a clinical area selected by the student. This allows each student to self-select an area of focus on a population and setting that meets their goals and prepares them for their future career. These preceptorship settings become connections for future career placement, the preceptors become mentors and references, and the skills learned become a steppingstone into a lifelong journey in nursing. While tracking alumni career placement is a noted challenge throughout higher education, we surveyed our class of 2020 (graduating into the Covid-19 pandemic) and found that by 1-year post-graduation, 88% (15 of 17) were working in nursing. The two remaining students did not respond, so we were unable to confirm their job placement status. 100% of the class of 2021 reported working in nursing by 1-year post-graduation.

**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?**

Due to the high demand for registered nurses, salaries are comparable between public and private sector RN positions. With the consistent focus on preparing our graduates for working with underserved populations, they would be highly sought after for positions in the public sector, which pay an average of \$93,875 as registered nurses in Community Clinics (<https://www.indeed.com/salaries/RN%20FQHC>). Because MEPN graduates are also prepared at the master's level, they are poised for management and leadership positions soon after they acclimate to their role. Leadership positions pay significantly more than entry-level positions, averaging \$99,725 for nurse managers of community clinics.

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

The program promotes our financial aid programs via our website, information sessions, and outreach events. The scholarship application is tied to the graduate application and applicants are encouraged to apply for scholarship opportunities, virtually through our online information sessions, and in-person at recruitment events and university career fairs and information sessions. We discuss our return to aid program to prospective applicants as well by encouraging students to submit a FAFSA, explaining the possibility of funding support.

**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?**

During the recruitment outreach and application period of the program, faculty and staff provide clear information and are prepared to address prospective students' questions and concerns. Program staff discusses the earning potential and median salary at our information sessions, as well as the increased need for nurses and current job market. We also encourage the pursuit of additional education such as a Doctor of Nursing Practice, which can significantly increase earning potential, particularly if they move into the nurse practitioner field. We do not advertise average RN salaries on our website since our alumni work in different areas with varying salaries, but we advise our students to check Indeed.com and other websites when searching for jobs. We also refer our students to the UCI Division of Career Pathways who have knowledgeable professionals to advise our students on salary, negotiations, and other important job search information. During the final two quarters of the program, topics such as the application process, resume development, new graduate transition programs, and career placement are presented. Partners from the UCI Medical Center Human Resources and Education Departments assist faculty in preparing students for how to market themselves and prepare for job interviews, as well as by answering specific questions regarding salary tracks within healthcare. This information assists our graduates to find work as soon as possible after successfully passing the NCLEX and allows them to feel more confident that they will have opportunities to begin repaying debts they may have accumulated while in the program.

## **VII. OTHER**

**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 MEPN program is nationally accredited by the Commission on Collegiate Nursing Education (CCNE) and approved by the California Board of Nursing (BRN). CCNE made its last visit in 2017 and approved the MEPN program for 5 years. CCNE will conduct another site visit in November of 2023 to assess the quality of the MEPN program. The BRN will accept the accreditation report from CCNE for its approval requirements in 2023 as well. However, in the past 4 years the MEPN program underwent significant curriculum revisions to implement new standards in nursing education, adapt to the changing patient populations and environment in healthcare, and emerging technologies that students will work with during their careers. These revisions were approved by CCNE in 2021 and are being rolled out systematically over the 2022-2024 academic years. Evaluation of the MEPN programs success occurs each year based upon the NCLEX pass rate for which each of our four cohorts have reached 94%-100% on the first try. In addition, we assess student satisfaction and program goal attainment through annual exit surveys. Survey responses are reviewed by the Program Director and Prelicensure Program Committee for areas to improve curriculum, student experience or clinical

placements. The most recent survey data found that 89% of graduates were satisfied overall with their clinical teaching and reported an 82% positive review of the program content.

With our plans to decouple the MEPN program from the bachelor's courses, as well as the curriculum revisions that are being implemented and the new facilities, we believe there will be improvements in these areas and we plan to continue to assess our ability to meet students' needs, as well as those of the community and the State of California's for well-prepared nurses skilled in caring for the most vulnerable in community and population health.

Despite the challenges faced during the COVID-19 pandemic, the school and the MEPN program have made strides toward meeting our goals, though there is room for continued improvement, especially in diversifying our student body. Shifting to remote clinical experiences, then back to in-person, and then to a time that was confusing and scary for our students who were hesitant yet excited at their role in health and healing, has been a continued stressor. The impact on our students' mental health and ability to cope with the challenges that they face in the clinical settings, where nursing shortages and nurse burnout are palpable, have impacted their learning. The financial aftermath of a pandemic spanning over two years has impacted the number of highly-qualified applicants from registering in our program. We have also been impacted by the number of clinical agencies that are, due to COVID restrictions, now unable to accept our students for clinical experiences. This has led to times when we had to find clinical sites under extremely short notice to fulfill students' required clinical hours. We were hampered by little support from part-time clinical instructors, who were working full-time or overtime in hospitals or who had left work altogether due to the pandemic.

In sum, creating a stand-alone program allows for the school to meet the specific needs of second-career nursing students, to increase access, and with new efforts on addressing financial need and targeting outreach, to increase the diversity of underrepresented minority, male, and LGBTQ students, who will be prepared to provide nursing care for all Californians.

## **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 2022-23 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):
- 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):

**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 Director of Student Affairs presented to both first- and second-year cohorts of MEPN students directly after class and in person on 10/05/22 and described the proposed increase of 5% for three years. There were 21 (of 21 enrolled) first-year students and 15 (of

18 enrolled) second-year students in attendance. Discussion included what the professional degree supplemental tuition is used for, past increases, and no increase in PDST fee levels for the 2021-22 and 2022-23 academic years, examples of how we plan to use the funds in the future including return to aid, faculty salaries, clinical instructors, technology needs, MEPN specific programming and events, recruitment, and outreach, and doubling the MEPN program. We discussed working on additional funding opportunities such as more scholarship and TA opportunities, additional in-person events, and we requested input for additional ideas on how funding could be used.

Questions were raised regarding when exactly the change would take place, and there was general excitement regarding the planned increase in MEPN student admits. No further questions were asked in person; however, a follow-up anonymous survey was sent with the following questions and received 9 responses out of 40 surveyed:

*Will a proposed 5% increase in the Professional Degree Supplemental Tuition (PDST) next academic year (\$639.00) and 5% in the subsequent 2 years after affect your decision to return next year?*

*Do you have any feedback or suggestions on ways you would like for the school to consider using PDST funds for MEPN students?*

*Any other general feedback?*

Responses are included below:

**Will a proposed 5% increase in the Professional Degree Supplemental Tuition (PDST) next academic year (\$639.00) and 5% in the subsequent 2 years after affect your decision to return next year?**

- N/A
- no
- No
- No
- no
- Financially struggling so this will make it even more difficult.
- Will the MEPN courses for class of 2024 be co-seated next year? Or will we have our own separate classes? I would feel better about the fee increase if we had our own MEPN classes next year.
- No

- It disappoints me and makes it harder for me to afford to pay for next year. Additionally, Megan mentioned in person that the price increase was around \$400 something dollars but the amount listed here (\$639) is greater. It's already discouraging that the MEPN program requires a PDST in addition to paying tuition, but now the cost is even greater. I know that next year's cohort will be 40 students total and this increased fee will partially be funding the larger cohort; it upsets me that we don't have a choice in how much we pay for PDST or what the funds go toward. I would rather take co-seated classes with the BSN students than pay this larger fee.

**Do you have any feedback or suggestions on ways you would like for the school to consider using PDST funds for MEPN students?**

- Not necessarily but would be interested to have publicly available data about how the money is used? (or to make more visible if already existent).
- more professional opportunities post-graduation
- More appliances for student in the building. More microwaves, refrigerator, vending machines
- It would be nice if more of those funds were dispersed back to us for our tuition and books.
- it would be great if it helps offset our tuition cost, like paying for our white coats or Kaplan or stethoscopes.
- Help out students financially who are in need
- Is there somewhere to see the breakdown of how the fees have been spent historically and how they plan to be spent in the future? I know you told us but I would like to see it in writing.
- Having more MEPN specific events or collaboration with other specialties (medical school, pharmacy)

**Any other general feedback?**

- None
- No

In response to this feedback, we will work on creating additional professional opportunities for students after graduation. Due to current staffing bandwidth, we have not been able to assist as much as we would like in this capacity; however, we are partnering with our Alumni relations team to create a mentorship program with Nursing School alumni and current students to mentor our students and help with the job search post-graduation. With regards to transparency of PDST funds and their use, we will send an email at least once a year with information on how we have used PDST funds throughout the year and plans we have for use of funds in the coming year. Along with an annual email update, we will continue to share that 33%-35% of the PDST revenue is returned to aid as need-based fellowships in addition to top-tier and need based philanthropic gifts that support students and will include that information on our website. We will explore additional ways to appropriately share uses of student fees collected or how the school is funding the program either during advising sessions, townhalls, online, and/or during prospective student

information sessions. We currently use additional PDST funds as fellowship awards to match the price of scrubs so some students may not be aware that this funding is for that specific purpose, so we will work on how we can better articulate this to them. We will better inform our students that we have heard their feedback and share with them how their fees are being used, as well as continue to look at other ways we can support their needs. As a response to a previous need and mentioned again in the student comments above, our Director of Development is in the final stages of securing a donation that would cover a stethoscope for all prelicensure students for the next 4 years. Once this gift is finalized, we hope to be able to share good news with the students and relieve the burden of this required cost.

**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 AGS President Reginald Gardner on September 20, 2022 and December 5, 2022  
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:

After initially receiving no response from Associate Graduate Student President Reginald Gardner, we reached out to him again and he provided feedback on December 5, 2022, asking about student success in the program (how many graduates passed NCLEX), how many were employed in the field, and what were the employment prospects for recent graduates. We provided additional comments in the narrative to clarify our responses on those topics. President Gardner also had concern for the financial stability of our students in the program and was not supportive of the tuition increase, which may create financial barriers to student and campus success with promoting and admitting diverse student populations. We added comments in the proposal about increasing PDST return to aid and using PDST and non-PDST fund sources (gifts, endowments, and USAP) to decrease the effects of this tuition increase on those students most in need so as not to create increased financial burden upon graduation or to create barriers for entry into the program. The increase in PDST from 33% to 35% was added after his comments and feedback from UCOP reviewers.

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):

**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 Dean and Assistant Dean presented during a faculty meeting on 09/22/22 and described the proposed increase of 5% for three years. Discussion included what the professional degree supplemental tuition is used for, plans to provide additional fellowships, and added rigor, decoupling from the undergraduate degree, and doubling the MEPN program. Faculty requested and we provided a summary of the proposal along with relevant tables related to fees, uses, and student debt. No further questions were asked in person; however, a follow-up anonymous survey was sent with the following questions and received 5 responses out of 27 surveyed:

*Do you have any feedback or suggestions on ways you would like for the school to consider using PDST funds for MEPN students?*

*Any other general feedback?*

Responses are included below:

**Do you have any feedback or suggestions on ways you would like for the school to consider using PDST funds for MEPN students?**

- give as much as we can afford to back to the students...try to find donors to subsidize the students' fees too
- Increase in financial aid and scholarship for students and provide financial support for more faculty and additional Standardized Patients to promote program growth (more students)

- The proposal as written provides for an increased amount of funds which return to aid and to student services. I support the proposal as written.
- can we still get state support for a stand-alone program (MEPN-RN) like BS-RN program?

**Any other general feedback?**

- I guess the vision is great, and I am supportive of the proposal, although I had some concerns that our program may not be as competitive as it is currently. But as you mentioned during the meeting, the market assessment was done and the increased price would not put us on the very top of the fee scale among other schools which is comforting. I trust our leadership and it will make our program much better for sure.  
Thank you for doing this.^^
- Consider ways to support FTE to increase #faculty teaching in MEPN program
- Increasing access to the MEPN program is critical given the number of qualified applicants who are turned away due to limited open spots every year. This new proposal will allow an increased number of students to this in-demand program.
- do we have plan to recruit more faculty who can teach prelicensure program courses? If we de-coupling courses between BS and MEPN, we may need more instructors. WE have competing RN programs in other schools of nursing (Cal states and private schools) - we may need to compare their tuitions - if MEPN program will be a self-support[ing] program without state fund.

The faculty feedback included two themes: financial aid support and access; and faculty FTE and programmatic funding support. We have outlined our intent to provide additional inclusive excellence recruitment and move-in fellowships as well as need-based and top-tier fellowships through philanthropic gifts, which was referenced but not explained in detail on the faculty PDST summary. So, we are working on this vital funding for our students. With regards to the faculty FTE and programmatic support, we continue to collaborate with the Provost/EVC through the annual budget process and other deans meetings to continue to educate UCI leaders about how the Nursing School is under-resourced and our need for more core funding support for our prelicensure programs, bachelor program included. But the incremental increases in PDST will allow us to add additional clinical instructors and faculty effort in the MEPN program.

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

Plan shared with Dean Gillian Hayes on September 20, 2022.  
Graduate Dean

Plan endorsed by Chancellor Howard Gillman on October 24, 2022.  
Chancellor

**Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels  
Effective Beginning Summer or Fall 2023**

**PART A**

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

**I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION**

**I.a. Specify your projected Professional Degree Supplemental Tuition (PDST) for each year of your multi-year plan. While programs typically craft three-year plans, programs are permitted to craft multi-year plans for two, three, four, or five years. If specified years in the table do not apply to your multi-year plan, please leave those columns blank (and continue to do so throughout the template). Please also refer to the planning assumptions for further details about fee increase rates. For programs that plan to assess different PDST levels based on residency, provide an explanation under “Additional comments.”**

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
							%	\$	%	\$	%	\$	%	\$	%	\$
Prof. Degr. Suppl. Tuition (CA resident)	\$30,294	\$31,809	\$33,399	\$35,067	\$36,819	\$38,658	5.0%	\$1,515	5.0%	\$1,590	5.0%	\$1,668	5.0%	\$1,752	5.0%	\$1,839
Prof. Degr. Suppl. Tuition (Nonresident)	\$29,718	\$31,809	\$33,399	\$35,067	\$36,819	\$38,658	7.0%	\$2,091	5.0%	\$1,590	5.0%	\$1,668	5.0%	\$1,752	5.0%	\$1,839
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	\$14,712	\$15,144	4.8%	\$618	3.0%	\$402	3.0%	\$414	3.0%	\$426	2.9%	\$432
Campus-based Fees**	\$470	\$484	\$499	\$514	\$529	\$545	3.0%	\$14	3.0%	\$15	3.0%	\$15	3.0%	\$15	3.0%	\$16
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)***	\$1,583	\$1,629	\$1,677	\$1,725	\$1,776	\$1,827	2.9%	\$46	2.9%	\$48	2.9%	\$48	3.0%	\$51	2.9%	\$51
<b>Est. First-Year Fees (CA resident)</b>	<b>\$45,199</b>	<b>\$47,392</b>	<b>\$49,447</b>	<b>\$51,592</b>	<b>\$53,836</b>	<b>\$56,174</b>	4.9%	\$2,193	4.3%	\$2,055	4.3%	\$2,145	4.4%	\$2,244	4.3%	\$2,338
<b>Est. First-Year Fees (Nonresident)</b>	<b>\$56,868</b>	<b>\$59,637</b>	<b>\$61,692</b>	<b>\$63,837</b>	<b>\$66,081</b>	<b>\$68,419</b>	4.9%	\$2,769	3.4%	\$2,055	3.5%	\$2,145	3.5%	\$2,244	3.5%	\$2,338

\* 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.

\*\*\* For Dentistry, Other includes the Gown and Instrument fee and Disability Insurance

**Additional comments:** For 2023-24, UCLA Dentistry seeks to bring the nonresident PDST level up to the same rate as the California resident PDST level. Beyond 2023-24, once the resident and nonresident PDST levels align, UCLA Dentistry proposes to increase the PDST level for both residents and nonresidents by 5% each year through 2027-28.

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

UCLA Dentistry's Doctor of Dental Surgery (DDS) program was established in 1964 and is a four-year program. Our current program today enrolls an average of 88 students per cohort for a total enrollment of 352 students. (Note, in any given year this total may fluctuate by several students). Dentistry's commitment to the principles of diversity and inclusion are incorporated into building this student body through a holistic process for admissions. This approach ensures that our students represent a variety of backgrounds and life experiences, which ultimately enriches the student experience for all (See V.b. for outreach efforts).

The DDS program trains students over the course of four years to sit for the state licensing board exam and become dentists in order to improve the oral health of the people of California and other locations. We provide our students with educational programs and clinical experiences of the highest caliber and serve our teaching clinic patients by offering accessible, high-quality dental care.

The curriculum consists of foundational biomedical sciences and preclinical laboratory courses, which are taught primarily in the first two years of the curriculum with direct patient care beginning early in the second year. The clinical curriculum is competency-based, focusing on patient-centered, comprehensive care, with additional clinical experience provided in the form of rotations to specialty and community clinics. In addition to our required curriculum, DDS students have abundant opportunities for individualized professional development through selective courses, and extracurricular experience in research, teaching, leadership, and community service. At present, UCLA Dentistry is ranked 9<sup>th</sup> in the nation among U.S. dental schools according to EduRank<sup>1</sup>.

## **II. PROGRAM GOAL EVALUATION**

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

The UCLA Dentistry program's last multi-year plan covered the five-year period between 2018-19 and 2022-23. It proposed annual 3% PDST increases for California resident students and annual 5% PDST increases for nonresident students (the faster rate for

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<sup>1</sup> <https://edurank.org/medicine/dentistry/us/>

nonresident students was intended to work toward bringing up the nonresident PDST to the resident PDST level). Over the course of our last multi-year plan, new PDST revenue was used to advance the following goals:

- Remain an affordable top tier dental research institution whose student body reflects the diversity of California.
  - Over the course of our last multi-year plan, the DDS program allocated student financial aid, from sources including PDST and gifts, in an amount equal to at least 33% of total PDST revenue. From our prior multi-year plan, URG student enrollments increased from 9% of the total student body in 2014-15 to 12% in 2016-17. Since that time, the program has made more progress in increasing total URG enrollment, reaching 23% in 2021-22. This upward trend is a function of both recruitment efforts and expanding financial aid resources. Efforts to visit more college fairs in areas with disadvantaged or underrepresented groups have also proven effective. Lastly, a development campaign to increase student aid from gift funds contributed to this growth in student diversity. The average award size in 2021-22 totaled \$17,927.
- Sustain our operations and maintain programmatic quality to attract the best possible students to our DDS program.
  - The predominant use of the annual PDST increases from our last multi-year plan was to help offset inflationary costs for personnel and supplies. UCLA Dentistry has held steady in this regard and remains in the top 10 of US dental school rankings.
- Support clinical faculty and training for students as they prepare to work in the clinical setting.
  - PDST supported salaries and benefits for clinical faculty and administrative staff, along with instructional materials required for the teaching labs used by students. A smaller portion of PDST was also used to support travel expenses to various academic conferences.
- Continue to attract a highly regarded faculty.
  - Faculty quality remains one of the key reasons UCLA Dentistry is able to attract top students to our program. PDST revenue since 2018-19 has supported start-up packages for new faculty members. These packages help our School remain competitive with other Schools of Dentistry seeking to recruit high-quality candidates.
- Allow for targeted investment in the highly technical infrastructure and maintain the teaching clinics to provide optimal student experience for the time spent in the program, in spite of our over 40-year-old facility designed for a non-digital era.
  - PDST revenue helped us to upgrade dental chairs in our clinic, and to meet health and safety protocols over the past five years, particularly to accommodate more rigorous health standards in the wake of the COVID-19 pandemic.
- Generate a sufficient level of support for all academic and student activities to maximize programmatic excellence.
  - PDST revenue was used to support the Student Services office of the School of Dentistry. PDST also helped to support the Associated Student Body (ASB) of the Dental School, which hosts various student events to enhance belonging and student bonding, and celebrate diversity among peers.

Another strong priority for the program, over the course of our last multi-year plan, was to enrich students' patient care experience through the successful launch of our Community Based Clinical Education (CBCE) program, which has simultaneously extended our community outreach. CBCE has been well-received by students. Since the program's launch in March 2018, CBCE has reached over 16,000 patients in ten underserved nearby communities. (Although the CBCE has increased the breadth of the DDS curriculum, the program remains primarily funded by gift revenues from a \$1 million donation from Delta Dental. This donation established an endowment, which has helped to minimize proposed PDST increases. The Delta endowment also serves to support the cost of student travel to off-site dental rotations.)

### 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 UCLA Dentistry program proposes a five-year plan that would increase PDST by 5% and 7% for California residents and nonresidents, respectively, in the first year (2023-24). Starting in the second year of this plan (2024-25), once our resident and nonresident PDST levels are brought into alignment, we propose to increase the PDST level for both residents and nonresidents by 5% each year through 2027-28. These proposed increases would help the program navigate inflationary pressures related to personnel, services, and supplies. They would also help the program to cover recent increases to our annual IT costs (the circumstances surrounding these particular IT costs are described in more detail below).

Our proposed PDST increases would help us to achieve the following goals:

- 1) **Maintain quality by helping the program cover personnel-based cost increases:** Our proposed increases in PDST would help the program cover annual increases in personnel-based costs, including cost of living adjustments, merit-based compensation, and benefits for select staff and clinical faculty (as in, non-tenure track faculty who are not supported by General Funds). (See the "Faculty Salary Adjustments" and "Benefits/UCRP Cost" rows in table III.b. below for details.) UCLA Dentistry is projecting FY 22-23 faculty and staff payroll funded by the PDST to total \$5.7 million. The current projection is 3% annual increases over the next five years. Therefore, assuming similar FTE levels and projecting from \$5.7 million, the estimated incremental payroll costs are

\$171K, \$176K, \$181K, \$187K, and \$192K from one year to the next during the five-year planning period. The aggregate projected increase (when comparing the projected costs in FY 27-28 against FY 22-23) is \$908K.

- 2) **Continue to support student success by covering costs associated with administrative offices (including Student Services), teaching clinic staff members, and teaching clinic supplies:** In addition to helping our program cover instructor-related cost increases, our proposed PDST increases would help to fund various student services, including career advising and research collaborations between our faculty and dental students. PDST revenue resulting from this proposal would also be used to cover costs associated with our teaching clinics (i.e., staff and supplies), and to replace or upgrade equipment as needed, given how vital such equipment is to a modern educational experience. (See the “Providing Student Services” row in table III.b. below for details.)
- 3) **Decrease financial barriers to the program:** The DDS will return at least 33% of new PDST revenue to students in the form of need- and merit-based financial aid. (See the “Providing Student Financial Aid” row in table III.b. below for details.) For context, more than 75% of our total student body receives financial aid from the PDST return-to-aid pool.
- 4) **Implement new outreach strategies to increase student diversity:** The DDS program also intends to use PDST revenue to support outreach strategies to promote student diversity. For the example, PDST revenue will be used to support the outreach efforts of the School’s Equity, Diversity, and Inclusion Officer. Such efforts include visiting high schools and colleges to make inroads with prospective students from underrepresented groups. (See the “Providing Student Services” row in table III.b. below for details.)

Beginning in 2022-23, the campus subsidy for UCLA Dentistry’s bill to UCLA Health IT (UHIT) will be reduced, resulting in a net increase to our program’s annual IT cost of \$1 million in 2022-23, \$1.125 million in 2023-24, and \$2.0 million per year (to be adjusted for inflation) thereafter, as the subsidy moves to zero. The switch from our original, in-house departmental IT to UCLA Health IT was recently mandated by the campus to ensure robust security standards for our sensitive patient care data. This new, required partnership comes with a recharge mechanism wherein Dentistry must fund the cost services provided by UHIT. (See the “Other” row in table III.b. below for details.)

Between inflationary pressures for personnel, services and supplies, and our new IT amounts due, the DDS program is facing substantial budgetary pressures. If proposed PDST levels are not approved, UCLA Dentistry anticipates needing to repurpose PDST that otherwise would support essential equipment replacement, facilities repairs, or other program re-investment in order to

maintain operations. For dental schools, maintaining or replacing equipment with limited life cycles in particular is fundamental to delivering a quality experience for current students and also factors into competitive recruitment of top future students.

**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue						Total Projected PDST Revenue in Final Year
	Total 2022-23 PDST Revenue	Incremental 2023-24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	
Faculty Salary Adjustments	\$4,915,178	\$147,455	\$151,879	\$156,435	\$161,128	\$165,962	\$5,698,038
Benefits/UCRP Cost	\$664,628	\$19,939	\$20,537	\$21,153	\$21,788	\$22,441	\$770,486
Providing Student Services	\$1,288,456	\$76,182	(\$718,833)	\$212,081	\$226,117	\$241,163	\$1,325,166
Improving the Student-Faculty Ratio	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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	\$2,775,642	\$184,288	\$164,299	\$194,830	\$204,517	\$214,784	\$3,738,360
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)	\$1,000,000	\$125,000	\$875,000	\$0	\$0	\$0	\$2,000,000
<b>Total use/projected use of revenue</b>	<b>\$10,643,904</b>	<b>\$552,864</b>	<b>\$492,882</b>	<b>\$584,499</b>	<b>\$613,550</b>	<b>\$644,351</b>	<b>\$13,532,050</b>

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

**Additional comments:** In 2022-23, student financial aid funded by the PDST will be supplemented by aid funded from gift sources in order to meet the 33% return-to-aid requirement. The "Other" row above reflects expenditures to cover the sharp rise in IT costs associated with the progressive reduction of a campus subsidy to UCLA Dentistry for the mandated use of UCLA Health IT services (UHIT). UHIT is used to ensure robust security standards for UCLA Dentistry's IT systems.

**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 Dentistry School is currently seeking other avenues to alleviate financial pressure on the DDS program apart from PDST increases. For example, we are pursuing approval through our accrediting body to expand future enrollments in our self-supporting degree program, which could help to yield additional discretionary funds for the School of Dentistry.



Moreover, fundraising efforts remain strong for supporting student aid. In addition to the student aid awarded under the return-to-aid component of PDST revenue, UCLA Dentistry has also provided supplemental financial aid to students over the last several years from gift funds provided by donors (\$422K in 2019-20, \$434K in 2020-21, and \$537K in 2021-22, with a three-year average of \$464K). The school anticipates continuing with this supplement as we transition to the next five-year plan. Student aid is awarded based on both need and merit (exhibited leadership based on overall application strength, extracurricular activities, admissions interview and dental admissions test score).

With the support of Delta Dental’s \$1 million donation to establish an endowment, UCLA Dentistry is also utilizing the interest income to support student travel costs to off-site dental rotations, which are part of the expanded curriculum. This gift has helped minimize proposed cost increases to the PDST paid by 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.**

Uneven increases are only proposed for Year One of this five-year planning horizon. In 2023-24, we are seeking 5% and 7% increases for resident and nonresident PDST levels, respectively, in order to (a) increase the PDST revenue to offset increased costs from inflation and our mandated partnership with UCLA Health IT, and (b) set the nonresident PDST level equal to the resident PDST level. Beyond Year One, the proposed annual increases are steady at 5% for both resident and nonresident PDST levels.

**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.”**

	Enrollment					
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Resident	318	318	318	318	318	318
Domestic Nonresident	31	31	30	30	30	30
International	3	3	2	2	2	2
<b>Total</b>	<b>352</b>	<b>352</b>	<b>350</b>	<b>350</b>	<b>350</b>	<b>350</b>

### IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 institutions that are 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.

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR																
Total Resident Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23 (\$)	2023-24 (\$)	2024-25 (\$)	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2023-24		2024-25		2025-26		2026-27		2027-28	
							%	\$	%	\$	%	\$	%	\$	%	\$
Michigan	226,539	233,335	240,335	247,545	254,971	262,620	3.0%	6,796	3.0%	7,000	3.0%	7,210	3.0%	7,426	3.0%	7,649
Iowa	255,933	263,611	271,519	279,665	288,055	296,697	3.0%	7,678	3.0%	7,908	3.0%	8,146	3.0%	8,390	3.0%	8,642
Washington	267,503	275,528	283,794	292,308	301,077	310,109	3.0%	8,025	3.0%	8,266	3.0%	8,514	3.0%	8,769	3.0%	9,032
University of Pennsylvania	400,782	412,805	425,189	437,945	451,083	464,615	3.0%	12,023	3.0%	12,384	3.0%	12,756	3.0%	13,138	3.0%	13,532
Boston University	381,902	393,359	405,160	417,315	429,834	442,729	3.0%	11,457	3.0%	11,801	3.0%	12,155	3.0%	12,519	3.0%	12,895
Loma Linda University	389,004	400,674	412,694	425,075	437,827	450,962	3.0%	11,670	3.0%	12,020	3.0%	12,381	3.0%	12,752	3.0%	13,135
New York University	407,535	419,761	432,354	445,325	458,685	472,446	3.0%	12,226	3.0%	12,593	3.0%	12,971	3.0%	13,360	3.0%	13,761
University of Southern California	446,576	459,973	473,772	487,985	502,625	517,704	3.0%	13,397	3.0%	13,799	3.0%	14,213	3.0%	14,640	3.0%	15,079
University of Pacific	365,250	376,208	387,494	399,119	411,093	423,426	3.0%	10,958	3.0%	11,286	3.0%	11,625	3.0%	11,974	3.0%	12,333
<b>Average public comparison</b>	<b>249,992</b>	<b>257,491</b>	<b>265,216</b>	<b>273,173</b>	<b>281,368</b>	<b>289,809</b>	<b>3.0%</b>	<b>7,500</b>	<b>3.0%</b>	<b>7,725</b>	<b>3.0%</b>	<b>7,957</b>	<b>3.0%</b>	<b>8,195</b>	<b>3.0%</b>	<b>8,441</b>
<b>Average private comparison</b>	<b>393,757</b>	<b>405,570</b>	<b>417,737</b>	<b>430,269</b>	<b>443,177</b>	<b>456,473</b>	<b>3.0%</b>	<b>11,813</b>	<b>3.0%</b>	<b>12,167</b>	<b>3.0%</b>	<b>12,532</b>	<b>3.0%</b>	<b>12,908</b>	<b>3.0%</b>	<b>13,295</b>
<b>Average public and private comparison</b>	<b>350,627</b>	<b>361,146</b>	<b>371,981</b>	<b>383,140</b>	<b>394,634</b>	<b>406,473</b>	<b>3.0%</b>	<b>10,519</b>	<b>3.0%</b>	<b>10,834</b>	<b>3.0%</b>	<b>11,160</b>	<b>3.0%</b>	<b>11,494</b>	<b>3.0%</b>	<b>11,839</b>
<b>Your program</b>	<b>193,350</b>	<b>201,797</b>	<b>210,386</b>	<b>219,372</b>	<b>228,773</b>	<b>238,611</b>	<b>4.4%</b>	<b>8,447</b>	<b>4.3%</b>	<b>8,589</b>	<b>4.3%</b>	<b>8,986</b>	<b>4.3%</b>	<b>9,401</b>	<b>4.3%</b>	<b>9,838</b>

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR																
Total Nonresident Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23 (\$)	2023-24 (\$)	2024-25 (\$)	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	2023-24		2024-25		2025-26		2026-27		2027-28	
							%	\$	%	\$	%	\$	%	\$	%	\$
Michigan	297,480	306,404	315,596	325,064	334,816	344,860	3.0%	8,924	3.0%	9,192	3.0%	9,468	3.0%	9,752	3.0%	10,044
Iowa	356,539	367,235	378,252	389,600	401,288	413,327	3.0%	10,696	3.0%	11,017	3.0%	11,348	3.0%	11,688	3.0%	12,039
Washington	405,667	417,837	430,372	443,283	456,581	470,278	3.0%	12,170	3.0%	12,535	3.0%	12,911	3.0%	13,298	3.0%	13,697
University of Pennsylvania	400,782	412,805	425,189	437,945	451,083	464,615	3.0%	12,023	3.0%	12,384	3.0%	12,756	3.0%	13,138	3.0%	13,532
Boston University	381,902	393,359	405,160	417,315	429,834	442,729	3.0%	11,457	3.0%	11,801	3.0%	12,155	3.0%	12,519	3.0%	12,895
Loma Linda University	389,004	400,674	412,694	425,075	437,827	450,962	3.0%	11,670	3.0%	12,020	3.0%	12,381	3.0%	12,752	3.0%	13,135
New York University	407,535	419,761	432,354	445,325	458,685	472,446	3.0%	12,226	3.0%	12,593	3.0%	12,971	3.0%	13,360	3.0%	13,761
University of Southern California	446,576	459,973	473,772	487,985	502,625	517,704	3.0%	13,397	3.0%	13,799	3.0%	14,213	3.0%	14,640	3.0%	15,079
University of Pacific	365,250	376,208	387,494	399,119	411,093	423,426	3.0%	10,958	3.0%	11,286	3.0%	11,625	3.0%	11,974	3.0%	12,333
<b>Average public comparison</b>	<b>353,229</b>	<b>363,825</b>	<b>374,740</b>	<b>385,982</b>	<b>397,562</b>	<b>409,488</b>	<b>3.0%</b>	<b>10,597</b>	<b>3.0%</b>	<b>10,915</b>	<b>3.0%</b>	<b>11,242</b>	<b>3.0%</b>	<b>11,579</b>	<b>3.0%</b>	<b>11,927</b>
<b>Average private comparison</b>	<b>398,508</b>	<b>410,463</b>	<b>422,777</b>	<b>435,461</b>	<b>448,525</b>	<b>461,980</b>	<b>3.0%</b>	<b>11,955</b>	<b>3.0%</b>	<b>12,314</b>	<b>3.0%</b>	<b>12,684</b>	<b>3.0%</b>	<b>13,064</b>	<b>3.0%</b>	<b>13,456</b>
<b>Average public and private comparison</b>	<b>383,415</b>	<b>394,917</b>	<b>406,765</b>	<b>418,968</b>	<b>431,537</b>	<b>444,483</b>	<b>3.0%</b>	<b>11,502</b>	<b>3.0%</b>	<b>11,847</b>	<b>3.0%</b>	<b>12,203</b>	<b>3.0%</b>	<b>12,569</b>	<b>3.0%</b>	<b>12,946</b>
<b>Your program</b>	<b>241,754</b>	<b>250,777</b>	<b>259,366</b>	<b>268,352</b>	<b>277,753</b>	<b>287,591</b>	<b>3.7%</b>	<b>9,023</b>	<b>3.4%</b>	<b>8,589</b>	<b>3.5%</b>	<b>8,986</b>	<b>3.5%</b>	<b>9,401</b>	<b>3.5%</b>	<b>9,838</b>

Source(s):

UCLA Dentistry, four-year program, <http://www.registrar.ucla.edu/Fees-Residence/Annual-Fees/Dentistry-DDS-Degree-Fees>  
Michigan Dentistry, four-year program, <https://finaid.umich.edu/dental-dds-students#estimated-costs/budgets-for-d.d.s.-students>  
Iowa Dentistry, four-year program, <https://dentistry.uiowa.edu/education/dds-program/financial-support>  
Washington Dentistry, four-year program, <https://dental.washington.edu/students/dds-programs/admissions/projected-costs/>  
University of Pennsylvania Dentistry, four-year program, <https://srfs.upenn.edu/costs-budgeting/dental>  
Boston University Dentistry, four-year program, <https://www.bumc.bu.edu/osfs/cost-of-attendance-bot/dmd-coa/>  
Loma Linda University Dentistry, four-year program, [https://home.llu.edu/academics/programs/dentistry-dds?\\_ga=2.27246776.480402252.1663689228-2069335311.1663689228](https://home.llu.edu/academics/programs/dentistry-dds?_ga=2.27246776.480402252.1663689228-2069335311.1663689228)  
New York University Dentistry, four-year program, <https://dental.nyu.edu/academicprograms/dds-program/tuition.html>  
University of Southern California, four-year program, <https://dentistry.usc.edu/admission/paying-for-dental-school/>  
University of Pacific Dentistry, three-year program, <https://dental.pacific.edu/dental/academic-programs/doctor-of-dental-surgery/tuition-and-fees>

**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).**

All selected comparators are research universities that grant a Doctor of Dental Surgery (DDS) or the equivalent Doctor of Dental Medicine (DMD). Generally, all selected comparators are peers with respect to competing for similar students and faculty. USC, University of the Pacific, and Loma Linda were selected in particular because they are also located in California. Similar to UCLA, Michigan is another highly ranked public dental school with comparable program quality. Other selected institutions also have comparable program quality and were included to provide a more geographically diverse picture of program costs throughout the United States, including the Midwest and East coast.

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

UCLA Dentistry’s total costs compare favorably with respect to our public and private comparator institutions. In 2022-23, our total cost to degree for residents of \$193K is ~\$83K less than the average public comparator total cost to degree and ~\$201K less than the average private comparator total cost to degree. Our nearest comparator with respect to total cost to degree for residents is Michigan at \$227K. This is no small feat given the higher cost of living for Los Angeles and market wages.

In addition, Michigan has a much higher nonresident total cost than UCLA. Michigan’s nonresident total cost to degree is \$297K whereas UCLA’s is \$242K. Apart from a direct comparison against Michigan, the nonresident comparator price gap widens even

more. The average for all our other comparators' nonresident total costs, excluding that of Michigan, is \$390K, which is a sizeable \$148K (or 61%) higher cost than UCLA's nonresident total cost to degree of \$242K.

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

UCLA Dentistry, like many of our comparator institutions, trains our graduates in preventive, diagnostic, and technical knowledge to provide comprehensive dental services in a variety of health care systems. This experience is enriched by our renowned faculty and diverse student body.

Not many dental schools, however, have enhanced their curriculum to include experiences that send students into the community when ready for patient care (while still under proper faculty and local clinic supervision). UCLA Dentistry's Community-Based Clinical Education program was launched in March 2018 to diversify the student doctor experience by partnering with Federally Qualified Health Centers for this mutually beneficial relationship. This program has been well-received and has served to build the confidence of our graduates. In addition, the diversity of the student body and the opportunities for interaction between our highly regarded residency programs and DDS students help make UCLA Dentistry an attractive dental program.

## 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.

	Actual	Actual	Actual	Estimated	Comparison (2020-21)	
	2019-20	2020-21	2021-22	Fall 2022	Publics	Privates
Ethnicity						
<b>Underrepresented</b>						
African American	5.0%	6.0%	7.0%	5.7%	5.6%	5.6%
Hispanic/Latino(a)	11.0%	14.0%	15.0%	14.0%	9.9%	9.9%
American Indian	1.0%	1.0%	1.0%	1.7%	0.0%	0.0%
<b>Subtotal Underrepresented</b>	<b>17.0%</b>	<b>21.0%</b>	<b>23.0%</b>	<b>21.4%</b>	<b>15.5%</b>	<b>15.5%</b>
Asian/Pacific Islander	30.0%	41.0%	42.0%	48.4%	23.9%	23.9%
White	27.0%	34.0%	18.0%	30.2%	49.5%	49.5%
Domestic Unknown	25.0%	3.0%	16.0%	0.0%	11.1%	11.1%
International	1.0%	1.0%	1.0%	0.0%	0.0%	0.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Socioeconomic</b>						
% Pell recipients	33.0%	45.0%	56.0%	N/A	N/A	N/A
<b>Gender</b>						
% Male	41.0%	41.0%	43.0%	39.0%	47.4%	47.4%
% Female	59.0%	59.0%	57.0%	61.0%	52.6%	52.6%
% Non-Binary	0.0%	0.0%	0.0%	0.0%	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

<https://www.ada.org/resources/research/health-policy-institute/dental-education>

Comparison institutions: Average of dental school survey conducted by the American Dental Association; this average does not disaggregate by public vs. private.

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

Over the past three years (ending in 2021-22), an average of 20.3% of our students have been from underrepresented groups (URGs), and we anticipate a comparable level of URG enrollment in fall 2022. Our program compares favorably against other DDS programs in terms of U.S. domestic students from underrepresented groups. In particular, the national dental school average for URG enrollment is 16% (as of 2020-21), whereas UCLA Dentistry's URG enrollment stood at 21% in the same year and reached 23% in the following year, 2021-22.

In the last three completed academic years, UCLA Dentistry's URG enrollment increased from 17% to 23%. A more dramatic increase can be seen through the lens of a longer timeframe. URG students represented only 7% of total students in the UCLA DDS program in 2012-13. Upon reaching 23% URG enrollment in 2021-22, UCLA Dentistry effectively tripled URG representation in the student body over nine years.

UCLA Dentistry aims to further increase our URG enrollments and remain above the national averages for dental school enrollments. As part of this commitment, UCLA Dentistry employs several strategies derived from the "*University of California Guidelines For Addressing Race and Gender Equity In Academic Programs in Compliance with Proposition 209*" document.<sup>2</sup> For example, we are committed to continued and rigorous use of holistic review of applicants, using admissions criteria that look beyond traditional measures such as grades to more holistic ones that allow for consideration of an applicant's life experiences more generally. We also conduct outreach targeted to prospective students based on non-racial factors that may correlate with racial diversity, and we engage in retention efforts that are focused on the experience of URG students but open to all.

Additionally, our Equity, Diversity, and Inclusion Officer, Dr. Edmond Hewlett, frequently travels to college fairs at high schools and community colleges with high percentages of disadvantaged students, and also to Historically Black Colleges and Universities, to establish relationships with students who may be interested in health sciences and dentistry. Dr. Hewlett also provides information for recommended preparatory courses prior to applying to dental school. In recent history, UCLA Dentistry has also locally hosted

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<sup>2</sup> <https://diversity.universityofcalifornia.edu/files/documents/prop-209-guidelines-ogc-full.pdf>

disadvantaged prospective pre-dental college graduates through our post-baccalaureate program.<sup>3</sup> This program accepts two students annually to help guide underrepresented or disadvantaged college students through the dental school application process and increase their competitiveness for admission. During the program, students are advised of recommended basic sciences coursework that provides an opportunity to strengthen their academic record prior to dental school application. They are also given hands-on learning experiences in a UCLA Dentistry teaching lab as introductions to dental waxing, morphology, and histology. Of the 40 students who have completed this program since 2003, 30 students proceeded to attend dental school.

Unfortunately, when the COVID-19 pandemic started, UCLA Dentistry had to temporarily suspend this program's in-person activities through calendar year 2022, however, in-person activities have now resumed.

**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?**

Our enrollment trend among students who received Pell Grants as undergraduates is rising. This enrollment population increased from 33% in 2019-20 to 56% in 2021-22. This trend reflects the growing number of applicants we are receiving from low-income families who are first-generation college graduates. We provide some need-based tuition assistance from both the PDST return-to-aid and gift funds and we will continue to seek higher levels of donor funding in the future to further expand our program accessibility. Much of this success in growing this particular population is tied to the efforts of Dr. Hewlett, our Equity, Diversity, and Inclusion Officer whose outreach includes reaching out to disadvantaged populations (see V.b.). In addition to in person connections, many underrepresented predental students are offered the chance to connect with current underrepresented UCLA Dentistry students. This offers prospective students a unique opportunity to hear directly from current students about their UCLA dental school experience.

**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?**

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<sup>3</sup> More details can be found here: <https://dentistry.ucla.edu/academics-admissions/pre-dental-programs/post-baccalaureate-program>.

Our recent enrollments by gender have approximated the 20-year national trend: a steady increase in female dental school applicants and declining male applicants. Since 2016 more females have applied than males, and since 2018 the majority of enrolled students in U.S. dental schools each year has been female (see “U.S. Dental School Applicants and First-Time, First-Year Enrollees by Gender, 2000 to 2021”<sup>4</sup>).

In 2021, 55% of U.S. dental school enrollees were female, and our newest class at UCLA Dentistry is 63% female. We plan to review our geographic recruitment outreach to determine if adjustments can be made to help attract an applicant pool more representative of the national trend.

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

Given the trends in URG applicants and enrollees (a measurable increase in Hispanic/Latino(a) applicants over the last 10 years, a similar trend in Black/African American applicants, and our success in diversity efforts described above under V.b., UCLA Dentistry has made strides in growing our URG enrollment relative to ten years ago. Indeed, URG students represented 7% of total students in the UCLA DDS program in 2012-13, whereas that figure increased to 23% in 2021-22 at UCLA Dentistry.

The next challenge is working to grow the nationwide dentistry applicant pool of URG students beyond current levels. This is the next frontier if UCLA Dentistry and other dental schools are to see continued growth in URG enrollments. Should current national trends continue, we expect the percentages of low income and female students in our class to progressively increase upward by the final year of our multi-year plan.

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<sup>4</sup> <https://adea.org/data/students/Applicants-2021-Entering-Class/>



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.**

All Faculty (School or Department)				
Ethnicity		2019-20	2020-21	2021-22
Black/ African/ African American	Domestic	1.1%	1.5%	1.1%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	3.6%	3.7%	3.6%
	International	4.9%	4.5%	4.3%
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	31.4%	31.7%	32.0%
	International	19.5%	20.1%	17.3%
White	Domestic	27.9%	24.1%	23.3%
	International	9.3%	10.1%	11.3%
Two or More Races	Domestic	1.0%	1.0%	1.4%
	International	0.0%	0.0%	1.0%
Other/ Unknown	Domestic	0.8%	2.3%	3.1%
	International	0.5%	1.0%	1.7%
Percentage by Gender		2019-20	2020-21	2021-22
Female		35.6%	36.2%	37.3%
Male		61.9%	59.3%	57.3%
Non-Binary/Unknown		2.4%	4.5%	5.4%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		2019-20	2020-21	2021-22
Black/ African/ African American	Domestic	2.9%	2.9%	2.7%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	8.7%	8.7%	8.2%
	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	27.5%	27.5%	28.1%
	International	29.0%	29.0%	27.4%
White	Domestic	14.5%	14.5%	17.1%
	International	14.5%	14.5%	13.7%
Two or More Races	Domestic	2.9%	2.9%	2.7%
	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		2019-20	2020-21	2021-22
Female		23.2%	23.2%	24.1%
Male		73.9%	73.9%	75.9%
Non-Binary/Unknown		2.9%	2.9%	0.0%

**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?**

Faculty search committees for recruiting DDS instructors are advised by core school values of equity, diversity, and inclusion. All search committees go through campus training designed by the UCLA EDI Office. In addition, Dentistry's local EDI Officer also meets with each faculty search committee to review key training concepts and methods for specific outreach to underrepresented groups. Our outreach currently includes advertising open positions in a variety of professional associations intended to reach a diverse audience to encourage underrepresented applicants. Our most commonly used job posting sites are as follows:

- Hispanic Dental Association ([hdassoc.org](http://hdassoc.org))
- Women in Higher Education ([WIHE.com](http://WIHE.com))
- HERC website ([southernca.hercjobs.org](http://southernca.hercjobs.org))
- Diverse Jobs (<https://diversejobs.net>)
- The Journal of Black Higher Education ([JBHE.com](http://JBHE.com))
- HigherEdJobs ([HigherEdJobs.com](http://HigherEdJobs.com))
- National Dental Association (<https://ndaonline.org/>)
- Hispanic Dental Association (<https://www.hdassoc.org/>)
- UCLA School of Dentistry website
- ADA ([ADA.org](http://ADA.org))

Generally speaking, recent faculty diversity levels have remained low at 9% across all faculty. In the last three years ending in 2021-22, UCLA Dentistry's faculty composition has largely remained stable, as only small increases were made in the female and non-binary/unknown categories. Therefore, UCLA Dentistry's approach will indeed pivot to more active recruiting approaches. As the school looks to the immediate future, substantive progress in strengthening gender and ethnic representations will require additional, evidence-based recruitment and retention strategies.

For example, within UCLA Dentistry's residency programs, we will work to encourage all residents to consider pursuing careers in the professoriate. We will also encourage diversity as a talking point when UCLA Dentistry faculty interact with colleagues from other institutions to remain apprised of promising future candidates elsewhere whose career paths could intersect with UCLA Dentistry. This approach should help by creating a starting point to cultivate more avenues for diverse recruitment. Additionally, retention efforts will include mentorship opportunities to strengthen promising junior faculty's career development.

In terms of faculty culture, our new efforts for active recruitment will be emphasized in key faculty meetings and evaluated over time. Consistently including diversity in meeting agendas will help remind our existing faculty of the importance of making personal connections that could yield future diverse hiring outcomes.

## **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?**

Access and inclusion are among the core commitments of the School of Dentistry. We are dedicated to assisting students in achieving their educational goals by providing professional assistance and valuable financial aid resources to the dental student community on a regular basis. With regard to our financial aid goals, each year we aim to (1) award a minimum of 30 students a merit-based Dean's Scholarship that averages \$20,000 for each student, and (2) award 75% or more of the student body with need-based awards that are most commonly \$4,500 or \$9,000 each. Need-based award amounts are determined based on the FAFSA and supplemental financial aid documents completed as part of the dental student application.

In the current academic year (2022-23), we were able to award 37 students a Dean's Scholarship at an average of \$20,000 each. For need-based aid, 276 students (78%) out of our total student body were awarded a minimum of \$4,500, which exceeds our target of aiding 75% of the student body.

Financial aid and wellness counseling opportunities are offered frequently and in a variety of forums. A few examples of such forums can be found below.

- When prospective students are interviewed, the agenda includes a financial aid session. This session includes information about the financial aid application process; eligibility criteria; opportunities for scholarships, loans, and grants; and debt management techniques.
- Accepted students also receive counseling related to financial aid opportunities prior to paying the non-refundable deposit for admission (before the program starts). In addition, we cover new topics of credit and financial wellness with our accepted students
- Enrolled students are invited to participate in various workshops and activities led by:
  - The UCLA Financial Wellness Program, which seeks to support student financial well-being. This program improves financial literacy skills through workshops, coaching, and online educational efforts. Additionally, students are advised to know who, when, and why to ask for help. Overall, the program centralizes and advocates for student economic support services on campus.

- UCLA Dentistry Student Groups, which conduct workshops that include invited guest speakers who address topics such as student loans and debt management while in school and beyond.
- Outside educational lenders, which offer virtual workshops on financial aid, credit, and debt management techniques.

Students also have full access to the services of our financial aid staff when applying for financial aid. Throughout the year, there are group counseling sessions offered, along with individual counseling sessions by request. Taken together, these efforts expand access and assist UCLA Dentistry students in graduating on time.

Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Percent with Debt	URG	100.0%	100.0%	100.0%	80.0%	25.0%	88.2%
	Non-URG	76.3%	78.7%	70.3%	73.0%	72.4%	87.7%
	International	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	All	75.6%	81.0%	71.6%	73.0%	69.6%	85.7%
Average Debt among Students with Debt *	URG	\$231,416	\$224,353	\$160,470	\$185,782	\$282,948	\$216,123
	Non-URG	\$179,000	\$197,616	\$200,286	\$185,800	\$225,139	\$218,494
	International	\$0	\$0	\$0	\$0	\$0	\$0
	All	\$182,382	\$201,155	\$196,167	\$185,797	\$226,042	\$218,000

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

**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 DDS program’s average debt level at graduation has hovered in the \$200K range over the last several years, as illustrated in the table above. While UCLA Dentistry’s proposed PDST increases would increase the return-to-aid pool over the next five years, we do anticipate reasonable increases in debt as price levels increase as well. That said, we do not expect any dramatic change in recent average debt levels at graduation.

According to the American Dental Education Association, the class of 2021’s average debt at graduation was \$301,583<sup>5</sup>. Currently, UCLA Dentistry’s graduates’ average debt is substantially below this level, as shown by the table above. We are confident that average debt levels among our graduates will remain below this national average throughout the upcoming five-year planning period.

<sup>5</sup> [https://www.adea.org/godental/money\\_matters/educational\\_debt.aspx](https://www.adea.org/godental/money_matters/educational_debt.aspx)

	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	86%	\$217,999	\$120,608	26%
<b>Public comparisons</b>	83%	\$261,226	\$120,608	31%
<b>Private comparisons</b>	83%	\$354,901	\$120,608	42%

Sources: [https://www.adea.org/godental/money\\_matters/educational\\_debt.aspx](https://www.adea.org/godental/money_matters/educational_debt.aspx)  
<https://research.com/careers/average-dentist-starting-salary>

UC: Corporate data

Comparison institutions: ADEA typically does not provide statistics by individual institution. Rather, ADEA polls dental schools and graduates nationwide and presents aggregate data.

**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 DDS program tends to consider monthly debt payments of less than 25% of a graduate’s median salary to be manageable. In the table above, the median salary amount represents a national figure for *entry-level dentists*. Mid-career dentists in the U.S., by contrast, earn a median salary of \$163,220 (as of May 2021) according to the Bureau of Labor Statistics.<sup>6</sup> Using this mid-career figure as a benchmark, monthly debt payments as a percentage of median salary would be closer to 19%.

With UCLA Dentistry’s efforts to keep our graduates’ average debt below the national average (see VI.b.), we aim to ensure that our graduates will have manageable levels of debt. Moreover, because dentist salaries tend to increase over time, most loans offer flexible payments that are not as high at graduation as in later years. For example, many loan repayment programs scale the monthly payments upwards only as the borrower’s income moves up. Also, most dental students qualify for federal loans, which typically carry the lowest interest rates available as compared with private lenders.<sup>7</sup>

**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 National Health Service Corps (NHSC) and funding provided by the US Department of Health & Human Services for low-interest loan programs has been a great resource. In addition to lower-interest loans for underserved populations, these programs provide great resources including loan repayment assistance upon graduation. While enrolled, dental students practice at the Westwood

<sup>6</sup> <https://www.bls.gov/ooh/healthcare/dentists.htm#tab-5>

<sup>7</sup> Additional details here: [https://www.adea.org/godental/money\\_matters/educational\\_debt.aspx](https://www.adea.org/godental/money_matters/educational_debt.aspx)

and Venice Dental Clinic to serve disadvantaged populations. Students are also allotted patient care subsidy budgets from which they can apply credits toward the patient care fees of select patients who may require assistance in meeting the student doctor fee schedule for various dental services. Also, off-site dental rotations to Federally Qualified Health Centers offer an opportunity for our students to connect with underserved populations.

**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 it is difficult to directly influence incomes earned in public interest careers, many of the organizations that serve the public interest are active in recruiting our dental students to spend a part of their career after graduation in places like the Army or Navy. These groups actively support our students while they are enrolled so that they graduate with substantially lower levels of debt. These students often reciprocate after graduation by starting their careers in public service. In 2021-22 our students received the following support from public interest groups:

- US Air Force: one student awarded \$64,322
- US Army: one student awarded \$64,360
- US Navy: five students awarded a total of \$216,330

As part of UCLA Dentistry's financial aid outreach, we specifically share information about opportunities in the Health Professions Scholarship Program (HPSP). HPSP students typically go on to serve in the military upon graduation for the cumulative number of years for which they received support, but some elect to continue beyond the required time commitment. Beyond the support received while enrolled, the military will also offer debt forgiveness or varying loan re-payment programs depending on the duration of the graduate's service post-graduation. In addition to military-specific debt forgiveness and loan re-payment options, Dentistry Student Services also shares information on the Public Service Loan Forgiveness program with the whole student body. The forgiveness programs are discussed in financial aid workshops and electronically via email as program-related announcements are made.

Sources:

<https://veteran.com/hpsp/>

<https://students-residents.aamc.org/financial-aid-resources/veterans-affairs-loan-repayment-and-scholarship-programs>

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

Financial aid information is discussed throughout the recruiting calendar year with prospective applicants. Before candidates are accepted, prospective students are advised during multiple workshops on the financial aid application process, eligibility criteria and opportunities for scholarships, loans, grants, and debt management techniques. This information is also shared at different forums, including college fairs attended by disadvantaged and underrepresented students or the ADEA GoDental Virtual Fair.

Additionally, financial aid information was shared during our post-baccalaureate program, which hosts disadvantaged prospective dental or medical school applicants. (Although we paused this program during the COVID-19 pandemic, we hope to resume the post-baccalaureate program in the near future.)

Prospective students are also directed to our website (<https://dentistry.ucla.edu/school-resources/student-resources/financial-aid>) as a resource on the financial aid topics covered. Should the application fee in itself present a financial obstacle, the fee will be waived in order to encourage access to all demographics.

**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?**

Financial aid information in reference to the average debt of our program is available to prospective students when interviewed at the financial aid group session and before the accepted-student incoming orientation as well as on the school website<sup>8</sup>.

Information on UCLA Dentistry graduates' average debt is shared with prospective students in multiple forums. For example, it is distributed at the American Dental Education Association virtual webinar to prospective students interested in 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.).**

Similar to many other programs, UCLA Dentistry's program was indeed impacted by COVID-19. During March 2020 through December 2020, our program switched to remote classes for our didactic curriculum. In our simulation labs, physical capacity was reduced for safety but in turn the School offered extended hours for access. Our student teaching clinic was closed for several

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<sup>8</sup> <https://dentistry.ucla.edu/school-resources/student-resources/financial-aid/resources>.

months before slowly progressing back up to more normal operating levels in August 2020. Consequently, the School refunded the Gown and Instrument Fee during periods where students were unable to attend clinic as the School responded to the pandemic.

We did not return to full capacity in the teaching clinics until January 2021. The teaching clinic operations are subsidized by the School in order to fully fund operational costs and allow for costly equipment repair. In June 2019 prior to the pandemic, the teaching clinic reserve balance stood at \$3.9 million. However, by June 2021 the reserve was depleted to \$1.6 million, a drawdown of \$2.3 million, as teaching clinic revenues dropped and later slowly rebounded during the pandemic.

In order to accommodate our graduating 2020 class in the midst of the above changes, fourth-year students were permitted to substitute some simulation competency assessments in place of clinical cases. These opportunities were customized to each individual student's needs in the graduating class.

As for the admissions process and recruiting new students, UCLA Dentistry remained connected with our prospective students via Zoom. We suspended in person admissions interviews and switched to remote. The Post-baccalaureate program which hosts disadvantaged pre-dental college graduates was also suspended though we hope to re-start this program in the near future.



## **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 2022-23 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):
- 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):

**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 Dean and CFO consulted with 11 elected student leaders on 9/23/22. These student leaders serve in the Associated Student Body or represent individual cohorts within the DDS program. The Dean and CFO shared that in the last five years, UCLA Dentistry ensured that annual PDST increases did not exceed 3% for the California residents. During that timeframe, the Dean and CFO noted, the 3% increase was used primarily to help offset annual cost of living wage increases and also increase the student return-to-aid pool. The Dean and CFO also explained that the upcoming five-year window starting in 2023-24 will require additional support to help cover the growing cost of IT services for the program as campus phases out its subsidy of our annual IT costs.

For this reason, the Dean and CFO explained, UCLA Dentistry is seeking 5% annual increases through this new five-year window. (They also noted that the nonresident PDST level is proposed to have a one-time catch-up, such that it equals the proposed resident PDST level as of 2023-24.) Program leadership explained that, in addition to the same standard cost of living increases and the return-to-aid component, the new PDST revenue would fund the IT support needed to maintain security for the patient management systems used in the PDST program. The Dean also presented a comparator analysis showing UCLA as the best-value program among our peer institutions, and noted that, despite the planned increases for the next five years, UCLA Dentistry is not likely to materially move from one end of the spectrum to the opposite, or even to the middle.

Having gone through the dental school admissions process, most of the student leaders were already aware of UCLA Dentistry's position as a top-value dental school. So, there was not much reaction to the comparator chart showing UCLA Dentistry remains a top-value choice. As for the planned increases, no extreme comments were shared by student leaders either in support of or in objection to the increases. Generally, inflationary pressures impacting the School's operating costs were acknowledged by leadership. However, it did not seem that all leaders were aware of the one-third return-to-aid component of PDST, and that this helps to reduce the net increase for many students who are awarded merit or need-based aid. Thus, the one-third return to aid policy was discussed more than once during the consultation.

Following the consultation, each leader was asked to connect with their respective constituencies to consolidate feedback regarding this five-year PDST proposal. The leaders provided the below submission of student feedback. Based on the format provided, it appears the student leaders also polled students regarding which areas of the school are most in need of funding for improvement.

## Summarized Student Responses to PDST Proposal

### **Q1: Thoughts on proposed tuition increases?**

#### **Positive Student Feedback:**

a. This school is relatively cheap and this increase makes sense.

#### **Negative Student Feedback:**

- a. Instead of placing this burden on the students, consider finding other sources of funding.
- b. Consider making cuts in order to decrease costs.
- c. I already don't feel that I am getting what I pay for at this school.
- d. These tuition hikes are unsustainable.
- e. The cost of dental school is skyrocketing while dental income has remained stagnant.

#### **Student Suggestions:**

- a. Cut costs to students in other ways in order to offset the mandatory increase (for example cut out unnecessary items in dental kits).
- b. If this increase does happen, please be transparent about the allocation of these funds.
- c. Don't allocate any to student aid and reduce the amount each student has to pay.
- d. Because UCLA is a CA state school, in-state and out-of-state students should not be charged the same rates.

### **Q2: What aspects of our school are most in need of funding?**

- 1. Student spaces (the lounge, etc)
- 2. 4th floor lab
- 3. Materials for labs
- 4. Scholarships/grants
- 5. Instructors
- 6. Mental Health Specialists
- 7. Financial Advisors
- 8. Improved classrooms
- 9. Third floor clinic
- 10. Clinical faculty
- 11. Central staff
- 12. The look of the school
- 13. Improved/functioning bathrooms on each floor

Based on the student feedback submitted above, the Dean and CFO intend to reconnect with student leaders to clarify the various PDST uses and how this revenue is used directly for instructional support, staff, student services, return-to-aid, and for IT needed to support the program. With respect to specific spaces highlighted above, the School will consider these requests in the near future for areas to renovate. However, new increases are needed most urgently to fund personnel wage increases and IT costs following the School's transition to University Health IT (UHIT). As mentioned earlier in the proposal, beginning in 2022-23, the campus subsidy for UCLA Dentistry's bill to UHIT will be reduced, resulting in a net increase to our program's annual IT cost of \$1 million in 2022-23, \$1.125 million in 2023-24, and \$2.0 million per year (to be adjusted for inflation) thereafter, as the subsidy moves to zero.

**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 GSA Vice President of Academic Affairs, Candace Wang on 11/9/22 .  
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 \_\_\_\_\_ 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): Text

**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.**

**Consultation #1 – Dean’s Leadership Meeting (9/21/22)**

Of the 14 attendees present at the 9/21/22 Dean’s Leadership Meeting, nine were senior faculty, not including Dean Paul Krebsbach. “Senior faculty” are faculty at the Associate Dean level who are normally part of regularly-scheduled Dean’s Leadership meetings. During the 9/21 meeting, program representatives solicited feedback on this five-year proposal, including the proposed PDST increases. The faculty in attendance shared a general acknowledgment that UCLA Dentistry has worked hard to remain a top-tier program with a strong value proposition for our students. These attendees were also already aware of the financial pressures facing the program, including rising expenses related to University Health IT services. There was a consensus that the proposed increases are reasonable. One faculty member shared their support for the needed increase but also emphasized the importance of ensuring financial aid availability for those students most sensitive to the proposed increases, as well as still supporting diversity efforts. It was then clarified that there is a one-third return-to-aid component incorporated into the planned increases to help ensure accessibility remains a priority. Also, the School’s diversity efforts under the direction of EDI Officer Dr. Edmond Hewlett will continue.

**Consultation #2 – General Faculty Meeting (9/26/22)**

Fifty-five faculty members attended a General Faculty Meeting on 9/26/22. Roughly half of the faculty members present were tenure-track faculty and half were clinical professors. Input on this five-year proposal was solicited, either in real-time discourse or in writing. No written feedback was submitted. One faculty member stated that it’s been some time since the School requested a fee increase beyond one that approximated offsets to inflationary costs. Others acknowledged that the market comparator table shows



## Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels Effective Beginning Summer or Fall 2023

### PART A

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

#### I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION

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

	Actual	New Proposed Fee Levels				Increases/Decreases					
	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26		
					%	\$	%	\$	%	\$	
Prof. Degr. Suppl. Tuition (CA resident)	\$12,795	\$13,437	\$14,112	\$14,814	5.0%	\$642	5.0%	\$675	5.0%	\$702	
Prof. Degr. Suppl. Tuition (Nonresident)	\$12,795	\$13,437	\$14,112	\$14,814	5.0%	\$642	5.0%	\$675	5.0%	\$702	
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	4.8%	\$618	3.0%	\$402	3.0%	\$414	
Campus-based Fees**	\$470	\$484	\$499	\$514	3.0%	\$14	3.0%	\$15	3.0%	\$15	
Nonresident Suppl. Tuition	\$12,245	\$12,245	\$12,245	\$12,245	0.0%	\$0	0.0%	\$0	0.0%	\$0	
Other	\$0	\$0	\$0	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	
<b>Est. First-Year Fees (CA resident)</b>	<b>\$26,117</b>	<b>\$27,391</b>	<b>\$28,483</b>	<b>\$29,614</b>	4.9%	\$1,274	4.0%	\$1,092	4.0%	\$1,131	
<b>Est. First-Year Fees (Nonresident)</b>	<b>\$38,362</b>	<b>\$39,636</b>	<b>\$40,728</b>	<b>\$41,859</b>	3.3%	\$1,274	2.8%	\$1,092	2.8%	\$1,131	

\* 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. Do not include the Student Health Insurance Program (SHIP) premium, since this may be waived for students with qualifying coverage under another program.

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

The primary goal of the UCLA Master of Science in Nursing (MSN) degree within the School of Nursing (SON) is to prepare highly qualified nurses who can promote evidence-based nursing practice and provide leadership in a variety of settings and specialized areas of healthcare for a diverse multicultural society. The two MSN degree options are: Master's Entry Clinical Nursing /Pre-licensure (MSN-MECN) and MSN/Advanced Practice Registered Nurse (MSN-APRN). In academic year 2022-23 approximately 334 students enrolled across these degree options. The school has established strategic diversity and inclusion goals that are shaping all of the academic programs and their operation.

The mission of the UCLA School of Nursing, as described in the new Strategic Plan, is to “improve the health, wellness, quality of life and nursing care of people of California, the nation, and the world through education, research, nursing care, and community engagement.” Diversity, equity and inclusion (DEI) is one of the five key pillars of our new Strategic Plan. The school embraces the definition of diversity adopted by the Academic Senate (May 10, 2006) and endorsed by the UC President (June 30, 2006).<sup>1</sup> SON faculty are committed to DEI, and to enhancing instructional approaches and content within courses to integrate social determinants of health including racism, social justice, and gender bias. Related strategies include developing and implementing course content focusing on culturally informed nursing care of diverse populations and people living with disabilities. Students in the MSN programs are afforded a variety of learning opportunities to advance the health care of diverse populations within hospitals and community health care settings throughout Los Angeles and southern California.

**MSN-MECN Program.** The MECN program was established in 2006. This two-year, pre-licensure program is a second-degree program for students who hold a baccalaureate degree in another field. This program is intended to prepare nurse generalists with strong leadership skills to function in healthcare delivery across a variety of settings in the healthcare system, including the acute care setting. Graduates are prepared to implement outcomes-based practice and quality improvement in clinical settings. Graduates of the program are eligible to take the National Council Licensing Examination (NCLEX) to be certified as a Registered Nurse (RN) after completion of the program and are eligible to sit for certification as a Clinical Nurse Leader. The MECN program is a two-year full-time program, which accounts for approximately 138 of the 334 MSN degree students.

**The MSN-APRN Program.** The SON admitted the first cohort of APRN students in 1996. This two-year program prepares nurses to be Advanced Practice Registered Nurses (APRNs) across two tracks: 1) Clinical Nurse Specialist (CNS), and 2) Nurse Practitioner (NP). In their practice, APRNs use theory-based and scientifically grounded evidence. APRNs apply multidisciplinary theories and research to

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<sup>1</sup> <https://regents.universityofcalifornia.edu/governance/policies/4400.html>



provide direct patient care and to develop, implement, and evaluate models of patient care and quality of services. They are able to competently assess, diagnose, plan, implement, manage, and evaluate the care of individual patients, groups of patients, and families from diverse cultural backgrounds. The curriculum prepares students for careers in advanced practice. The APRN program is a two-year full-time program, which accounts for approximately 196 of the 334 MSN degree students.

The UCLA SON is planning to phase out the MSN-APRN program by fall 2025. The last cohort of MSN-APRN students would graduate during the 2024-25 academic year, resulting in decreased student enrollment and PDST revenue for the School. A new Doctor of Nursing Practice (DNP) program will replace the current APRN program and will require a new, separate multi-year plan to assess PDST. Our proposal to transition the APRN program to a DNP program is currently making its way through the UCLA Academic Senate. Once this transition takes place, the MECN program will be the only remaining MSN program at the UCLA SON, starting in academic year (AY) 2025-26.

## II. PROGRAM GOAL EVALUATION

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

In fall 2020, the UCLA SON submitted a two-year PDST proposal covering 2021-22 and 2022-23 requesting to hold PDST flat despite the financial needs of our MSN programs. This two-year proposal mirrored those submitted by the other UC Schools of Nursing, and reflected concerns about the economic impacts of COVID-19 on our students. Below are selected goals and outcomes from that multi-year plan.

- **Student Support Services:** One of our goals for maintaining our PDST level was to help us sustain student services within our School of Nursing. Due to the stresses of the COVID-19 pandemic, it became evident that our students' needs were unmet without additional staffing support. The Dean decided to hire an additional student affairs officer (SAO) to promote student success and to meet the evolving needs of our students (the SAO helps to coordinate the Teaching Assistant (TA) work opportunities we offer to selected students). To that end, effective September 28, 2021, the UCLA SON hired one additional SAO and a percentage of their effort was paid for from PDST funds.

- **Affordability:** One of our prior goals was to ensure the MSN degree programs continued to reduce the debt burden of our graduates. This goal is one of the primary reasons we did not request PDST increases in 2021-22 or 2022-23. We had great concern about the affordability of the MSN programs for our students due to the unknown economic impacts of COVID-19. (As described in more detail in Section VI below, although the average amount of debt among our students graduating with debt increased by about \$4,000 between 2018-19 and 2020-21 – the last two years of available data – the percent of our students graduating with debt decreased from 74% in 2018-19 to 71% in 2020-21.) In addition, the SON applied for and was awarded a Human Resources and Services Administration (HRSA) grant in 2020-21 titled “Preparing Graduate Nursing Students for Primary Care Practice in Medically Underserved Communities.” Over the five-year period starting with 2020-21, this grant will provide over \$3.2 million in need-based scholarships to disadvantaged MSN students (enrolled in both the MSN-APRN and MSN-MECN programs). Students are considered disadvantaged based on their income levels. The SON uses the Low-Income Level Data published in the Federal Register dated February 12, 2018 to determine eligibility. The breakdown of those allocations by year is as follows (AY22-23 projected average allocation is \$13,542.55/student):

2020-21: \$650,000

2021-22: \$629,941

2022-23: \$650,000

2024-25: \$650,000

2025-26: \$650,000

We also offered selected students the opportunity to work as TAs or Research Assistants (RAs); these positions cover tuition for the given quarter of work. In addition, we returned 33% of our PDST revenue to students in the form of need-based financial aid.

- **Clinical Support (MSN-MECN program):** Another goal was to ensure adequate clinical support for our MSN-MECN program. Our PDST funds were used to fund the clinical lecturers who are vital to our students’ success as they undergo intensive clinical experiences. These clinical experiences are essential to ensuring licensure pass rates among our students. Our NCLEX pass rates are a key outcome measure of how well we are performing as a school in educating future nurses. According to the Board of Registered Nursing (BRN), “the program must achieve at least a 75% annual pass rate of first-time takers on NCLEX-RN for the last two years.” Our MSN-MECN students have exceeded this rate over the last five years. (Relatedly, SON faculty want to be proactive and recently determined that SON nurses should excel and perform above the BRN threshold of a 75% pass-rate. To that end, the SON has set 85% as its new target pass rate. Pass rates below this 85% threshold will serve as an early alert, so we can analyze contributing factors and develop a proactive plan for improvement.)

Over the course of our last multi-year plan, our clinical faculty lecturers attended a series of activities designed to enhance the quality of education provided to our students. For example, several members of our UCLA SON community attended an education-focused retreat in summer 2022 to learn about and begin to apply the American Association of Colleges of Nursing (AACN) Essentials<sup>2</sup>. The AACN Essentials represent the Nursing field's core competencies for professional nursing education. They are used to define quality in nursing education, as they outline the necessary curriculum content and expected competencies of graduates from baccalaureate, masters, and DNP programs. These Essentials include diversity, equity, and inclusion; clinical judgement; ethics; communication; evidence-based practice; compassionate care; health policy; and social determinates of health.

Other activities designed to enhance the quality of education provided by clinical faculty lecturers include the following: before beginning their teaching assignment, new SON faculty attend orientation/onboarding sessions that include content on strategies to promote inclusion within classroom and clinical settings and information on UCLA resources for the advancement of teaching. These sessions address topics such as the Faculty Code of Conduct, Title IX, Disability Accommodations, pregnant/parenting students, and LGBTQ+ students. Faculty also are trained with the "Implicit Bias" video series available through the UCLA Office of Equity, Diversity and Inclusion.

- **Diversity/Recruitment/Outreach/Admissions:** One of our goals was to use PDST revenue to help recruit highly qualified, diverse students to the UCLA SON. Prior to the pandemic, we were planning to use PDST revenue to help expand our efforts to attend local, regional, and national events in person, such as the National Black Students Nursing Association Conference, National Hispanic Nursing Association Conference, and the Diversity Forum in an effort to recruit talented students from underrepresented groups (URGs). Additionally, our Office of Recruitment, Outreach, and Admissions had planned on expanding our recruitment efforts further by attending the Asian American/Pacific Islander Nurses Association (AAPINA) conference and the National Alaska Native American Indian Nurses Association (NANAINA) conference. The UCLA SON's attendance at these events helps us promote diversity in recruitment because we are able to meet with prospective students who may be interested in our advanced degree MSN-MECN and MSN-APRN programs. The COVID-19 pandemic put a stop to travel for quite some time. Therefore, PDST originally set aside for in-person events was repurposed for virtual events. We attended college fairs and nursing conferences remotely, and we put on virtual information sessions. Any remaining PDST from the amount originally intended for in-person events was used for other operating expenses. As shown in Section V below, over the course of our last multi-year plan, the percentage of our students from URGs decreased from 35% to 29%, though we continue to outpace enrollments of underrepresented students at our public and private comparators. In

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<sup>2</sup> <https://www.aacnnursing.org/Essentials>

addition, we recently partnered with the Supportive Training and Employment Project, an initiative that helps to place people with autism into entry-level jobs, and in 2021-22, we used PDST revenue to hire a new staff member – who was matched with the SON through this partnership – to support our skills and simulation lab. This partnership is in service of our ongoing goal to enhance the diversity of our staff, students, and faculty.<sup>3</sup>

### 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 UCLA SON is requesting annual PDST increases of 5% for both residents and nonresidents during the 2023-24, 2024-25, and 2025-26 academic years. This proposal mirrors those submitted by the other UC Schools of Nursing this cycle. As mentioned, due to the COVID-19 pandemic, our School did not request an increase in PDST for the last two academic years.

Rising inflation rates are central to our decision to propose PDST increases over the next three years. The annual inflation rate for the United States is 8.2% as of September 2022, according to the Bureau of Labor Statistics<sup>4</sup>. A second concern that underpins this proposal is our need to cover personnel-related costs, which tend to increase by at least 5% per year. Given our commitment to keeping student expenses as low as possible, we plan to continue allocating 33% of PDST revenue to student financial aid, and we will also seek new opportunities to bolster aid from other sources, such as fundraising.

There are several objectives that the SON hopes to achieve with the support of annual 5% PDST increases over the next three academic years. With essential support from the proposed PDST increases, our goal is for students to benefit from the following over the course of this multi-year plan:

- **Enhanced Affordability:** The SON plans to continue returning an amount equal to 33% of PDST revenue to students in the form of financial aid (see the “Providing Student Financial Aid” row in table III.b. below for details). Approximately five percent of the total PDST revenue collected will be dedicated to financial aid awards and an amount equivalent to at least

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<sup>3</sup> More information about this recent hire can be found here: <https://spectrumnews1.com/ca/la-west/health/2022/06/06/ucla-program-hires-employees-on-autism-spectrum-for-on-campus-jobs>

<sup>4</sup> <https://www.bls.gov/news.release/cpi.nr0.htm>

28% of total PDST revenue will be dedicated to financial aid coming from gifts and endowments. We always aim to grow scholarship aid to continue to reduce the debt burden of our graduate nurses. In addition, as mentioned, the SON was recently awarded an HRSA grant that will provide over \$3.2 million over five years (starting in 2020-21) for scholarships to disadvantaged MSN students (enrolled in both MSN programs). Because the HRSA grant and PDST return-to-aid are awarded on a need basis, we anticipate that MSN students who receive this funding will graduate with lower debt in comparison to their peers.

- **Enhanced Student Support Services:** The SON plans to utilize PDST to support at least 50% of the compensation for our new Associate Dean for Students Affairs, who was hired on March 1, 2022 (approximately \$125K per year for the next four years). The quality of education in our MSN program is maintained by our ability to ensure that all students achieve their academic potential, which requires adequate student support. Without this position, student needs would go unmet. The UCLA SON will also provide additional student support resources to MSN students, such as tutoring services, to ensure that all students can meet our rigorous standards. (See the “Providing Student Services” row in table III.b. below for details.)
- **Improved Faculty Recruitment:** PDST will be used to support faculty recruiting efforts at the SON, as such efforts advance the academic mission and ensure our MSN students have access to highly accomplished scholars and teachers. There is a severe shortage of PhD-prepared nurses in the United States; this shortage, coupled with the fact that the cost of living in the Los Angeles area is extremely high, makes our ability to recruit new faculty difficult. Our potential faculty candidates receive multiple offers from competitor institutions. These offers include competitive salaries in addition to generous discretionary research funds, which can range from \$200K to \$500K. The additional PSDT from this proposal will allow the SON to better compete for the very limited number of PhD-prepared nurses available in the labor market by enhancing hiring packages for new faculty. The additional PDST from this proposal will also be used to fund a portion of the compensation for new faculty who will teach in the MSN programs. (See the “Faculty Salary Adjustments” and “Benefits/UCRP Cost” rows in table III.b. below for details.)
- **Improved Physical Plant:** Investment in our physical plant is essential, and we plan to begin upgrading the audio/video capacities of classrooms and other spaces starting in winter 2023. As outlined in our PDST spending table below (see the “Facilities Expansion/Renewal” row for details), we plan to allocate PDST funding to invest in our facilities (beyond deferred maintenance) every year on a regular and predictable cycle. We need to be more proactive to improve our space and technological infrastructure, and to plan for the future—not just maintain our spaces and equipment or fix them when they break down. Fundraising also remains an integral funding source for this goal, so the reliance is not solely on PDST and General Funds. Additional investments are also needed to improve the quality of instruction experienced by our students,

especially for remote learning. The SON plans to invest \$1.4 million in the next four years to upgrade the IT infrastructure of classrooms, lecture halls, teaching labs, and conference rooms. Over the next four years, we plan to use \$223,442 from PDST revenue (an average of \$55,861 per year) toward this \$1.4 million investment to enhance the School's ability to deliver content in-person and online.

- **Enhanced Diversity and More Extensive Outreach Efforts:** The UCLA SON has received the 2022 Health Professions Higher Education Excellence in Diversity (HEED) Award. We are the only nursing school in the UC-system to receive this year's honor. We believe that our commitment to equity, diversity, and inclusion is another reason why students choose our program, and that it helps us to stand out from other nursing schools. Our proposed PDST increases will allow the School of Nursing to enhance our already-substantial efforts to identify and recruit talented students from underrepresented and disadvantaged backgrounds, and to provide a learning environment that promotes inclusivity. We recognize and appreciate how diversity in schools of nursing enhances the quality of education. To that end, we plan to recruit, enroll, and retain a highly qualified, diverse student population; we also plan to strengthen the aspects of our curriculum that are related to respecting and valuing diversity, equity, and inclusion. The additional PDST will help to expand our efforts to attend local, regional, and national events, such as the National Black Students Nursing Association Conference, National Hispanic Nursing Association Conference, and the Diversity Forum. In addition, we plan to use PDST to support the design of enhanced recruitment flyers to be posted on social media platforms to bring us into modern times, as we have relied on paper flyers in the past. Our aim is for our flyers to convey to prospective students that our program is inclusive, diverse, and equitable. We are also working on updating our website, which we would like to better utilize as a recruitment tool. We plan to utilize PDST to hire web designers and web content writers to help us make it more comprehensive, organized, and impactful. (See the "Providing Student Services" row in table III.b. below for details.)

#### **Consequences and Risks if PDST is Not Approved**

Without the PDST increase, the SON would need to cover expenditures for critical initiatives by cutting elsewhere in the program. We may need to reduce career staff dedicated to student support activities, for example. We might also have to reduce our strategic investment in our classrooms, teaching labs, and conference rooms. Finally, without a PDST increase we would not have additional funding to offer competitive hiring packages, which would decrease our School's ability to attract diverse and highly qualified faculty members to our program. We've seen this first hand as during AY21-22 we heavily recruited one Latinx male faculty for a tenured position and made a formal offer to him, but he ultimately chose another institution that offered him a stronger package.

**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue				
	Total 2022-23 PDST Revenue	Incremental 2023- 24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Total Projected PDST Revenue in Final Year
<b>Faculty Salary Adjustments</b>	\$2,615,881	\$138,864	(\$708,378)	(\$777,127)	\$1,269,240
<b>Benefits/UCRP Cost</b>	\$820,095	\$43,534	(\$222,081)	(\$243,634)	\$397,914
<b>Providing Student Services</b>	\$571,994	\$30,365	(\$154,896)	(\$169,928)	\$277,535
<b>Improving the Student-Faculty Ratio</b>	\$0	\$0	\$0	\$0	\$0
<b>Expanding Instructional Support Staff</b>	\$0	\$0	\$0	\$0	\$0
<b>Instructional Equipment Purchases</b>	\$0	\$0	\$0	\$0	\$0
<b>Providing Student Financial Aid</b>	\$213,677	\$11,343	(\$72,922)	(\$81,675)	\$70,423
<b>Other Non-salary Cost Increases</b>	\$0	\$0	\$0	\$0	\$0
<b>Facilities Expansion/Renewal</b>	\$51,883	\$3,760	\$1,425	\$1,780	\$58,848
<b>Other (Please explain in the "Additional Comments" below)</b>	\$0	\$0	\$0	\$0	\$0
<b>Total use/projected use of revenue</b>	\$4,273,530	\$227,865	(\$1,156,851)	(\$1,270,584)	\$2,073,960

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

**Additional comments:** Please note that the negative revenue figures in this table can be explained by the SON's plan to phase out the APRN program starting in 2024-25, resulting in substantially decreased enrollments (and in turn, decreased PDST revenue). In addition, please note that the 33% RTA requirement was met for 2021-22 – and will be met in the current year (2022-23) and all future years covered by this proposal – by subsidizing financial aid with endowment/gift funds. In 2021-22 the endowment/gift RTA that was awarded as need-based aid totaled \$1,469,500. This amount exceeded the 33% RTA requirement.

**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.**

Our new Dean (as of 2021) has asked all of her direct reports to conduct a cost-effectiveness analysis on all financial transactions to generate quantifiable savings. To that end, we are currently evaluating all of our operating expenses to make sure the principle of cost-effectiveness analysis is strictly followed at the School of Nursing and we anticipate this initiative to reduce non-payroll expenses for all of our funding sources, including PDST.

We also ensure that we review available scholarships for our MSN students and clearly communicate this information to the MSN program, students, and faculty. In addition, we have looked to find donors who can support our students. One of the Dean’s main priorities is to increase fundraising levels at the School of Nursing. The Dean has not set a goal with a specific dollar amount, but she is working closely with our UCLA SON development office, as well as UCLA’s central development office, to meet with high level donors in an effort to secure transformative gifts that will contribute to the learning experience and reduce costs.

The SON has also continued implementation of a clinical lecturer model, which reduces costs and improves quality for the clinical and theory components for our undergraduate and MECN students. This model improves the quality of the program because the clinical lecturers are part of the faculty and can establish an ongoing relationship with our nursing students from the classroom to the clinical setting. The clinical lecturer model has also resulted in improved student outcomes compared to the former clinical liaison model, which outsourced teaching.

**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.”**

	Enrollment			
	2022-23	2023-24	2024-25	2025-26
Resident	330	330	233	136
Domestic Nonresident	3	4	3	3
International	1	1	1	1
<b>Total</b>	<b>334</b>	<b>335</b>	<b>237</b>	<b>140</b>

**Additional comments:** As mentioned, starting in the fall quarter of 2024-25, the School of Nursing is planning to phase out the APRN program, resulting in decreased student enrollment and PDST revenue. A new Doctor of Nursing Practice (DNP) program will replace the current APRN program and will require a new PDST application. The proposal to transition the APRN program to a DNP program is currently making its way through the UCLA Academic Senate. Once this transition takes place, the MECN program will be the only remaining MSN program at the UCLA SON, starting in 2025-26. The SON typically enrolls 70 MECN students per academic year, which means we have about 140 MECN students in any given year, since this is a two-year program.



### IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table, identify a *minimum* of 3 institutions that are 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.

	TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR									
	Projections				Increases/Decreases					
	Total <i>Resident</i> Charges to Complete Degree by Cohort Starting in:	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26
(\$)		(\$)	(\$)	(\$)	%	\$	%	\$	%	\$
Penn State University	50,781	52,304	53,873	55,489	3.0%	1,523	3.0%	1,569	3.0%	1,616
UNC-Chapell Hill	44,571	45,908	47,285	48,704	3.0%	1,337	3.0%	1,377	3.0%	1,419
University of Michigan	68,377	70,428	72,541	74,717	3.0%	2,051	3.0%	2,113	3.0%	2,176
University of Southern California	102,046	105,107	108,260	111,508	3.0%	3,061	3.0%	3,153	3.0%	3,248
University of Pennsylvania	122,838	126,523	130,319	134,229	3.0%	3,685	3.0%	3,796	3.0%	3,910
Georgetown University	107,134	110,348	113,658	117,068	3.0%	3,214	3.0%	3,310	3.0%	3,410
<b>Average public comparison</b>	<b>54,576</b>	<b>56,213</b>	<b>57,900</b>	<b>59,637</b>	<b>3.0%</b>	<b>1,637</b>	<b>3.0%</b>	<b>1,686</b>	<b>3.0%</b>	<b>1,737</b>
<b>Average private comparison</b>	<b>110,673</b>	<b>113,993</b>	<b>117,412</b>	<b>120,935</b>	<b>3.0%</b>	<b>3,320</b>	<b>3.0%</b>	<b>3,420</b>	<b>3.0%</b>	<b>3,523</b>
<b>Average public and private comparison</b>	<b>82,625</b>	<b>85,103</b>	<b>87,656</b>	<b>90,286</b>	<b>3.0%</b>	<b>2,479</b>	<b>3.0%</b>	<b>2,553</b>	<b>3.0%</b>	<b>2,630</b>
<b>Your program</b>	<b>53,508</b>	<b>55,874</b>	<b>58,097</b>	<b>60,116</b>	<b>4.4%</b>	<b>2,366</b>	<b>4.0%</b>	<b>2,223</b>	<b>3.5%</b>	<b>2,019</b>

	TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR									
	Projections				Increases/Decreases					
	Total <i>Nonresident</i> Charges to Complete Degree by Cohort Starting in:	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26
(\$)		(\$)	(\$)	(\$)	%	\$	%	\$	%	\$
Penn State University	85,568	88,135	90,779	93,502	3.0%	2,567	3.0%	2,644	3.0%	2,723
UNC-Chapell Hill	84,986	87,536	90,162	92,867	3.0%	2,550	3.0%	2,626	3.0%	2,705
University of Michigan	135,296	139,355	143,536	147,842	3.0%	4,059	3.0%	4,181	3.0%	4,306
University of Southern California	102,046	105,107	108,260	111,508	3.0%	3,061	3.0%	3,153	3.0%	3,248
University of Pennsylvania	122,838	126,523	130,319	134,229	3.0%	3,685	3.0%	3,796	3.0%	3,910
Georgetown University	107,134	110,348	113,658	117,068	3.0%	3,214	3.0%	3,310	3.0%	3,410
<b>Average public comparison</b>	<b>101,950</b>	<b>105,009</b>	<b>108,159</b>	<b>111,404</b>	<b>3.0%</b>	<b>3,059</b>	<b>3.0%</b>	<b>3,150</b>	<b>3.0%</b>	<b>3,245</b>
<b>Average private comparison</b>	<b>110,673</b>	<b>113,993</b>	<b>117,412</b>	<b>120,935</b>	<b>3.0%</b>	<b>3,320</b>	<b>3.0%</b>	<b>3,420</b>	<b>3.0%</b>	<b>3,523</b>
<b>Average public and private comparison</b>	<b>106,311</b>	<b>109,501</b>	<b>112,786</b>	<b>116,169</b>	<b>3.0%</b>	<b>3,189</b>	<b>3.0%</b>	<b>3,285</b>	<b>3.0%</b>	<b>3,384</b>
<b>Your program</b>	<b>77,998</b>	<b>80,364</b>	<b>82,587</b>	<b>84,606</b>	<b>3.0%</b>	<b>2,366</b>	<b>2.8%</b>	<b>2,223</b>	<b>2.4%</b>	<b>2,019</b>

**Source(s):**

Penn State	Tuition and Fees: <a href="https://cce.ais.psu.edu/tuition-calculator-ui/#!/">https://cce.ais.psu.edu/tuition-calculator-ui/#!/</a>
UNC-Chapel Hill	Tuition and Fees: <a href="https://nursing.unc.edu/programs/master-of-science-in-nursing/cost-to-attend">https://nursing.unc.edu/programs/master-of-science-in-nursing/cost-to-attend</a> Tuition and Fees: <a href="https://ro.umich.edu/tuition-residency/tuition-fees?academic_year=175&amp;college_school=30&amp;full_half_term=35&amp;level_of_study=38">https://ro.umich.edu/tuition-residency/tuition-fees?academic_year=175&amp;college_school=30&amp;full_half_term=35&amp;level_of_study=38</a>
University of Michigan	
University of Southern California	Tuition and Fees: <a href="https://nursing.usc.edu/fnp-online/tuition-financial-aid/">https://nursing.usc.edu/fnp-online/tuition-financial-aid/</a>
University of Pennsylvania	Tuition and Fees: <a href="https://www.nursing.upenn.edu/admissions/tuition-and-fees/masters-post-masters-costs/">https://www.nursing.upenn.edu/admissions/tuition-and-fees/masters-post-masters-costs/</a>
Georgetown University	Tuition and Fees: <a href="https://studentaccounts.georgetown.edu/tuition/onlinenursing/">https://studentaccounts.georgetown.edu/tuition/onlinenursing/</a>

**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).**

Due to shifting national standards by the American Association of Colleges of Nursing (AACN) and anticipated changes to licensure and certification requirements, many schools are moving away from offering master's level degrees. The new terminal clinical degree is a Doctor of Nursing Practice (DNP) for Advanced Practice Registered Nurse (APRN) programs, including nurse practitioners and clinical nurse specialists. This shift in national standards makes it difficult to find comparators with a Master's-level APRN track. Thus, we selected six schools that represent top public and private Schools of Nursing for this analysis. UCLA School of Nursing is ranked as the #19 MSN program by US News & World Report. These schools are part of highly-ranked, research-intensive universities, and/or they offer similar graduate-level degrees as UCLA and produce well-trained graduates. UCLA and our sister UC Schools of Nursing compete with these institutions for students and faculty. USC is a local comparator that offers an FNP APRN-track just like UCLA SON, and Penn State offers a second degree program similar to our MSN-MECN program. Additionally, US News & World Report ranks UPenn as the #4 MSN program, while Michigan and UNC-Chapel Hill are ranked 8<sup>th</sup> (tied) in MSN programs. In addition, Georgetown's Master's level Adult-Gero Acute Care APRN-track is ranked #7 by US News & World Report.

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

UCLA's total resident charge to complete the degree for 2022-23 is \$53,508 which is \$1,068 below the average among our public comparators. UCLA's resident charges to complete the degree remain competitive for all years of this analysis compared to the average of our public comparators (with a variance +/- 1%-2% for all years). Our private school comparators charge substantially

more than UCLA (nearly double). Total charges to complete the degree for our private comparators (which do not assess different charges by residency) averaged \$105,906 for 2022-23, which is \$52,493 more than UCLA's total charges for residents. This relationship holds true for all years of this analysis. UCLA's cost to degree for residents is also consistently below the combined average total cost of our private and public comparison schools, which is \$83,908 in 2022-23. This combined average is consistently about 53-55% more than UCLA's total cost for residents.

UCLA's total nonresident charge to complete the degree for 2022-23 is \$77,998, which is \$23,952 lower (about 31%) than our average public comparator charges. UCLA's nonresident charges to complete the degree remain lower than those of our public comparators for all years of this analysis (consistently about 31% lower). Our private school comparators charge the same for residents and nonresidents. Their charges are still substantially more than UCLA. Total charges to complete the degree for our private school comparators averaged \$105,906 for 2022-23, which is \$28,003 (nearly 36%) more than UCLA's charges to degree for nonresidents. This relationship holds true for all years of this analysis. UCLA's cost to degree for nonresidents is also consistently below the combined average cost to degree of our private and public comparison schools, which is \$104,211 in 2022-23. This average is consistently about 34% more than UCLA's cost to degree for nonresidents. Given our proximity to the public average for residents and the high quality of our program, our rates are considered competitive.

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

The UCLA SON MSN program is ranked 19<sup>th</sup> among 800 schools of nursing in the country by *US News and World Report*, putting it in the top tier of nursing schools and the second-highest ranked MSN nursing program in California. The SON offers students the opportunity to work with patients at the Ronald Reagan UCLA Medical Center, which is consistently voted best in the West by *US News and World Report* due to its state-of-the art and technologically advanced facilities. All UCLA Health hospitals (i.e., Ronald Reagan, Santa Monica, and Resnick Neuropsychiatric hospitals) are Magnet-designated, which indicates the highest quality of nursing care. Additionally, our MECN program is one of the few second-degree programs for nursing professionals in the state. We believe students choose to attend the UCLA SON because we are consistently ranked among the top nursing schools in the country by U.S. News and World Report. In addition, as mentioned earlier, the UCLA SON has received the 2022 Health Professions Higher Education Excellence in Diversity (HEED) Award; it is the only nursing school in the UC-system to receive this year's honor. We believe that our commitment to equity, diversity, and inclusion is another reason why students choose our program, and that it helps us to stand out from other nursing 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.

	Actual	Actual	Actual	Estimated	Comparison (2020-21)	
	2019-20	2020-21	2021-22	Fall 2022	Publics	Privates
Ethnicity						
<b>Underrepresented</b>						
African American	8.0%	12.0%	13.0%	12.0%	4.3%	13.0%
Hispanic/Latino(a)	24.0%	22.0%	22.0%	24.0%	2.5%	13.0%
American Indian	1.0%	1.0%	0.0%	1.0%	0.0%	0.0%
<b>Subtotal Underrepresented</b>	<b>33.0%</b>	<b>35.0%</b>	<b>35.0%</b>	<b>37.0%</b>	<b>6.8%</b>	<b>26.0%</b>
Asian/Pacific Islander	37.0%	37.0%	36.0%	32.0%	6.7%	13.0%
White	25.0%	24.0%	25.0%	27.0%	77.0%	53.0%
Domestic Unknown	4.0%	4.0%	3.0%	2.0%	4.5%	8.0%
International	1.0%	0.0%	1.0%	2.0%	5.0%	0.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Socioeconomic</b>						
% Pell recipients	56.0%	51.0%	59.0%	N/A	N/A	N/A
<b>Gender</b>						
% Male	16.0%	14.0%	12.0%	12.0%	12.0%	13.0%
% Female	84.0%	85.0%	88.0%	88.0%	88.0%	87.0%
% Non-Binary	0.0%	1.0%	0.0%	0.0%	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: Privates: University of Pennsylvania, Publics: University of Michigan School of Nursing fall 2020 data (<https://ro.umich.edu/reports/ethnicity>)

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

UCLA School of Nursing continues to be one of the most diverse nursing schools in the country. The percentage of students from underrepresented groups in UCLA's MSN programs is generally between 30% and 37%. For 2020-21, 37% of UCLA School of Nursing enrollment was from underrepresented groups, whereas our public and private comparison schools were at 6.8% and 26% respectively. The UCLA School of Nursing (SON) continues to make intentional efforts to further diversify our student body. Our office of Recruitment, Outreach and Admissions continues to work alongside campus partners, local community colleges, and other health professional schools at UCLA to diversify the health professions workforce. This year, the SON was awarded the Song Brown Healthcare Workforce Training Program grant. This grant aims to increase the number of students receiving primary care education and training in areas of unmet need throughout California. This award has allowed us to increase the number of transfer students entering our BS program by up to 16 transfer students per year. Our hope is that this transfer pipeline continues to benefit underrepresented groups in our program. Between 2020-21 and 2021-22, the transfer pipeline has helped us to bring seven students into the MSN program. Our Recruitment, Outreach and Admissions office provides targeted presentations and outreach to community colleges and students from underrepresented and/or lower socio-economic backgrounds.

Over the years the UCLA SON has engaged in and plans to continue its direct outreach activities that are designed to increase the pipeline to our program and include efforts aimed at retaining URG students to promote diversity. We continue to recruit students at the National Black Nurses Association Conference and the National Hispanic Nurses Association Conference. With PDST funds, the School of Nursing Recruitment, Outreach, and Admissions office is able to expand the SON's participation in national conferences, recruitment activities, and local college fairs at community colleges, emphasizing those with a high population of URG students. Additionally, the SON provides students with graduate opportunity fellowships and scholarships for disadvantaged students; these awards help to incentivize URGs to enroll. Through implementation of pathways for enhanced recruitment of underrepresented student populations identified in our Strategic Plan, we anticipate a higher percentage of URG enrollments in the future. In addition to our direct outreach efforts, we also participate in the following summer programs aimed at diversifying the SON's pipeline:

**Summer Research Program:** For several years, the School of Nursing has taken part in the UCLA Summer Research Program that offers nursing undergraduate students across the country an opportunity to do research projects with nursing faculty mentors.

Students in this program also receive GRE preparation and career advice. Often these students apply to our advanced practice program. Preference for this summer program is given to first-generation college students and those who attend Historically Black Colleges and Universities, Hispanic Serving Institutions, Minority Serving Institutions, and Tribal Colleges and Universities Programs. Due to the COVID-19 pandemic, however, the SON has not been able to partake in this program during the summers of 2020 through 2022. We hope to continue this program in the future.

**Summer Health Professions Education Program:** For six weeks in the summer, the School of Nursing participates in the Summer Health Professions Education Program, which brings 80 pre-health students (in their first or second year of college) to campus. This free summer program offers opportunities for students to explore interests in medicine, dentistry, nursing, optometry, pharmacy, physical therapy, public health, and more. The program prioritizes enrollment of students who identify as racially/ethnically underrepresented in the health professions, come from economically or educationally disadvantaged backgrounds, and/or demonstrate an interest in issues affecting underserved populations. Nearly a quarter of the students in this program are interested in nursing. We are one of seven nursing programs in the nation to participate in such a program. Students learn study skills and receive coaching on how to interview and apply to graduate programs. They also attend lectures about health problems and patient experiences and work with a faculty mentor. Some of these students later apply to our advanced practice program.

The School of Nursing has also developed various strategies for the inclusion of underrepresented groups (URG) through financial aid and outreach programs. The Director of Recruitment in the School of Nursing makes a concerted effort to welcome URG students into the School of Nursing by supporting student-based organizations. These organizations include PANSAA (Pan-African Nursing Students and Alumni Association), LANSa (Latino(a) Nursing Student-Alumni Association), AIPINA (Asian and Pacific Islander Nursing Student and Alumni Association), SON Alumni Association, Broad Spectrum Students Association, Health Equity in Nursing, and Men in Nursing. They have been formed to meet the needs of underrepresented students, faculty, staff, and alumni, and they meet quarterly to discuss student issues and to provide mentoring and networking opportunities for current students.

**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?**

Over the past several years, between 51% and 59% of our graduate students have received Pell Grants as undergraduates. Among graduate programs at UCLA we have continued to maintain a strong trend of admitting students who have been past Pell Grant recipients. Our Recruitment, Outreach and Admissions office provides targeted presentations and outreach to community colleges and students from underrepresented and/or lower socio-economic backgrounds.

In addition, as mentioned, the UCLA SON was recently awarded an HRSA grant that provides over \$3.2 million over five years for need-based scholarships to MSN students. Based on recent scholarship data collected in house by the UCLA SON Director of Financial Aid, 65% of our MSN-MECN students and 50% of our MSN-APRN students meet the definition of “disadvantaged” based on HRSA criteria. The School also continues to be involved in various summer academic enrichment programs, including, as mentioned, the Summer Health Professions Education Program.

**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?**

Gender parity is a national issue that the American Association of Colleges of Nurses (AACN) has been trying to address for many years, as the majority of nursing students are women. Nationally, male enrollment in MSN programs has varied from school to school but tends to fall under 20% of the student population. Per the October 2017 [debt report](#) by the American Association of Colleges of Nursing (AACN), men comprise 12% of all nursing students. At the UCLA SON, our male enrollment has ranged from 12%-16% of total enrollment over the last three years. We are fortunate to have recently hired our Associate Dean of Diversity, Equity and Inclusion, who is very interested in and passionate about addressing this issue. He has been working closely with our student group, Men in Nursing, to brainstorm about how to increase male enrollment and how to support the males currently enrolled so that they feel they are in an inclusive environment. In addition, our office of Recruitment, Outreach and Admissions has been intentionally inviting our male alumni to join various workshops for prospective students. We are also working closely with our Director of Communications to enhance our social media reach to promote the nursing profession.

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

Our three-year average of Pell Grant recipients among our MSN students has exceeded 50% of our student enrollment. We expect this average to remain consistent, as our efforts to recruit low-income students will continue. We have also seen the percentage of students in our programs who identify as underrepresented continue to increase. We have seen a steady increase in the percentage of underrepresented students in our programs, from 31% in 2017-18 to 37% in fall 2022. This 37% figure is 3.5 percentage points higher than our previous five-year average. Our outreach efforts will continue in recruiting students into the health profession by working with our partners in academic enrichment programs by providing information about the nursing professions to prospective

students. In addition, our male enrollment last year and this year is 12% of our student enrollment. We plan to develop multi-faceted approaches to help increase the number of males applying to the nursing profession. We will also work with national associations to leverage our outreach efforts, as this is a national issue.

**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.*

<b>All Faculty (School or Department)</b>				
<b><i>Ethnicity</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	10.4%	13.8%	15.4%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	3.3%	3.7%	2.2%
	International	0.0%	0.0%	0.0%
American Indian	Domestic	2.9%	2.9%	3.0%
Native Hawaiian	Domestic	0.0%	0.0%	1.3%
Asian/ Pacific Islander	Domestic	15.3%	12.7%	12.0%
	International	0.0%	0.0%	0.0%
White	Domestic	49.2%	45.9%	40.6%
	International	0.0%	0.0%	0.0%
Two or More Races	Domestic	7.8%	9.1%	10.9%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	2.6%	3.3%	4.4%
	International	8.5%	8.5%	10.2%
<b><i>Percentage by Gender</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		87.3%	81.0%	85.2%
Male		6.0%	6.4%	4.6%
Non-Binary/Unknown		6.7%	12.5%	10.2%

<b>Ladder Rank and Equivalent Faculty (School or Department)</b>				
<b><i>Ethnicity</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	6.3%	6.8%	7.1%
	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	6.3%	6.8%	7.1%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	19.0%	16.9%	14.2%
	International	0.0%	0.0%	0.0%
White	Domestic	50.9%	51.0%	48.0%
	International	0.0%	0.0%	0.0%
Two or More Races	Domestic	3.2%	3.4%	7.6%
	International	0.0%	0.0%	0.0%
Other/ Unknown	Domestic	0.0%	0.0%	0.0%
	International	14.2%	15.2%	16.0%
<b><i>Percentage by Gender</i></b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		88.9%	81.4%	76.6%
Male		4.8%	5.1%	5.3%
Non-Binary/Unknown		6.3%	13.5%	18.1%



**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?**

The UCLA School of Nursing (SON) is actively advancing the recruitment and retention of diverse faculty, in compliance with Proposition 209, by: 1) seeking applicants who can contribute to a diverse educational and work environment as well as those who are interested in supporting equitable and inclusive access to higher education, practice, and research; 2) engaging the Associate Dean for Equity, Diversity, and Inclusion (EDI), Robert Lucero, PhD, MPH, RN, FAAN, in the faculty search process as a liaison between the UCLA Vice Chancellor's Office of EDI and the SON's faculty search committee, and engaging Dean Lin Zhan, PhD, RN, FAAN to promote recruiting and retaining diverse faculty; and 3) supporting all faculty to advance in their careers by providing access to one-on-one and community mentoring through the SON's faculty mentoring program, led by the Associate Dean for Research, Holli DeVon, PhD, RN, FAAN.

The School of Nursing welcomes and encourages diversity and seeks applications and nominations from faculty of diverse backgrounds. Individuals with a history of mentoring students from underrepresented groups and those with a commitment to supporting diversity and equal opportunity in education, research, and creative activity are encouraged to apply. Search plans must include recruitment strategies to attract applicants of diverse backgrounds, including specific outreach to nursing organizations representing minority scholars, and colleagues for recommendations of candidates. Each applicant is required to submit a diversity statement, which describes the applicant's past and/or potential contributions to diversity through research, teaching, and/or service.

Our Faculty Requirement Committee (FRC), appointed by the Dean, has a diverse membership; each member is also required to attend a UCLA Search Briefing and complete Implicit Bias training. To ensure equity, a standardized interview guide and evaluation criteria are used for all applicants. To help generate diverse recruitment pools, the Associate Dean for EDI leads the FRC. Evidence of clear commitment to enhancing diversity and inclusivity in the workplace is a required selection criterion for faculty applicants. Our faculty openings are advertised nationally on the American Academy of Colleges of Nursing (AACN) website and also may be listed in professional journals, along with the e-mail listserv of the Higher Education Consortium (HERC). On the School's website, we maintain a comprehensive Diversity and Equity page, which presents our philosophy and details activities of the EDI Council, a group at the SON responsible for advising the SON administration on topics such as school climate.<sup>5</sup>

Other recruitment resources include:

- Consultation with academic administrators and faculty at UC and non-UC institutions;

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<sup>5</sup> See this website for details: <https://www.nursing.ucla.edu/equity-diversity-inclusion/equity-diversity-inclusion>

- Advertisements in journals of underrepresented groups (i.e. Minority Nurses Association; National Black Nurses Association; National Hispanic Nurses Association)
- Annual representation at national nursing leadership conferences (i.e. American Academy of Colleges of Nurses annual symposium, the American Academy of Nursing) where there are opportunities to meet and engage with underrepresented nurse leaders
- Annual representation at key national conferences where underrepresented nurse scientists and scholars are in attendance (i.e. National Black Nurses Association; National Hispanic Nurses Conference, California Forum on Diversity)

The School of Nursing is committed to diversifying our faculty. As of 2021-22, 14.2% of all ladder rank faculty were from URGs. Between 2020-21 and 2022-23, the UCLA School of Nursing hired five ladder rank faculty. Two of those new hires were male tenure track faculty. In an effort to make progress in recruiting Latinx ladder rank faculty to the UCLA SON, we have utilized strategic recruitment and applied for resources from the campus. During the 2021-22 recruitment cycle, for example, we heavily recruited one Latino male ladder faculty member, and one Latina female ladder faculty member. We made formal offers to both candidates. The male faculty candidate ultimately chose another institution that offered him a stronger package, however, the female faculty candidate accepted our offer and began working at the UCLA SON in September 2022. This new Latina ladder rank faculty hire increases our URG ladder rank faculty for 2022-23 and highlights our commitment to the continued diversification of our faculty. Between 2020-21 and 2022-23, out of the five new tenure track faculty hires (including our Associate Dean of EDI), there have been three individuals hired from underrepresented groups in nursing (60%).

## **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/affordability goals of the MSN programs are to minimize financial barriers to the programs for students, and keep their average debt figures as low as possible (ideally below the national average, which was \$47,321 as of December 2019).<sup>6</sup> We measure our success by closely monitoring trends in student loan debt to ensure that it remains comparable to national trends and, ideally, decreases over time.

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<sup>6</sup> December 2019 federal student aid data from the U.S. Department of Education's College Scorecard. Found at the following URL: <https://www.nerdwallet.com/article/loans/student-loans/student-loan-debt>.

All students who receive financial aid from the UCLA MSN programs are awarded aid on the basis of need. (Applicants from a range of income levels qualify for need-based aid, to be clear.) Because every family’s financial circumstances are unique, the financial aid office performs a holistic review of each application for aid. Currently, the scholarships that we provide to our highest-need graduate students cover at least 97% of systemwide tuition and fees during the first year, and 100% of systemwide and campus-based tuition and fees during the second year (excluding PDST). As a recent recipient of an HRSA scholarship grant (as described in Sections II, III, and V above), the SON is also able to continue to provide ~48 graduate students (who are from underrepresented groups and from disadvantaged backgrounds) with funding support to pay for over half of their annual tuition and fees (including PDST) for both years of MSN training.

Furthermore, we return 33% of revenue generated by PDST back to our students in the form of need-based scholarships. To keep debt low, we also offer selected students the opportunity to work as Teaching Assistants (TAs) or Research Assistants (RAs); these positions cover tuition for the given quarter of work.

Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Percent with Debt	URG	82.0%	85.0%	89.0%	92.0%	80.0%	83.0%
	Non-URG	68.0%	62.0%	66.0%	68.0%	68.0%	66.0%
	International	0.0%	0.0%	0.0%	33.0%	0.0%	0.0%
	All	71.0%	67.0%	73.0%	75.0%	71.0%	71.0%
Cumulative Debt among Students with Debt	URG	\$62,624	\$63,711	\$66,705	\$60,190	\$61,021	\$67,876
	Non-URG	\$56,736	\$58,874	\$59,734	\$58,640	\$53,972	\$60,150
	International	\$0	\$0	\$0	\$20,000	\$0	\$0
	All	\$58,472	\$60,471	\$62,433	\$58,971	\$56,389	\$63,116

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

**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 shows that the percent of our students graduating with debt has decreased by two percentage points since 2017-18 (from 73% down to 71%), while the average cumulative debt has fluctuated between roughly \$56,000 and \$63,000 since 2017-18, with an increase of about \$700 between 2017-18 and 2020-21. We attribute this uptick in student debt to the impacts of the COVID-19 pandemic and inflation. We will continue to make a concerted effort to educate students on financial literacy and managing debt, share opportunities for scholarship support, and inform students on all available loan forgiveness programs.

We also hope to continue increasing our pool of gift funds, along with unrestricted block grants. Through the availability of these funds, we are able to offer fellowship/scholarship funding to every student who applies for financial aid. In a concerted effort to reduce indebtedness, the SON Financial Aid Office distributes remaining unrestricted block grant funding after primary allocations have been made among students with the highest loan debt. We expect our PDST levels and financial aid plan to continue a downward trend in student indebtedness that we have seen over the last two years with a goal of reaching a student indebtedness percentage of 67% for all students by the end of this multi-year proposal.

Additionally, the SON plans to continue returning an amount equal to 33% of PDST revenue to students in the form of financial aid. Approximately five percent of total PDST revenue will be dedicated to financial aid awards, with the remaining amount equivalent to 28% of total PDST revenue dedicated to financial aid coming from gifts and endowments.

	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	71%	\$63,116	\$136,139	7%
<b>Public comparisons</b>	N/A	N/A	N/A	N/A
<b>Private comparisons</b>	N/a	N/A	N/A	N/A

**Sources:**

- UC: Corporate data
- Comparison institutions: We were not able to find any published data separating public from private. However, anticipated graduate nursing student loan debt according to the most recent survey by the American Association for Colleges of Nursing (AACN) showed the median amount of student loan debt was between \$40,000 and \$54,999 for 69% of all MSN graduates (<https://www.aacnnursing.org/Portals/42/Policy/PDF/2016-Student-Debt-Glance.pdf>)
- American Association of Colleges of Nursing (AACN) <https://www.aacnnursing.org/News-Information/Research-Data-Center/Employment/2021>
- CA Bureau of Labor Statistics – Nurse Practitioners: <https://www.bls.gov/oes/current/oes291171.htm>
- CA Bureau of Labor Statistics – Registered Nurses: <https://www.bls.gov/oes/current/oes291141.htm#st>
- Median Salary at Graduation Formula: (\$144,930 x 58%) + (\$124,000 x 42%) = \$136,139.40 (% is based on weighted average of MECN-MSN and APRN-MSN enrollment)

**Additional comments:** Past years’ median salaries for our graduates have not been collected consistently. The average here is from the Bureau of Labor Statistics. Moving forward, salary ranges will be asked of our alumni as we work to revamp our exit and alumni surveys. The National Association of Colleges and Employers (NACE) published a report that provided information on salaries that varied widely by geographic area. For additional context, the American Association of Colleges of Nursing found that the average job offer rate at the time of graduation was 75% for entry level MSN graduates across the nation. Over 94% of MSN graduates were employed 4-6 months after graduation nationally. There is a wide range of nursing salaries by industry and geographic area.

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

We take student debt very seriously. That said, we consider the student loan debt of our recent graduates to be manageable, particularly in light of the earning potential of nurses in California. Registered nurses (RNs) and Nurse Practitioners (NPs) earn more in California than in any other state, per the Bureau of Labor Statistics.<sup>7</sup> The median salary for California RNs is \$124,000 and for California NPs in the Los Angeles metropolitan area, the median salary is \$144,930. The graduates from our MSN-APRN program typically earn more than the average for new graduates from the MSN-MECN program because they are already experienced nurses.

**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 Nursing has been awarded a Song-Brown grant for the last 30 years to support the education of Family Nurse Practitioners. The purpose of this grant is to allow students to work in clinics caring for the poorest and most underserved. Family Nurse Practitioner students work to provide primary care for patients across the life span. The Song-Brown program funds institutions that train primary care health professionals by providing healthcare in California's medically underserved areas. Competitive proposals demonstrate a commitment to Song-Brown goals and success in meeting the following three statutory priorities:

- Attracting and admitting underrepresented students and those from underserved communities
- Training students in underserved areas
- Placing graduates in underserved areas

In addition, students have the opportunity to work with underserved populations as a result of our close relationships with the Veterans Administration and Harbor UCLA. In 2020 we established a post-residency program to increase job opportunities at the Greater Los Angeles Veterans Administration.

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<sup>7</sup> [https://www.bls.gov/oes/current/oes\\_ca.htm#29-0000](https://www.bls.gov/oes/current/oes_ca.htm#29-0000)

**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?**

Nursing students who pursue public interest careers typically earn similar market rates as nursing jobs in the private sector.

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

The School of Nursing conducts several Admission Information Sessions throughout the year that are designed to provide prospective applicants with detailed information about the various program options, admissions criteria, and the application process. Additionally, our Director of Financial Aid shares information on costs, financial aid opportunities, and loan forgiveness programs. Over the past year, we have also been working on making improvements to our School of Nursing website to make information on our financial aid programs more accessible. We are also institutionalizing collecting these data annually from our alumni. The UCLA School of Nursing, Recruitment and Admissions office emphasizes outreach for individuals who represent first-generation, low-income, and underrepresented students throughout Southern California. The recruitment office provides virtual information sessions and one-on-one counseling sessions, which include transcript reviews, program descriptions, financial aid, and admission requirements. Recruiters also attend Los Angeles Community College District transfer fairs, targeting underrepresented students with a passion for nursing, and invite them to visit the School of Nursing for campus tours. The recruitment office will present to pre-health student clubs, nursing chapters, hospitals, and four-year institutions and attend national nursing conferences such as the National Black Nurses Association (NBNA) and the National Association of Hispanic Nurses (NAHN) virtually and in person.

**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?**

Generally, School of Nursing recruiters present information regarding average student debt and median salary of program graduates at in-person and online recruitment venues. In addition, we plan to make this information available in our printed promotional materials, which are distributed at college fairs and at nursing conferences. Information on average loan debt, loan forgiveness programs, and average starting salaries will be included in future outreach activities and published on our website.

## 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.).**

Below is an overview of the effects that the COVID-19 pandemic has had on various aspects of our program, including challenges we have faced.

### **1. Effects on the Admissions Process**

#### 2020-2021

Admissions for Fall 2020 were completed before the COVID-19 transition to remote learning in March 2020. We had 450 applicants for our MECN program with 70 students matriculating. For our APRN program, we had 131 students apply with 82 matriculating.

#### 2021-22

For the academic year 2021-22 we had an increase in applications for MECN, up 33%, and APRN, up 26%, from the previous year. As people saw the impact nurses provided, individuals wanted to enter the profession to assist during the global pandemic. As applications increased during the admission cycle, UCLA Graduate Division offered admitted students the opportunity to defer enrollment for one year due to the pandemic, with 9% in 2020 and 6% in 2021 of admitted students exercising this option.

For academic year 2022-23, we witnessed a decrease in applications. With family obligations, wide spread burnout, and nurses leaving the profession, COVID-19 directly affected enrollment numbers in our APRN programs, contributing to a decrease in the number of students who applied.

### **2. Effects on Program Quality and Course Deliverables**

There were no gaps in the offering of course content and clinical experiences due to COVID-19. There were many makeup days that had to be coordinated with the clinical team and program directors, and virtual simulation was also offered as a contingency. We had very little impact on students who were negatively affected or delayed in their progression due to inability to complete their clinical hours. Hybrid and remote lectures ensured students could attend class. Faculty also provided recordings of their lectures for in-person courses when students who were ill could not attend. Students are asking to have more online/remote or hybrid courses. This request is particularly important for our APRN-MSN students, many of whom are working full-time or part-time as practicing nurses during the pandemic.

### **3. Effects of Transition to Remote Learning**

Faculty worked closely with program directors to ensure they could provide flexibility when necessary. Nursing courses that are normally required to be taken for letter grading could be taken for S/U grading during COVID to reduce stress for students.

Two designated doctoral students were hired to provide virtual technical support for students, faculty and TAs during the height of the pandemic.

### **4. Fundraising Efforts/Availability of Campus Reserves**

UCLA received federal Higher Education Emergency Relief Funds during 2020-21 and 2021-22, which provided extra financial support for students across UCLA. The UCLA School of Nursing also issued a \$500 per student “nursing differential” grant to all MSN students paying PDST to aid with any financial hardships being experienced as a result of the pandemic and remote learning.

### **5. Effects of Covid-19 on Student Services and Service Levels**

Our dedicated Student Affairs team regularly checked in with the students via individual contact, group advisement and check-in sessions, well-being surveys, and “learn-at” lunches held virtually to cover various topics on student resources on campus. Faculty regularly informed Student Affairs about students in crisis or students who are otherwise identified as needing advisement/support, and the Student Affairs office responds within one business day to set up a meeting and/or connect them to the right unit (e.g., IT, Center for Accessible Education). Hybrid options created more flexibility in offering student support as well: students were able to schedule appointments with the Student Affairs team, faculty advisors, and nurse specialty coaches, both in-person or via Zoom. The offering of Zoom appointments and advisement allowed students to seek out support in a more accessible manner. Orientations were also offered in a hybrid format, with asynchronous content and knowledge checks, so that entering students could learn about the program requirements at their own pace.

In terms of admission and recruitment, for prospective students, we had increased informational online sessions and one on one advising sessions.

### **6. Major Challenges**

- Students expressing interest in hybrid/online learning in our programs that are currently designed and approved to be fully in-person. For our nursing students, especially our advanced practice students, they would like that flexibility as they are still working more than full-time in many cases even now, and would like to continue working and continue their graduate studies.
- Training on new platforms and technologies for faculty and staff and students.



- Financial challenges for students who were negatively affected by the pandemic, especially among our MECN students.
- The need for increased flexibility to accommodate the unique needs of students and their personal circumstances (i.e., one size does not fit all; graduate students, in particular, are often parents, sometimes *single* parents, and/or caretakers who have many responsibilities and conflicting priorities besides school).
- More clinical preceptorships, as the pandemic has limited the number of nursing students that can be accommodated for their clinical preceptorships at various clinical sites.
- Increased workload for our working nursing students and managing their workloads.
- Transitioning our instruction to online formats.

## **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 2022-23 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):
- 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):

**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 October 17, 2022 the Associate Dean for Student Affairs sent out an email/survey regarding our PDST proposal to all MSN-MECN and MSN-APRN students. We informed them that all three UC nursing schools were proposing the same fees for the next three years. We also informed our students that PDST had not increased since 2020, and that due to inflation, increased education costs, and budget constraints, the fee increases were necessary to support and maintain our academic programs. We also shared with them that we would continue to provide one-third of the PDST revenue back to students in the form of scholarships. In addition, we provided the students a survey so that they could share their comments and concerns. We had 21 responses out of 334 MSN students who received the survey (a 6% response rate). Student comments are included below.) Our students, on balance, are not in favor of PDST increases for a number of reasons. For example, they are facing severe inflationary cost pressures, which are unparalleled in recent history. Some students mentioned concerns regarding costly interest rates on student loans. Others suggested alternatives to increasing fees, such as fundraising or cutting our administrative costs. More details can be found in the student responses below.

We have listened to our students' concerns and we have included initiatives in our multi-year plan to help the SON mitigate these concerns (e.g., more fundraising and more grants so that we can provide additional financial aid to our students). Additionally, as mentioned in our multi-year proposal, under the leadership of our new Dean, we have begun to conduct cost effective analyses with the goal of cutting administrative expenses. Our hope is that these initiatives will lessen student concerns and improve program affordability during the course of this multi-year plan. We empathize with our students and understand their concerns regarding PDST increases. After careful consideration, however, we decided to move forward with our proposal to increase PDST annually by 5% for both residents and nonresidents (over three years) in order to maintain the academic excellence of our MSN programs. The School of Nursing reached out to all MSN students on November 10, 2022, not only to acknowledge the feedback provided, but also to provide an explanation, grounded in our need to maintain academic excellence, regarding why we are moving forward with the proposed PDST increases.

After the survey sent out on October 17<sup>th</sup> was complete, we sent a follow-up email on November 10, 2022 to address our students' comments and concerns. We provided additional details to the MSN students to share with a breakdown of how the PDST funds are used and will be used in the UCLA SON during the length of this proposal. We also reiterated our commitment to keeping student

expenses as low as possible. We noted that the 33% Return-to-Aid (RTA) requirement was met for 2021-22 – and will be met in the current year (2022-23) and all future years covered by this proposal – by subsidizing financial aid with endowment/gift funds. We also encouraged them to schedule a meeting with our Chief Financial Officer and our Finance Manager should they want to discuss further or request any additional details. Additionally, we have scheduled two town-hall style Zoom sessions for our students that will take place during the month of February 2023 and will provide further opportunity to hear from our students. These sessions will also provide another opportunity for our students to ask additional questions or request additional information.

**Students Comments (Direct quotes from students):**

1. *Are there more details to the increased educational costs as the number of faculty, time spent in lab, students admitted to the program are not changing. It seems like costs are being transferred to the unemployed students to bare in the future. There may be other avenues the school can explore to cut costs such as redundancy in administrative staff.*
2. *Not to increase PDST*
3. *I really do not find it fair to a fee to be increased during the program. Deciding factor on the school was looking at tuition itself. If I would have known there would have been a fee increased during the program, I would have decided otherwise to attend another school. UCLA school of nursing is already one of the most expensive programs in Southern California and to have another fee increased during this time is really unacceptable*
4. *I do not support the increase in tuition, especially because tuition was already increased in 2020. Why is it that UCLA is more expensive than Cal State programs. UCLA master's program is expensive for a public master's school program. I propose we wait another 2 years. It is too soon to increase the tuition.*
5. *The increase of the PDST fee will definitely pose a strain on finances. On top of managing a challenging course load, the MSN programs are full-time and students are actually discouraged my almost all faculty to not continue working full time with academics and understandably so. The effects of inflation are very tangible in our everyday lives already, but this steep incline in student fees of over 13% seems to be well over the current rate of inflation.*
6. *Please don't do this to us! We are already paying thousands, and I can't afford to pay more.*
7. *Please do not raise tuition. Our salaries are not going up despite the inflation.*
8. *No!! Do not increase!*
9. *Raising the Professional Degree Supplemental Tuition will increase the burden on Nursing Students resulting in a less than optimal educational experience if they decide to attend UCLA.*
10. *I can barely afford to eat. I'm surviving by going to food pantries. Every penny counts for me.*
11. *I don't think an increase in tuition is a wise decision made but the SON under current circumstances of inflation and nurse shortage. Many nursing students have family and children to support. With everything going up in price except for their wages under the current inflation will only leave these students to turn away from higher education. Universities should be supportive at difficult times like this, especially a #1 public school like UCLA. Furthermore, nursing students at UCLA have already been paying more fees in addition to the university tuition, fees and profession degree supplemental tuition, such as additional platform for learning such as Evolve Elsevier, which in my option has replaced the role of professors and taken their responsibility of teaching. I do not want to pay a higher tuition for just the name of UCLA. The amount of tuition we pay has to be reflected by the quality of teaching, which has not been proved completely to me. Therefore, I do not support the proposal of tuition increase for nursing major.*
12. *Please do not raise our fees. Many of us already have loans and find paying for this program difficult already.*

13. *I oppose of the tuition increase, the supplement grad professional tuition isn't covered by remission! This is incredibly financially straining on students and their family. We are expected to be student full time and not work. Inflation going up has made it difficult for student to even find housing or afford meals!*
14. *Inflation is occurring all over the country, we see it not every day. It has been in inevitable outcome from 2020. However, being that we as student are already paying many fees, for tuition, to abide by policies, for selected books, and parking I do not agree with the increase on tuition. UCLA is the number one public university and the school is quick in recognizing it. I would be believe as the number one university the school will be able to sustain itself financially.*
15. *Increasing our fees without adequately paying faculty and providing additional resources to professional students is a scam. We are already paying above the typical cost of what BSN students pay without the benefit of additional resources. Furthermore, we are limited to receiving scholarships by the School of Nursing, and are unable to receive Pell Grant, Blue and gold, and middle class scholarship. Furthermore, the SON urges students to not work, forcing us to go into debt with absurd interest rate loans since scholarships can barely cover 50% of our tuition. We still have to pay housing, groceries, and general life expenses. If you increase the tuition, it seems fair to either A) increase the pay of underpaid faculty who provide so much for the students (which is unlikely something the UC system would do since they pay adjunct faculty close to nothing.) or B) increase the resources offered to MECN and APRN students such as more time to practice in skills lab, covering part of our expenses such as lab packs, or increasing our scholarship to cover this added expense.*
16. *In a period of time when Student Loans are such a major topic in politics and society and the burdens of student loans are holding back students from moving forward in life and preventing us from buying homes, is this really a time to raise the cost of a degree? Can we start a foundation and get rich people in Los Angeles to donate money to help get the costs down? I mean we are a school of nursing, I think now more than ever these kinds of people would be willing to support nursing education - can we get creative before charging students? If we are concerned by inflation, and the tuition and fees go up for us students, but our annual financial aid budget stays similar that is a disadvantage to students' finances.*
17. *I do not support this increase*
18. *This tuition is already expensive for us, not working and/or having an income. Raising tuition is the difference between being able to eat and not. This is ridiculous. We already pay \$300 for parking per quarter, all the other additional/mandatory fees are costing an arm and a leg. Please do not raise our tuition.*
19. *This is a terrible idea, the fact that we pay more than double the cost of other programs is already ridiculous. UCLA should be lobbying for funding from the state to make nursing school more affordable. Education shouldn't be a luxury and it shouldn't force graduates to take whatever job pays them the most in order to pay off their loans.*
20. *I cannot afford to pay this. We as students are suffering too.*
21. *This increase represents further financial strain on your student body as well.*

**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 GSA Vice President of Academic Affairs, Candace Wang on 11/9/22.  
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 \_\_\_\_\_ 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): Text

**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.**

On October 17, 2022 the Associate Dean for Student Affairs sent out an email/survey to all faculty detailing the School of Nursing's PDST proposal and requesting their feedback and comments. The plan was shared with all faculty, including senate faculty, adjunct faculty, and lecturers, to provide all faculty members, regardless of rank, an opportunity to opine. One faculty member out of 106 total faculty (a roughly 1% response rate) responded to the survey, and this feedback was generally supportive (see comment below for details). Specifically, this faculty member stated that they supported the PDST proposal because of increased operational costs at the School of Nursing; they also felt it was reasonable to raise PDST because our resulting fees would still be below the cost to attend other comparable nursing programs. This feedback can be found in the supplemental information below. In addition, on October 19, 2022, the Associate Dean for Student Affairs shared the PDST proposal at an All Faculty meeting. No feedback was provided at that time.

**Faculty Comments (Direct quote)**

- *With increased operational fees at SON this is necessary and far below what other programs' fees seem to be at this time.*

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

Plan shared with Susan Ettner on 11/9/22.  
Graduate Dean

Plan endorsed by Gene Block on 11/9/22.  
Chancellor

## Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels Effective Beginning Summer or Fall 2023

### PART A

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

#### I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION

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

	Actual	New Proposed Fee Levels				Increases/Decreases					
	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26		
					%	\$	%	\$	%	\$	
Prof. Degr. Suppl. Tuition (CA resident)	\$12,795	\$13,437	\$14,112	\$14,814	5.0%	\$642	5.0%	\$675	5.0%	\$702	
Prof. Degr. Suppl. Tuition (Nonresident)	\$12,795	\$13,437	\$14,112	\$14,814	5.0%	\$642	5.0%	\$675	5.0%	\$702	
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	4.8%	\$618	3.0%	\$402	3.0%	\$414	
Campus-based Fees**	\$423	\$436	\$449	\$462	3.0%	\$13	3.0%	\$13	3.0%	\$13	
Nonresident Suppl. Tuition	\$12,245	\$12,245	\$12,245	\$12,245	0.0%	\$0	0.0%	\$0	0.0%	\$0	
<b>Est. First-Year Fees (CA resident)</b>	<b>\$26,070</b>	<b>\$27,343</b>	<b>\$28,433</b>	<b>\$29,562</b>	4.9%	\$1,273	4.0%	\$1,090	4.0%	\$1,129	
<b>Est. First-Year Fees (Nonresident)</b>	<b>\$38,315</b>	<b>\$39,588</b>	<b>\$40,678</b>	<b>\$41,807</b>	3.3%	\$1,273	2.8%	\$1,090	2.8%	\$1,129	

\* 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.

**Additional comments:** The national standard for many of the Advanced Practice Nursing specialties is changing from a Master’s degree to a Doctor of Nursing Practice (DNP) degree. We launched a post-masters entry DNP program in Spring 2018. In the coming year, we will finalize the work to transition our two-year Master’s program to a recently approved three-year post-baccalaureate entry DNP program that will enroll its first cohort in Fall 2024. A new program PDST proposal will be submitted next year for our post-baccalaureate DNP program. We anticipate our final Master’s program cohort to complete the program in 2024-25 or 2025-26.

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

Established as a diploma program at the hospital training school for nurses in San Francisco in 1907, the UCSF School of Nursing's Master of Science program is full time, two years in length, accredited by the Commission on Collegiate Nursing Education, and offers a wide range of specialty areas that prepare nurses for advanced practice certification in California. Courses from nursing and other disciplines provide advanced theoretical knowledge, assessment skills, role/leadership development, and advanced clinical practice in a selected specialization. The curriculum offers an opportunity to critique and apply nursing theory and research as a scientific base for nursing practice. Our Mission is to educate diverse health leaders, conduct research, advance nursing and inter-professional practice, and provide public service with a focus on promoting health quality and equity. Our Vision is UC San Francisco School of Nursing's global community will lead innovation in science, education, health care, policy, population health, and health equity worldwide.

As shown in table III.e., the program enrolled 139 new students in 2022-23 (including 77 students who completed our prelicensure program and joined the masters program) for a total of 295 students this year. Applicants to this program are leaders and experienced registered nurses who have successfully completed a bachelor's degree in nursing. Those without previous nursing preparation but who hold a bachelor's degree in another field, apply through our self-supported Masters Entry Program in Nursing (MEPN), which provides a year of accelerated pre-licensure education to prepare students to become registered nurses before entering the M.S. program. Upon graduation, all students have a base of knowledge in a specific area of nursing, can participate knowledgeably in research activity and application, and can contribute to the formulation of theory and to the application of theory to nursing practice. Graduates go on to hold advanced practice roles of nurse practitioner, clinical nurse specialist, nurse-midwife, population health and health policy expert, administrator, teacher, and consultant.

## **II. PROGRAM GOAL EVALUATION**

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

Our last multi-year plan included no increases for two years in our PDST due to the economic uncertainties that our students were facing with the pandemic. Nevertheless, our goals focused on program affordability, diversity, and quality and the PDST funds continued to be used on the following:



- **Continue Retain and Support Faculty Salaries:** Health system salaries significantly exceed academic salaries, making clinical faculty extremely difficult to hire and retain. With the University's multi-year plan to raise faculty salaries to market rate, our PDST revenues continue to be instrumental in supporting faculty salaries and narrowing faculty salary gaps.
- **Maintain Instructional Support:** The school continued to use PDST funds to support a centralized Office of Clinical Placement (OCP) to support the clinical education of our students. The 5-member team is funded through a combination of PDST revenues and other sources. PDST funds were used to pay for staff salary increases. The team oversees clinical placement contracts, coordinates student placements into clinical settings, and ensures credentialing compliance. Because much of this work was performed by faculty in the past, forming the OCP team has allowed our faculty to focus on continuously improving the academic program and mentoring our diverse student population.
- **Maintain and Improve Diversity and Affordability:** Through separately funded outreach efforts and support for first generation students, our underrepresented student population continues to grow, from 26.3% in fall 2019 to 30.5% in fall 2022, and our socioeconomically disadvantaged students have grown from 35% in 2019 to 46% in 2021. The success of our student recruitment efforts highlights our goal of supporting these students once at UCSF. The allocation of one third of our PDST revenue to student financial aid helps reduce the impact of overall fee increases and the cost of attendance to our students with the greatest financial need. In 2021-22, financial aid awards from all sources totaled \$2,983,257, with 220 of our 306 (71.9%) students receiving scholarships with an average of \$13,560 per student, compared to total awards of \$2,837,716 with 219 of our 299 (73.2%) students receiving scholarships with an average of \$12,958 per student.

### III. PROGRAM GOALS AND EXPENDITURE PLANS

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

Our program's main funding sources are PDST revenues and State appropriations, and the School has limited reserves. We implemented no PDST increases in 2021-22 and 2022-23 after careful and thoughtful deliberation. The decision took into consideration the uncertain economic environment during the pandemic affecting our students. Also, the high costs in the San Francisco Bay Area puts a strain on our efforts to hire and **retain faculty, preserve services to students, and maintain affordability.**

Health system salaries continue to outpace academic salaries, adding to the difficulties in hiring and retaining faculty. During the years covered by this proposal, UCSF will sunset the Master's program in Nursing and transition to the new industry standard of a DNP program. For this proposal cycle, we are proposing fee increases of approximately 5% in each of the next three years, to help cover academic and staff salary increases and other inflationary costs. Because we have no PDST reserves, we continue to look for other revenue streams including philanthropy to support ongoing efforts such as maintaining student and staff diversity.

Accordingly, new PDST funds will be used to address the following goals:

**Retain Faculty** (approximately \$70,000 in 2023-24): This year, the faculty salary scale was increased by 4%. The proposed fee increase will help us **support similar systemwide salary actions in the next three academic years.**

**Preserve Services to Students** (approximately \$130,000 in 2023-24): The PDST fee funds the Educational Technology team to continue to enhance curriculum delivery to our students and instructional support. It also funds our Clinical Placements team that secures practice sites and placements for our students. This year, the non-represented staff received a systemwide 4.5% salary increase. Similar to faculty retention above, the proposed 5% PDST fee increase will help us maintain the level of staffing for these instructional support teams for the next three years.

**Maintain affordability for students with financial need** (approximately \$103,441 in 2023-24): Our program quality is not only influenced by the two goals above but is also driven by the diversity of our student body. With our success in recruiting URG students, we also must have financial resources to support the students with the greatest financial needs. The increase in Return-to-Aid generated by the fee increase is returned to students on a need basis and will allow the program to maintain its commitment to student financial support.

In terms of consequences, without the 5% proposed increase, we will suffer a setback in faculty retention that reduces the quality of our program without a stable teaching workforce. This creates a dangerous cycle of turnover of overworked and underpaid faculty. UCSF is a world-renowned institution and students come expecting a modern instructional environment; the lack of funding limits our ability to stay current with the education technology that enhances our students' educational experience. Staff have to do more with less which also results in staff turnover which hinders our ability for continued improvements as we pause while new recruits get up to speed.

**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue				Total Projected PDST Revenue in Final Year
	Total 2022-23 PDST Revenue	Incremental 2023-24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	
Faculty Salary Adjustments	\$670,000	\$59,000	(\$12,000)	(\$400,000)	\$317,000
Benefits/UCRP Cost	\$218,350	\$17,882	(\$2,952)	(\$130,160)	\$103,120
Providing Student Services	\$1,013,000	\$81,000	(\$17,000)	(\$601,000)	\$476,000
Improving the Student-Faculty Ratio	\$0	\$0	\$0	\$0	\$0
Expanding Instructional Support Staff	\$615,000	\$49,000	(\$10,000)	(\$365,000)	\$289,000
Instructional Equipment Purchases	\$0	\$0	\$0	\$0	\$0
Providing Student Financial Aid	\$1,258,175	\$103,441	(\$20,976)	(\$748,080)	\$592,560
Other Non-salary Cost Increases	\$0	\$0	\$0	\$0	\$0
Facilities Expansion/Renewal	\$0	\$0	\$0	\$0	\$0
Other (Please explain in the "Additional Comments" below)	\$0	\$0	\$0	\$0	\$0
<b>Total use/projected use of revenue</b>	<b>\$3,774,525</b>	<b>\$310,323</b>	<b>(\$62,928)</b>	<b>(\$2,244,240)</b>	<b>\$1,777,680</b>

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

**Additional comments:** We are projecting a decline in PDST revenues due to decreasing enrollment as we wind down the program and graduate the last two cohorts of our Master’s program.

**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 continues to fundraise heavily to support faculty and programmatic activity. Through a \$500,000 gift, we were able to appoint a part-time faculty lead to our Educational Technology Hub in 2019-20 for four years; this position has been instrumental as we navigated distance learning in Spring 2020 during shelter-in-place from the COVID-19 pandemic and continues to be of great importance as we explore content delivery methods that best meet our diverse students’ needs. This position will eventually need a more stable and recurring funding source once donor funds are exhausted.

We continue to work on partnerships with UCSF Health for clinical appointments for our faculty with the intention of generating revenue for the School and expanded practice and leadership opportunities for our faculty.

The School has reorganized its core administrative services to increase the strength and capacity of support to our departments and the degree program. We began a few years ago with the centralization of our clinical placement services and our online educational design services. Last year we centralized the financial services across the School, and this year we consolidated all departmental administrative services into a shared team.

**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.”**

	Enrollment			
	2022-23	2023-24	2024-25	2025-26
Resident	276	291	279	117
Domestic Nonresident	13	12	6	3
International	6	1	0	0
<b>Total</b>	<b>295</b>	<b>304</b>	<b>285</b>	<b>120</b>

**Additional comments:**

We have been experiencing a steady decline in enrollments because of national enrollment trends favoring entry into Doctor of Nursing Practice (DNP) programs. At the time of this proposal, we are anticipating our final Master’s program cohort to complete the program in 2024-25 or 2025-26. The table above shows enrollments for a 2025-26 completion.

### IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table, identify a *minimum* of 3 institutions that are 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.

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR										
Total <i>Resident</i> Charges to Complete Degree by Cohort Starting in:	Projections				Increases/Decreases					
	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26	
	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$
Penn State University (4 semesters)	50,781	52,304	53,873	55,489	3.0%	1,523	3.0%	1,569	3.0%	1,616
UNC-Chapell Hill (5 semesters)	44,571	45,908	47,285	48,704	3.0%	1,337	3.0%	1,377	3.0%	1,419
University of Michigan (5 semesters)	68,377	70,428	72,541	74,717	3.0%	2,051	3.0%	2,113	3.0%	2,176
University of Southern California (5 semesters)	102,046	105,107	108,260	111,508	3.0%	3,061	3.0%	3,153	3.0%	3,248
University of Pennsylvania (4 semesters)	122,838	126,523	130,319	134,229	3.0%	3,685	3.0%	3,796	3.0%	3,910
Georgetown University (2 years)	107,134	110,348	113,658	117,068	3.0%	3,214	3.0%	3,310	3.0%	3,410
<b>Average public comparison</b>	<b>54,576</b>	<b>56,213</b>	<b>57,900</b>	<b>59,637</b>	<b>3.0%</b>	<b>1,637</b>	<b>3.0%</b>	<b>1,686</b>	<b>3.0%</b>	<b>1,737</b>
<b>Average private comparison</b>	<b>110,673</b>	<b>113,993</b>	<b>117,412</b>	<b>120,935</b>	<b>3.0%</b>	<b>3,320</b>	<b>3.0%</b>	<b>3,420</b>	<b>3.0%</b>	<b>3,523</b>
<b>Average public and private comparison</b>	<b>82,625</b>	<b>85,103</b>	<b>87,656</b>	<b>90,286</b>	<b>3.0%</b>	<b>2,479</b>	<b>3.0%</b>	<b>2,553</b>	<b>3.0%</b>	<b>2,630</b>
<b>Your program</b>	<b>53,413</b>	<b>55,775</b>	<b>57,995</b>	<b>60,011</b>	<b>4.4%</b>	<b>2,362</b>	<b>4.0%</b>	<b>2,220</b>	<b>3.5%</b>	<b>2,016</b>

Total <i>Nonresident</i> Charges to Complete Degree by Cohort Starting in:	Projections				Increases/Decreases					
	2022-23	2023-24	2024-25	2025-26	2023-24		2024-25		2025-26	
	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$
Penn State University (4 semesters)	85,568	88,135	90,779	93,502	3.0%	2,567	3.0%	2,644	3.0%	2,723
UNC-Chapell Hill (5 semesters)	84,986	87,536	90,162	92,867	3.0%	2,550	3.0%	2,626	3.0%	2,705
University of Michigan (5 semesters)	135,296	139,355	143,536	147,842	3.0%	4,059	3.0%	4,181	3.0%	4,306
University of Southern California (5 semesters)	102,046	105,107	108,260	111,508	3.0%	3,061	3.0%	3,153	3.0%	3,248
University of Pennsylvania (4 semesters)	122,838	126,523	130,319	134,229	3.0%	3,685	3.0%	3,796	3.0%	3,910
Georgetown University (2 years)	107,134	110,348	113,658	117,068	3.0%	3,214	3.0%	3,310	3.0%	3,410
<b>Average public comparison</b>	<b>101,950</b>	<b>105,009</b>	<b>108,159</b>	<b>111,404</b>	<b>3.0%</b>	<b>3,059</b>	<b>3.0%</b>	<b>3,150</b>	<b>3.0%</b>	<b>3,245</b>
<b>Average private comparison</b>	<b>110,673</b>	<b>113,993</b>	<b>117,412</b>	<b>120,935</b>	<b>3.0%</b>	<b>3,320</b>	<b>3.0%</b>	<b>3,420</b>	<b>3.0%</b>	<b>3,523</b>
<b>Average public and private comparison</b>	<b>106,311</b>	<b>109,501</b>	<b>112,786</b>	<b>116,169</b>	<b>3.0%</b>	<b>3,189</b>	<b>3.0%</b>	<b>3,285</b>	<b>3.0%</b>	<b>3,384</b>
<b>Your program</b>	<b>77,903</b>	<b>80,265</b>	<b>82,485</b>	<b>84,869</b>	<b>3.0%</b>	<b>2,362</b>	<b>2.8%</b>	<b>2,220</b>	<b>2.9%</b>	<b>2,384</b>

**Source(s):**

US News & World Report was used to identify comparable institutions that still offer a M.S. advanced practice program, and published tuition and fees were obtained from the institutions' websites.

Penn State (4 semesters): <https://cce.ais.psu.edu/tuition-calculator-ui/#/>

University of North Carolina, Chapel Hill (4 semesters + 1 summer): <https://nursing.unc.edu/programs/master-of-science-in-nursing/cost-to-attend>  
<https://nursing.unc.edu/programs/master-of-science-in-nursing/curriculum/fnp-suggested-plan-of-study>  
[https://cashier.unc.edu/wp-content/uploads/sites/259/2020/07/20\\_21YR.pdf](https://cashier.unc.edu/wp-content/uploads/sites/259/2020/07/20_21YR.pdf)

University of Michigan (4 semesters + 1 Spring/Summer): [https://ro.umich.edu/tuition-residency/tuition-fees?academic\\_year=175&college\\_school=30&full\\_half\\_term=35&level\\_of\\_study=38](https://ro.umich.edu/tuition-residency/tuition-fees?academic_year=175&college_school=30&full_half_term=35&level_of_study=38)  
[https://nursing.umich.edu/program\\_plans/plan.php?id=1&year=2022](https://nursing.umich.edu/program_plans/plan.php?id=1&year=2022)

University of Southern California (5 semesters including Summer): <https://nursing.usc.edu/fnp-online/tuition-financial-aid/>

University of Pennsylvania (4 semesters over 18 months): <https://www.nursing.upenn.edu/admissions/tuition-and-fees/masters-post-masters-costs/>

Georgetown University (2 years with 44 credit hours): <https://case.edu/studentaccounts/tuition-fees/graduateprofessional-tuition-fees/frances-payne-bolton-school-nursing>

**Additional comments:** UCSF used comparator institutions that still offer a Master's degree in Advanced Practice Nursing.

**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).**

As noted earlier, national enrollment trends favor entry into Doctor of Nursing Practice (DNP) programs because of shifting national standards by the American Association of Colleges of Nursing (AACN). This shift in terminal degrees for Advanced Practice Registered Nurse (APRN) programs has made it difficult to find better aligned comparators to UCSF with an M.S.-level APRN track. For example, the University of Washington and Oregon Health and Science University were included as public comparators in past proposals, but no longer offer advanced clinical practice M.S. degrees. Of the institutions that still offer an M.S. advanced practice degree, we selected the institutions in table IV.a. because they most closely represent the public and private institutions that compete with our program for faculty and national rankings. We used the US News & World Report to identify institutions that were highly ranked research-intensive universities that offer similar specialties as the UC schools, and that produce strong, well-

regarded graduates. For the 2022-23 report, UCSF Nursing ranked #11. Our comparators ranked from #4 to #8, with the exception of USC which ranked #72; Penn State and Georgetown were unranked.

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

For California residents, our program cost is 0.7% lower than the public average and is 104% lower than the private average. For out-of-state students, our program cost is 31% below the public average and 42% below the private averages.

In addition to our tuition and fees being lower than what residents pay at our public comparators, our graduates have a much higher earning potential. As we show later in Section VI.b., the median salary of nurse practitioners in the San Francisco Bay Area of \$177,160 is 56% higher than the median salary of \$113,423 in the metropolitan areas of our public comparators and 37% higher than the median salary of \$129,723 in the metropolitan areas of our private comparators.

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

The number of clinical specializations that we offer continue to be a significant recruitment tool. While most institutions offer an average of 3 to 5 specialties, our program offers 11 specializations with additional sub-specializations:

- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner (with sub-specialization in Occupational & Environmental Health)
- Family Nurse Practitioner
- Neonatal Nurse Practitioner
- Pediatric Nurse Practitioner – Acute Care
- Pediatric Nurse Practitioner – Primary Care
- Psychiatric/Mental Health Nurse Practitioner
- Certified Nurse Midwife/Women's Health Nurse Practitioner
- Adult-Gerontology Clinical Nurse Specialist (with sub-specialization in Oncology and Critical Care Trauma)
- Neonatal Clinical Nurse Specialist
- Advanced Public Health Nursing/Health Policy Nursing (newly merged specialties)

In addition to these specialties, the UCSF School of Nursing also offers electives in concentration areas that allow students to expand their education and training. These concentration areas include:

- Advocacy
- Community Engagement
- Quality Improvement, and Leadership
- Diabetes
- Genomics
- Geriatrics
- Health Policy
- HIV/AIDS
- Leadership and Education in Adolescent Health
- Palliative Care
- Rural Health.

The selected comparator programs include three public institutions on the eastern seaboard or central US. Each of these is highly regarded and are part of a large state system. Our distinction from these three rests in the wide range of specialties we offer and in the accomplishments of our faculty in research. We remain the top ranked public institution in federal nursing research support<sup>1</sup>, a recognition we have enjoyed for over 20 years. Our private comparators are national peers, each having significant accomplishment in research and excellence in academic programs, but like the public comparator peers, none offer the wide range of our specialties.

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<sup>1</sup> <https://www.ucsf.edu/news/2022/02/422271/ucsf-top-public-recipient-nih-funding-15th-straight-year>



## 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.

	Actual	Actual	Actual	Estimated	Comparison (2021-22)	
	2019-20	2020-21	2021-22	Fall 2022	Publics	Privates
Ethnicity						
<b>Underrepresented</b>						
African American	7.8%	9.1%	10.9%	11.2%	14.4%	14.4%
Hispanic/Latino(a)	16.9%	15.9%	17.8%	18.6%	10.0%	10.0%
American Indian	1.9%	1.3%	0.9%	0.7%	0.5%	0.5%
<b>Subtotal Underrepresented</b>	<b>26.6%</b>	<b>26.3%</b>	<b>29.7%</b>	<b>30.5%</b>	<b>24.9%</b>	<b>24.9%</b>
Asian/Pacific Islander	25.3%	28.2%	29.1%	28.5%	8.8%	8.8%
White	42.2%	39.0%	36.6%	36.3%	56.5%	56.5%
Domestic Unknown	4.7%	5.2%	3.4%	2.7%	8.9%	8.9%
International	1.3%	1.3%	1.3%	2.0%	0.9%	0.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Socioeconomic</b>						
% Pell recipients	35.0%	39.0%	46.0%	N/A	N/A	N/A
<b>Gender</b>						
% Male	18.8%	14.9%	14.4%	16.3%	11.7%	11.7%
% Female	80.0%	85.1%	85.3%	82.4%	86.5%	86.5%
% Non-Binary	0.0%	0.0%	0.3%	1.4%	0.0%	0.0%
% Unknown	1.0%	1.3%	0.0%	0.0%	1.8%	1.8%

**Sources:**

UC ethnicity, socioeconomic status: UC Corporate data

Comparison institutions: Student demographics data was not available from our comparator institutions. In its place, we are using national demographics data from the “2021-22 Enrollment and Graduations” publication by the American Association of Colleges of Nursing (AACN) for M.S. programs in the U.S. that includes both private and public institutions. The national data does not separate public from private institutions, nor international from domestic. The national comparison data reported under “domestic unknown” includes 1.9% of dual ethnicity.

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

Since fall 2012, when 12% of our students were from underrepresented groups (URG), URG enrollment has steadily grown reaching 30.5% in fall 2022. This growth has been cultivated through outreach at nearly 40 student recruitment events per year at undergraduate campuses enrolling high proportions of underrepresented students such as the CSU campuses. This growth places us above the national average of 24.9%.

We have a full-time recruiter, supported by a student assistant, who participates in many recruitment events in California and nationally. We conduct recruitment sessions with institutions that graduate a rich mix of ethnically diverse students and represent our school at national programs attended by students from a variety of disciplines. Because the pandemic eliminated in-person outreach opportunities, we invested in audiovisual equipment for our recruiter to enable recording for online marketing, presentations, and outreach that we hope will help us maintain our program's URG growth. We have been working on growing our School's social media presence, attending virtual recruitment events, and investing in print advertising and video production to diversify our recruitment efforts through other venues.

In collaboration with Dentistry, Medicine, Pharmacy, Graduate Division, and Physical Therapy, the School of Nursing participates in **Inside UCSF**, an annual outreach program geared towards students at two- and four-year degree schools who are interested in pursuing careers in health and science. This free two-day program is designed to give students an in-depth introduction to a specific health science career path, and a chance to meet current students and become inspired about future career possibilities. Our Office of Student Affairs staff meet and counsel current and prospective students on all aspects of the cost of attendance and basic student needs during the admissions cycle. Our website presence also provides information on not just campus student aid, but also information on student funding support unique to the School of Nursing from our many private funds. In 2018, we raised private funds to fully support two entering students from the Navajo Nation for their two-year program of studies. These funds will support a total of six students. The School has \$1.7 million of philanthropic funds this year to support student scholarships.

**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 proportion of former Pell Grant recipients rose quickly from 35% in 2019-20 to 46% in 2021-22. Our student recruitment efforts (described in section V.b.) also focus on the needs of our first-generation students who may not have the support network to help them navigate through college funding options or professional opportunities. In 2017, the School established the FirstGenRN program to support first-generation students. In 2021-22, 39% of our Masters students were first generation to college and 61% of our Masters students were first generation to graduate school. This important FirstGenRN program connects students with peers, faculty, staff, and alumni mentors, and creates events and workshops that further build community and help first-generation students develop the necessary skills for a successful academic experience. These workshops include everything from communication with mentors and advisors, financial management, scientific writing, to how to conduct salary negotiations.

We promote access through private fundraising for student aid and provide opportunities for donors to engage with the students they support. Students write thank-you letters to the donors and are often introduced at donor events so that donors can see the impact of their philanthropy. In 2020-21, UCSF provided \$2.84 million of funding support to our M.S. program students, including \$1.26 million of return-to-aid (RTA) from our PDST revenues, \$650,000 of tuition return to aid, \$368,000 of donor funds, \$6,000 of grants, plus \$556,000 of other sources supporting cost of living supplements, rapid rehousing, basic needs, and undocumented student support. Our return-to-aid funds, along with many of our donor funds, are awarded based on financial need.

The UCSF Student Academic Affairs office has made the commitment to supplement need-based awards with additional funding for as many low-income, URG students as possible, who do not have other tuition and stipend support. For example, these students may receive an additional \$20,000 (assuming funding continues to remain available), plus award a university-owned loan (up to \$20,000) so that these students do not have to borrow expensive private loans.

**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?**

Promoting gender parity is another part of our recruiter's outreach effort. In particular, our program does better than the national average in recruiting male students (16.3% vs 11.7%) as a result of our recruitment efforts described in section V.b. Because the nursing profession has a long and deep cultural association with women, our recruiter is assisted by a male nurse student who works

in outreach to help break down this cultural association, and we include images of male nurses and students in our recruitment materials. Our recruiter attends the American Association of Men in Nursing conference and is seeking out military career and educational fairs to continue to promote gender parity in our program.

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

We are not anticipating a significant change in the composition of our students. Our MEPN program is our largest contributor to the diversity of our Master's program. We've admitted this year our last MEPN cohort (prelicensure year in 2022-23, matriculating into the Master's program in fall 2023 and graduating in spring 2025). Because we have a smaller MEPN cohort this year due to our transition to the DNP program, our student recruitment officer is ramping up recruitment efforts towards licensed nurses from the State University system and other universities that traditionally enroll a higher rate of underrepresented minorities and socioeconomically disadvantaged students. With our ongoing outreach efforts, private fundraising for student aid, and the work of our Associate Dean for Diversity, Inclusion, and Outreach, we expect to maintain the current composition of our student population.

**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.***

<b>All Faculty (School or Department)</b>				
<b>Ethnicity</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	5.2%	4.7%	5.9%
	International	N/A	N/A	N/A
Hispanic/ Latino(a)	Domestic	6.5%	7.4%	5.3%
	International	N/A	N/A	N/A
American Indian	Domestic	0.6%	0.0%	0.0%
Native Hawaiian	Domestic	N/A	N/A	N/A
Asian/ Pacific Islander	Domestic	19.5%	16.9%	17.8%
	International	N/A	N/A	N/A
White	Domestic	65.6%	64.9%	64.5%
	International	N/A	N/A	N/A
Two or More Races	Domestic	0.0%	4.1%	3.9%
	International	N/A	N/A	N/A
Other/ Unknown	Domestic	2.6%	2.0%	2.6%
	International	N/A	N/A	N/A
<b>Percentage by Gender</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		89.0%	85.1%	80.3%
Male		11.0%	10.1%	11.8%
Non-Binary/Unknown		0.0%	4.7%	7.9%

<b>Ladder Rank and Equivalent Faculty (School or Department)</b>				
<b>Ethnicity</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Black/ African/ African American	Domestic	15.4%	16.7%	16.7%
	International	N/A	N/A	N/A
Hispanic/ Latino(a)	Domestic	2.6%	5.6%	5.6%
	International	N/A	N/A	N/A
American Indian	Domestic	2.6%	0.0%	0.0%
Native Hawaiian	Domestic	N/A	N/A	N/A
Asian/ Pacific Islander	Domestic	28.2%	22.2%	22.2%
	International	N/A	N/A	N/A
White	Domestic	51.3%	52.8%	52.8%
	International	N/A	N/A	N/A
Two or More Races	Domestic	0.0%	2.8%	2.8%
	International	N/A	N/A	N/A
Other/ Unknown	Domestic	0.0%	0.0%	0.0%
	International	N/A	N/A	N/A
<b>Percentage by Gender</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Female		87.2%	88.9%	86.1%
Male		12.8%	11.1%	11.1%
Non-Binary/Unknown		0.0%	0.0%	2.8%

Sources: UCSF Academic Affairs faculty demographics data is for combined domestic and international 2019-20 and 2020-21 data: <https://facultyacademicaffairs.ucsf.edu/quick-links/faculty-demographic-data>  
2021-22 data: <https://facultyacademicaffairs.ucsf.edu/quick-links/faculty-demographic-data/UCSF-Annual-Faculty-Headcount-and-Demographics>

**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 Spring 2018, the School created a new Associate Dean for Diversity, Inclusion, and Outreach position and filled the position in July 2018. The Associate Dean continues to engage with nursing organizations that promote diversity, such as the Bay Area Black Nurses Association (BABNA) and the National Association of Hispanic Nurses (NAHN). Through sponsorships and presentations at their annual conferences, we participate in these organizations as a means of marketing our school to a diverse group of faculty as part of our commitment to a Faculty that reflects the diversity of our state. The Associate Dean also engages the School of Nursing

community in equity and diversity conversations and workshops with leading experts. These workshops bring awareness to the School's community about diversity and equity matters so that each member of the community can actively contribute to an inclusive teaching and research environment that provides our diverse faculty, staff, and students a sense of belonging. The School this year allocated funds to support teaching development for faculty, to support diversity and inclusion in the curriculum and the classroom.

In 2016, the School created the faculty equity advisor position, who participates in faculty recruitment to advise panel members and department chairs. The School established a Strategic Hiring Committee, and the committee is currently recruiting our second health equity scholar.

We've also been developing strategies, including mentoring, to support students in our diverse student body who are interested in teaching, in their transition to faculty positions. Our faculty pair with students who are interested in teaching to serve as role models and help guide them through coursework and Teaching Assistant opportunities that help prepare them for teaching. The School participates in the federal Nurse Faculty Loan Program that forgives 85% of the loan for a graduate who commits to teaching after graduation.

The UCSF Office of Diversity and Outreach received a multi-year State grant to support a research startup for underrepresented faculty hires. The School of Nursing has received three awards from this grant that helped make our offers more competitive, and we were able to recruit three new ladder rank faculty from underrepresented groups in 2018-19.

## **VI. FINANCIAL AID STRATEGY AND PROGRAM AFFORDABILITY**

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

**Our primary goal is to keep our programs affordable through financial awards to students with financial need.** We measure our success by the percent of graduating students with loan debt and the average amount of debt. The percent of M.S. students with debt has decreased from 75% in 2013-14 to 62.4% in 2021-22. This trend reflects our fundraising efforts for private support for our students. Additional context for this trend can be found in section VI.b. below.

Our financial strategy is designed to increase the dollars available to help pay the increasing cost of attendance. Because a large portion of our students continue employment while enrolled full time in our M.S. program, many do not meet the federal need criteria. For this reason, we continue to raise funding that is not contingent on strict need-based criteria. Some examples include

support for merit-based awards and awards for specific areas of study or practice in underserved communities. For example, in 2021-22 we secured support through Anthem for full tuition for two Clinical Nurse Midwife students who aspire to deliver maternal health care in rural California, and two Family Nurse Practitioner – Rural Concentration students for two years. We also participate in a federally sponsored loan forgiveness program for students interested in a teaching career. These are our crucial tools for attracting qualified and diverse applicants.

We also aim to provide easy access to financial aid information. We have an in-house Student Funding team, comprised of two full-time financial aid advisors, with unique expertise in funding for nursing students including nursing scholarships and fellowships, nursing research and teaching assistantships, and loan repayment programs. The team provides advising, outreach, and dissemination of award opportunities in support of our students. In the last couple of years, our Student Funding team distributed private emergency funds to students with needs arising from the COVID-19 pandemic.

Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Percent with Debt	URG	87%	74%	76%	88%	65%	80%
	Non-URG	70%	50%	52%	52%	46%	43%
	International	0%	0%	0%	0%	0%	33%
	All	74%	52%	55%	55%	51%	52%
Average Debt among Students with Debt*	URG	\$87,114	\$48,888	\$37,687	\$58,975	\$60,530	\$58,937
	Non-URG	\$69,899	\$52,272	\$49,692	\$57,389	\$52,843	\$58,258
	International	\$0	\$0	\$0	\$0	\$0	\$71,801
	All	\$74,518	\$51,426	\$46,748	\$57,660	\$56,072	\$58,868

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

Sources: UC Corporate Data. 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?**

There has been a steady rise over the years in the average cumulative debt amount, but this trend is not necessarily correlated with PDST increases during that same period. The increasing debt may be disproportionately due to the increasing cost of living in San Francisco and its surrounding communities. The Bay Area is considered one of the most expensive places to live in the United States, comparable only to New York City, with housing, transportation, and food costs significantly higher than those of our closest competitor institutions. We believe this is a factor that drives up borrowing. And while the amount of debt is increasing, the percent of students with debt has been trending downward. We do not believe that the increases requested in this proposal will have an adverse effect on student debt due to our financial aid plan.

To bridge the gap for students enrolled in degree programs who are not living in campus housing, UCSF offers a need-based program to provide a \$2,500 Cost of Living Supplement (COLS) to current and admitted students in the 2022-23 academic year. The COLS may be used, at the student’s discretion, to help pay for housing or associated costs, such as commuting. The COLS program will be gradually phased out as new affordable campus housing becomes available. The campus also has a variety of robust Basic Needs programs which include the student food market, Food for Students text program, CalFresh, Food Security for Students Program, Lyft Partnership to help students with rising bay area housing prices, food access and transportation services, and Rapid Rehousing awards. In 2021-22, \$387,500 of COLS funds were distributed to 155 nursing Masters students.

Since our last proposal, we have raised a number of private funds and endowments to support our MEPN students with the greatest financial need in their first year of accelerated pre-licensure studies to help lower these students’ cumulative debt. This academic year (2022-23), we will award over \$645,000 to MEPN students in their pre-licensure year on a financial need basis; this is in addition to the student funding support levels described in section V.c. for the M.S. program years. In 2021-22, 71.9% of our Masters students received financial support averaging \$12,537 per student.

	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	52%	\$58,868	\$177,160	5%
<b>Public comparisons</b>	74%	\$53,462	\$113,423	7%
<b>Private comparisons</b>	74%	\$53,462	\$129,723	6%

**Sources:** UC: Debt from UC Corporate Data. Median salary at graduation uses average Nurse Practitioner salary in the San Francisco Bay Area from the U.S. Bureau of Labor Statistics (BLS). Comparison institutions: Individual comparator school indebtedness data were not available. Median debt for graduate nursing students comes from the October 2017 debt report by the American Association of Colleges of Nursing (AACN). [http://www.aacnnursing.org/Portals/42/Policy/PDF/Debt\\_Report.pdf](http://www.aacnnursing.org/Portals/42/Policy/PDF/Debt_Report.pdf) Median salary at graduation uses BLS statistics for Nurse Practitioner average salaries in the metropolitan areas of the comparison institutions. <https://www.bls.gov/oes/current/oesrcma.htm#M>

**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 January 2022 entry-level Nurse Practitioner (NP 2) salary in the UCSF Health system was \$179,500 for those with six months of experience. According to the latest report by the U.S. Bureau of Labor Statistics, California ranked as the highest-paying state for Nurse Practitioners with an average salary of \$151,830 in 2021, with the San Francisco Bay Area average salary of \$177,160 ranking in the top four paying metropolitan area in the nation.<sup>2</sup> With average debt payments estimated at 5% of median salary at graduation, we believe the debt is manageable for our students.

<sup>2</sup> May 2021 U.S. Bureau of Labor Statistics report.



**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 has an endowment that supports scholarships to Nurse-Midwife/Women's Health Nurse Practitioner students from underserved communities who have an interest in working in medically underserved areas. Additionally in 2021, we received an Anthem grant to support four students to practice in rural areas. We have also worked closely with the Veteran's Administration Office of Academic Affairs and the local San Francisco VA Medical Center to operate two initiatives within the M.S. program that prepare students for caring for veterans. Students are encouraged to consider the National Health Corps Loan Repayment and Scholarship programs.

The California Mental Health Services Act funds stipends for Psychiatric Mental Health Nurse Practitioner students who do their training in county-funded behavioral health services and commit to one full-time year in a county-funded service after graduation. The School's Osher Scholars Program provides financial assistance to nursing students who demonstrate a commitment to serving the needs of underserved populations and who show promise as great future health care professionals. The purpose of the scholarship is to: (1) underscore the importance the University places on community service and the role this plays in nursing education, and (2) assist student recipients with the cost of attendance. Students receiving this award are expected to undertake some form of community service above and beyond their clinical activity while enrolled in the program and agree to report quarterly on the specific nature and extent of this activity.

The Albert Schweitzer Fellows Program provides fellowships to exceptional students to partner with community-based organizations to identify an unmet health need, design a yearlong service project with a demonstrable impact on that need, and bring that project from idea to implementation and impact. After successfully completing their initial year, they become members of the Schweitzer Fellows for Life alumni network of over 2,000 Leaders in Service who are dedicated and skilled in meeting the health needs of underserved communities. The Program has four overall goals: provide direct services that address health-related needs of underserved communities; influence the professional development of students in health-related fields in ways that strengthen their commitment to, and skills in, public service; alter the culture of professional schools so they more effectively address needs of surrounding disadvantaged communities; support program alumni who continue in lifelong community service and who, as Schweitzer Fellows for Life, are influential role models for other professionals.

Applicants routinely express interest in working with these underserved populations, and a deep commitment to continuing this service after graduation.

**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?**

Graduates who pursue public interest careers, such as in rural areas, may earn less upon graduation than others, but most health-centered public institutions have some form of collective bargaining that ensures competitive salaries. For example, per US Labor & Statistics<sup>3</sup>, the median salary for Nurse Practitioners in San Francisco is \$177,160, as noted in the debt table above. Whereas in a nonmetropolitan area, such as North Valley-Northern Mountains Region of California, the annual mean wage is \$136,510. Graduates can also benefit from public service loan forgiveness programs. These opportunities are communicated to prospective students by our student recruiter and to our students via our Student Funding group. We are working with our Communications team to include in media outreach to our students as well.

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

Our Student Funding team and the campus Financial Aid office provide information on the various types of funding opportunities available to students during our monthly admissions information sessions and during recruitment conferences. In addition, our website has a section devoted to Student Funding with instructions on financial aid applications, and the various types of funding support that are available; our website also includes contact information to both the campus Financial Aid office and to our in-house Student Funding group.

**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?**

Our student recruiter regularly provides starting salaries for specific advance practice nursing roles as well as the cost of attendance. The tuition and fees are also published annually by the UCSF Registrar's Office, and the estimated cost of attendance is updated and published annually by the UCSF Financial Aid Office. Although prospective students have not yet inquired specifically about debt, our recruiter will share the information if there is interest.

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<sup>3</sup> <https://www.bls.gov/oes/current/oes291171.htm>

## 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.).**

Affordability: In addition to the initiatives previously discussed, we have taken steps to highlight the option of campus Work Study jobs for our students. In most cases, unlike undergraduate traditional offerings, we have worked with our campus Financial Aid Office to create student jobs with variable hours and work that relates to their graduate interests. The major barrier to this form of student aid rests on the fact that the \$20/hour payments do not compete with the salaries that our students can earn as working professionals in nursing.

We have continued to seek private scholarship support from donors and these funds are awarded on the basis of need and/or merit depending on donor's wishes.

Program Quality: Since January 2018, we have engaged several external consulting teams to visit the school to advise on the quality and contemporaneousness of our programs. Written reports were shared with the faculty leaders and improvement plans were developed and implemented, leading to the continued accreditation of our M.S. Program in 2020.

Strategic Planning: With the support of Chancellor Sam Hawgood, we initiated Strategic Planning in July 2018. Faculty and staff were fully engaged in this community-wide initiative and identified "Education" as a major topic for review and innovation.

COVID-19 Impact: In January 2020 we appointed a faculty lead as our Assistant Dean for Educational Technology to lead our newly consolidated Ed Tech Hub; we were fortunate to have had this reorganized unit and a faculty lead when the pandemic forced us into distance learning. Our faculty lead and educational designers were instrumental in helping faculty transform didactic courses into online lectures. The School of Nursing, like many other units, has had to make investments in equipment, Zoom license, and online simulation software among other needed expenditures, which required a re-prioritization of financial resources within the School. We also created a privately funded emergency fund to support students with emergency needs.

## **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 2022-23 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):
- 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):  
Presented the fee and its uses to the Graduate Professional Student Association at their fall 2022 meeting and answered student questions regarding the PDST fee.

**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.**

Our proposed PDST fee was shared in person with the Graduate Professional Student Association (GPSA) at their first quarter general meeting on 10/3/2022. The purpose of the PDST fee and its uses were explained, and time was allotted for questions and answers. We also held a student town hall for our nursing students in the evening of 10/5/2022 where we shared again the purpose and uses of the PDST fee and the proposed fee increases. Subsequently, an email containing links to the full Part A of the proposal document, a recording of the student town hall, and a confidential Qualtrics survey was shared on 10/7/2022, with both our M.S. program students and our Masters Entry Program in Nursing (MEPN) students. Our MEPN students were included in the consultation because at the end of their accelerated licensure year, they enter the 2-year M.S. program. Because the MEPN year is a self-supported program, these students feel the burden of the fees the most.

During the 10/3/2022 GPSA meeting, a small group of about eight student representatives from each School/program were in attendance. One nursing student noted her support for the fee increase because of the wage discrepancy between faculty and clinical salaries and the need for better compensation to retain faculty and maintain program quality. This was the only feedback received for the Nursing PDST.

At the 10/5/2022 nursing student town hall attended by about 15 students, students asked clarifying questions and were comfortable with the net dollar increase per year. Some students expressed feeling overwhelmed about financial aid options and not knowing where to start with student funding opportunities. The Student Funding team presents financial aid information and shares resources at the annual welcome event, so the School is looking into other venues to reach students about financial support and how to improve our student aid communication and guidance.

The Dean's Office Communications Team, under the signature of our Associate Dean for Education, sent a Qualtrics survey on 10/7/2022 and closed on 10/30/2022 giving students over three weeks to review the proposal and respond to the survey. Of the 295 current M.S. students and 48 current MEPN students (total of 343 students), only 23 students responded to the survey (3 MEPN and 20 M.S.) or a total of 6.7%. The general concern is over financial aid and student support. Many of our students have clinical income from a prior year and do not qualify for federal aid, and the feedback reflects the dissatisfaction of some students that their fees are supporting other students through the 1/3 return-to-aid. 96% of respondents felt that the cost of the program is slightly to extremely expensive. 87% of respondents felt that compared to similar programs across the country, our program was slightly to very unaffordable. But 61% of respondents felt that the overall cost compared to the value was average to extremely valuable. 15 of the 23 respondents provided written feedback, which is attached at the end of this proposal. Since the full Part A of this proposal

was shared with the students, they had access to the full information contained in the proposal including the cost at comparator institutions. Although we did not make any changes to our proposal based on this feedback, the School is working on communication with additional guidance to our students about financial aid, such as encouraging more students to apply for aid so that they have a need score and how that need score can change if they have a significant financial change – such as returning to school full time and anticipating no income in the upcoming year. (See Appendix I for anonymous student feedback received.)

**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 Professional Student Association (GPSA) on 10/3/2022 .  
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: Students attending the GPSA general meeting on 10/3/2022 provided verbal feedback. See summary above.

If applicable, plan shared with Associated Students of the School of Nursing on 10/5/2022 .  
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: Students attending the nursing student town hall on 10/5/2022 provided verbal feedback. See summary above.

### **Consultation with faculty**

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

**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 Dean's Office Communication team sent out an email, under the signature of our Associate Dean for Education, to our Nursing faculty mailing list on 10/14/2022. The email contained a link for anonymous feedback as well as a link to the full Part A of the proposal. Notices also went out in our electronic faculty and staff newsletter to remind faculty to respond. Only two faculty submitted written feedback on the M.S. PDST fee proposal, and the feedback was supportive of the fee increase.

**Faculty — Anonymous Written Feedback**

- I am in favor of the proposed increase.
- Seems reasonable if coupled with more financial aid for those unable to cover the additional fees.

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

- Plan shared with Nicquet Blake, PhD on November 4, 2022.  
Graduate Dean
- Plan endorsed by Sam Hawgood on November 4, 2022.  
Chancellor

### Appendix 1: Student-Anonymous Written Feedback

1. There are not enough resources on campus provides for the cost of tuition.
2. I'm disappointed that so many courses are online versus in-person. Many of the lectures this quarter were prerecorded with content from prior years.
3. I agree the faculty should be paid more. I do not agree with the 1/3 allocated to Financial Aid. Tuition is going to increase so we can fund other student's financial aid? We are all struggling here. We are all taking out loans. So I am taking out a loan to pay for someone else's tuition? My part time nursing salary exempts me from any "free" financial aid, so probably the "1/3 allocated to Financial Aid" will go towards a MEPN student who did not make any money the previous year? I would vote no on this initiative.
4. The increase only comes at a time when wage increase have not occurred across all professions, especially for RNs. Although it is understandable with the economy and increase in cost of living to pay your professors more, it is tough when other industries are not increasing wages. Will more grants become available now with this increase? Many students, once they are able to work as a nurse, start working and that makes it extremely difficult to maintain full-time work with full-time school. This is needed to pay the bills with the high cost-of-living in the bay area.
5. This proposed increase will further displace marginalized people. UCSF prides itself for its diversity and inclusivity. This would go against those values and create bigger barriers and greater debt for disenfranchised people. Especially first generation students.
6. What's the purpose of continuing to perpetrate students who have already endured poor learning conditions, limited clinical opportunities, and increased stressed due to COVID-19? It's simply a cruel injustice to even propose a fee increase.
7. Coming from a background of being low-income first generation student, I think these as additional fees are excessive.
8. One third of all PDST revenues is allocated to financial aid for our MS nursing students, but this aid doesn't always get to students who need it. Financial aid office uses federal regulations to distribute funds based on parental income--many students who are independent from their parents don't get aid based on their parents' income. Please don't raise tuition rates on students.
9. I think the professional tuition needs to be covered by the UC employee discount.
10. I would not be able to afford the program without financial aid.
11. Raising tuition by 15% is ridiculous. Show us the whole budget.



12. The professional degree tuition is already high, i am unsure why the fee is increasing. The idea of increasing it when the country is almost headed to a recession is devastating. I cried last week due to the amount of stress of having to decide to take 75,000 of loans just for this year. It creates a stressful and unhealthy learning environment when students are financially stressed. As a current healthcare professional who is advancing in my field, it has taken me 8 years to make the decision to advance. One of the main reasons is due to finances. Since starting the program, I am struggling on how to figure out how to pay my rent. I have no financial help as a student and have not received not one scholarship as a BIPOC first generational graduate student. I would hope and pray you reconsider increasing the tuition. Specifically for the students that going to weekly food banks for food as a graduate student who don't know how they are going to make this year 2022-2023. I understand this fee may be needed to hire more staff, but there are alternatives. Such as mandating in person attendance to the staff you currently have. The presence of the staff is needed. I have been figuring everything out myself and have felt no help to the staff at UCSF. I think enforcing the presence of the current staff and using the current resources is a better solution then increasing the tuition. For student who are currently enrolled in your program, by increasing the tuition you are increasing the financial burden and overall implementing additional stressors in a current dynamic that has several stress factors as is.
13. I think especially coming from MEPN which doesn't get as much aid from the SON or UCSF in general and costs a lot of money compared to the master's portion, it'd be helpful to have supplements accessible for incoming MEPNs to reduce loan amounts.
14. For how much has been online and via zoom and the slow return to in-person classes, I don't think the extremely high tuition reflects the value and learning UCSF has offered.
15. The high tuition does not reflect well on how the staff are coordinating the program so far and would love more support for students.

**Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels  
Effective Beginning Summer or Fall 2023**

**PART A**

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

**I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION**

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

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
							%	\$	%	\$	%	\$	%	\$	%	\$
Prof. Degr. Suppl. Tuition (CA resident)	\$31,260	\$32,196	\$33,164	\$34,160	\$35,184	\$36,240	3.0%	\$936	3.0%	\$968	3.0%	\$996	3.0%	\$1,024	3.0%	\$1,056
Prof. Degr. Suppl. Tuition (Nonresident)	\$31,260	\$32,196	\$33,164	\$34,160	\$35,184	\$36,240	3.0%	\$936	3.0%	\$968	3.0%	\$996	3.0%	\$1,024	3.0%	\$1,056
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	\$14,712	\$15,144	4.8%	\$618	3.0%	\$402	3.0%	\$414	3.0%	\$426	2.9%	\$432
Campus-based Fees**	\$518	\$534	\$550	\$566	\$583	\$601	3.0%	\$16	3.0%	\$16	3.0%	\$16	3.0%	\$17	3.0%	\$17
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)***	\$3,980	\$4,168	\$4,290	\$4,416	\$4,546	\$4,678	4.7%	\$188	2.9%	\$122	2.9%	\$126	2.9%	\$130	2.9%	\$132
Est. First-Year Fees (CA resident)	\$48,610	\$50,368	\$51,876	\$53,428	\$55,025	\$56,663	3.6%	\$1,758	3.0%	\$1,508	3.0%	\$1,552	3.0%	\$1,597	3.0%	\$1,637
Est. First-Year Fees (Nonresident)	\$60,855	\$62,613	\$64,121	\$65,673	\$67,270	\$68,908	2.9%	\$1,758	2.4%	\$1,508	2.4%	\$1,552	2.4%	\$1,597	2.4%	\$1,637

\* 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 summer fees (Tuition, the SSF, and campus-based fees).

**Additional comments:** Other represents summer quarter tuition.

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

UCSF's three-year, year-round Doctor of Pharmacy (PharmD) degree program is a science-based, integrated, experiential course of study that prepares ambitious minds for diverse and dynamic careers in pharmacy and beyond. Students are at the center of their own learning in this curriculum, as they question the status quo, identify, and solve problems, and explore the latest developments in science and the latest innovations in practice with renowned research and clinical faculty members. Ultimately, the curriculum prepares students to lead in a constantly changing health care environment while developing into skilled, compassionate, patient-centered pharmacists.

The UCSF PharmD curriculum prepares inquisitive students with the critical thinking skills, strong science and therapeutics knowledge, and patient focus needed to improve the health of patients today and into the future, regardless of the continual changes in science knowledge and health care practices. With a UCSF PharmD, graduates are prepared as both scientific thinkers and experts in the safe and effective use of medications to prevent, cure, and manage diseases with diverse career options. We prepare our students to demonstrate sensitivity and responsiveness to culture, race/ethnicity, age, socioeconomic status, gender, sexual orientation, spirituality, disabilities, and other aspects of diversity and identity.

The PharmD program students are primarily California residents. Our target class size is 127 for each new entering class, which in the three-year program means we have approximately 381 students enrolled at any one time. Our didactic curriculum is delivered on our Parnassus campus and clinical rotation sites are in the San Francisco Bay Area, North Bay, Sacramento, Southern California, and Fresno.

Our PharmD program is ranked #2 in the country by the 2020 U.S. News and World Report and in January 2022 received full accreditation for eight years (through June 30, 2030) from the Accreditation Council for Pharmacy Education in the Fall of 2021. All standards were found to be completed with two requiring monitoring to address improvements to strengthen areas of foundational knowledge and results of outcome assessments not available at the time of the review as well as faculty workload issues associated with the administration and provision of the curriculum.

## II. PROGRAM GOAL EVALUATION

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

Our previous proposal covered academic years 2021-22 and 2022-23. Due to the COVID-19 pandemic, we did not raise fees during the period of that plan, and we continued our goals from the prior plan (2018-19 through 2020-21). That proposal covered both the first three years of our new three-year program and the last three years of our previous four-year program. Additional COVID-specific costs included more frequent cleaning of our school classrooms and providing PPE for students on clinical rotations as required by our experiential sites. PDST funds were essential to achievement of our stated goals, which addressed enhancing affordability, diversity, and program quality. Our goals from the last multi-year plan were as follows:

### **1. Continue to fund staff in support of the revised curriculum.**

Prior to the build and implementation of the new curriculum, we had a five-person team in the Department of Clinical Pharmacy that mostly supported the courses taught by clinical faculty. In 2012 the unit was transferred to the Dean's Office and renamed the Office of Education and Instructional Services (OEIS). Staff were added to support the increased use of education technologies, and eventually tripled in size (2014-2017) to maintain the support of our four-year curriculum and simultaneously support the build and implementation of our new three-year curriculum. This team now supports all faculty across the three departments in delivering the didactic and experiential curriculum. They support faculty with the posting of electronic learning materials, course and teaching evaluations, electronic assessments, tech support for faculty and students, and management of our education technology systems. This team proved crucial as we dealt with the fallout from Covid-19 and the refusal of experiential sites to take students during the initial stages of the pandemic. The additional support staff proved to be an advantage when it came time to pivot to online learning due to Covid-19. With the retiring of the legacy curriculum, the number of staff decreased as planned due to contract expirations and staff resignations. The new curriculum is more complex, has increased small group active learning, and increased use of education technologies and requires ongoing assessment of staff needed to support faculty and students. In Fiscal Year (FY) 2020-21, the PDST funds used to support contract OEIS Staff for the dual curriculum (legacy and new) was ~\$890K (8 FTE). In FY2021-22, we had one curriculum, and our contract support staff was reduced to ~\$390K (5 FTE). In recognizing the complexity of the new curriculum and wanting to retain talented staff, we converted 3 contract employees to permanent staff. As of FY 2022-23, we are currently supporting 2 contract FTEs (~\$220K) and 7 career staff for a total of 9 staff.

**2. Provide staff support to faculty in instructional technology that is heavily used in this curriculum.**

The larger professional staff in OEIS played a crucial role in enabling us to be successful in our ability to quickly pivot to fully online program during the 2020-21 and 2021-22 academic years. A major focus for this group is administering and managing core education technologies for the PharmD program including Ilios (curriculum management), Collaborative Learning Environment (Moodle implementation used by all four professional health education schools at UCSF), E\*Value (course evaluation software), and ExamSoft (exam software). Currently we have adopted a hybrid model of delivering the curriculum from lessons learned these past two academic cycles. To date, a majority of the curriculum is delivered in person.

**3. Continued support for faculty in charge of our experiential education program that occurs year one through three.** Included in the nine person OEIS staff, we have two faculty members who serve as Associate Dean of Experiential Education and Professional Development, and Assistant Director of Experiential Education. Both positions are filled by faculty from our Clinical Pharmacy department. These positions provide oversight of students and preceptors as well as support the scheduling of clinical rotations that occur over the three-year curriculum: community pharmacy rotations for first year students, hospital rotations for second year students, and the fulltime clinical rotations across a variety of patient care settings for third year students. The nine staff members support faculty in delivering the didactic and experiential curriculum. They support faculty with the posting of electronic learning materials, course and teaching evaluations, electronic assessments, tech support for faculty and students, and management of our education technology systems. This team proved crucial as we dealt with the fallout from Covid-19 and the refusal of experiential sites to take students during the initial stages of the pandemic. **PDST funds were used to continue the support of these experiential administrative positions due to the fact that both the first cohort of our new curriculum and the last cohort of our old curriculum required clinical rotation spots in the same year.** The planning for increasing the capacity of clinical rotations began in 2017. These faculty administrators oversaw the process to identify additional sites in Southern California and Fresno for the two cohorts in 2021-22 and managed the loss of some clinical rotation sites due to Covid-19. The PDST fund support is roughly ~\$250K in FY2021-22 for the Experiential Directors.

**4. Increase the diversity of our student body.** While the number of African American and Native American students remains low, as described further in section V below, we have been able to modestly increase our enrollment of students from underrepresented groups (URG), from 10% in 2018-19 to 13% in 2021-22. We are continuing our outreach to HBCUs through virtual college fairs and our video tour program. This year we made a concerted effort to attract more Latinx students with a more focused outreach to the California State University campuses as well as focusing on UC campuses like Merced and Irvine that are designated as Hispanic Serving Institutions (HSI) and have more diverse student populations. Our interprofessional post baccalaureate program has been in existence for 10 years with >90% of the students ultimately admitted to our PharmD program. The priority population for this program are prospective students from underserved and underrepresented students.

The program provides a year-long comprehensive program that includes course work and tailored advising to assist students in preparing a competitive application for the PharmD program. Enrollment ranges from one to five students and as of 2021, each student receives a \$5,000 scholarship from UCSF. See <https://pharmd.ucsf.edu/admissions/postbacc>.

5. **Continue to raise money for scholarships to address the affordability of our program.** In addition to 33% of the PDST going to financial aid, which is allocated solely based upon need, the school has 25 scholarship funds along with 10 donor funded scholarship funds During the period covered by our previous multi-year plan, the school spent \$1.8M over three years on scholarships in addition to Return-to-Aid (RTA). In the three years prior, we spent \$1.1M on student scholarships.

### 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 prior 2-year proposal covered the implementation of a no-increase fee level for academic years 2022 and 2023. We are proposing for the next 5 years to implement a 3% increase, per year, in the professional degree supplemental tuition fee level. We anticipate continued interest and demand for the profession of pharmacy and a stabilized applicant pool – see section III.e for additional background on changing dynamics in Pharmacy applications nationwide and in California. In addition to addressing fixed costs related to inflation, new PDST funds will be used to address the goals summarized in the following table.

<i><b>What <u>goals</u> are you trying to meet and what problems are you trying to solve with your proposed PDST levels?</b></i>	<i><b>How will the quality of your program change as a consequence of additional PDST revenue?</b></i>	<i><b>What will be the consequence(s) if proposed PDST levels are not approved?</b></i>	<i><b>What will be the essential educational <u>benefits</u> for students given the new PDST revenue?</b></i>	<i><b>Estimated Cost of PDST increases</b></i>

UCSF/Pharmacy Doctorate Program/PharmD  
Established Program/Established PDST

<p><b>Goal # 1 – Maintain program excellence by retaining our faculty and maintaining the current student-to-faculty ratio</b></p>	<p>The quality of our program is a direct result of our excellent clinical and basic science faculty. We need to ensure that we recruit and retain the most expert and diverse faculty so that we deliver a world class education to our students. To keep pace with inflation, new PDST funds will be used on salaries and benefits of faculty directly involved in teaching the PharmD program. These funds will also be used to recruit expert faculty who will help deliver the complex and innovative curriculum.</p>	<p>If the PDST levels are not approved, it will make the school’s outreach and recruitment initiatives, and hiring strategies more difficult to achieve in today’s economic climate.</p>	<p>Students benefit from a learning environment that supports faculty in teaching and professional development.</p>	<p>About 32% (~\$137K) of PDST increase in 2023-24 (sans Student Financial Aid) will be used for this Goal</p>
<p><b>Goal #2 – Related to diversity, further enhance the culture and climate of our school community, leading to increased well-being and professional growth of our students, faculty, and staff.</b></p>	<p>Fostering and nurturing an environment that prioritizes programming to support the physical and mental wellbeing of faculty, students, and staff is essential. The proposed PDST funds along with available campus resources can help maintain such an environment. New PDST funds will be used to increase support for Diversity, Equity, and Inclusion (DEI) activities and initiatives. Examples of such activities are establishment of a research summer program for students interested in pharmacy with Xavier University, increased financial support for students participating in our Post-Baccalaureate Program and our Propel Program, and new programs with high school students from the San Francisco and Oakland Unified School districts.</p>	<p>If funds are not approved, the efforts to support these programs will be a continued challenge for the school in not providing more than what we are doing for faculty, students, and staff.</p>	<p>Students will benefit with increased support to 1) interact more with the SOP community, 2) showcase their academic work at professional meetings and other events, and 3) continue to support students in their academic and community outreach work related to health disparities in underserved communities.</p>	<p>About 31% (~\$135K) of PDST in 2023-24 increase (sans Student Financial Aid) will be used for this Goal</p>

UCSF/Pharmacy Doctorate Program/PharmD  
Established Program/Established PDST

<b>Goal #3 – Improved support of the teaching and learning experience for faculty and students through the use of educational technologies</b>	Education technology is a tool to enhance the teaching of faculty and learning of students and overall quality of our program. Staying on top of the changing landscape of education technology allows us to provide the state-of-the-art tools needed to educate future health professionals. Examples include a curriculum management system (i.e., Ilios) and an electronic administration of assessments system (i.e., ExamSoft).	If PDST increases are not approved, the plans to enhance our technologies and to keep up with advances and updates will be difficult to maintain. Our school utilizes many systems to coordinate, deliver, and assess our program.	Our students today are very sophisticated and technology savvy. The benefits for our students will be to enhance their learning experiences at UCSF and prepare them for the use of technologies in their future professional jobs.	About 37% (~\$158K) of PDST in 2023-24 increase (sans Student Financial Aid) will be used for this Goal
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**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue						Total Projected PDST Revenue in Final Year
	Total 2022-23 PDST Revenue	Incremental 2023-24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	
<b>Faculty Salary Adjustments</b>	\$1,900,000	\$66,500	\$58,995	\$60,765	\$62,588	\$64,465	\$2,213,313
<b>Benefits/UCRP Cost</b>	\$1,625,000	\$56,875	\$50,456	\$51,970	\$53,529	\$55,135	\$1,892,965
<b>Providing Student Services</b>	\$2,250,000	\$121,250	\$71,138	\$73,272	\$75,470	\$77,734	\$2,668,863
<b>Improving the Student-Faculty Ratio</b>	\$270,000	\$13,500	\$9,043	\$9,051	\$8,844	\$9,435	\$319,873
<b>Expanding Instructional Support Staff</b>	\$1,250,000	\$70,159	\$39,605	\$40,793	\$42,018	\$43,277	\$1,485,852
<b>Instructional Equipment Purchases</b>	\$175,000	\$87,500	\$7,875	\$8,111	\$8,355	\$8,605	\$295,446
<b>Providing Student Financial Aid</b>	\$3,880,000	\$208,892	\$122,936	\$126,492	\$130,048	\$134,112	\$4,602,480
<b>Other Non-salary Cost Increases</b>	\$250,000	\$10,000	\$7,800	\$8,034	\$8,275	\$8,523	\$292,632
<b>Facilities Expansion/Renewal</b>	\$28,720	\$3,280	\$960	\$989	\$1,018	\$1,049	\$36,016
<b>Total use/projected use of revenue</b>	\$11,628,720	\$637,956	\$368,808	\$379,477	\$390,144	\$402,336	\$13,807,440

\* 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.**

It is important to note that the UCSF campus agreed to not request increases in PDST fees considering the COVID pandemic and the negative impact on the economy experienced by our faculty, students, and staff. At the campus level, cost-cutting efforts included those to centralize core services that are used by all programs and to identify staff that can be used across programs, particularly in supporting our education technology systems. As an example, we reduced costs by sharing our curriculum management systems across programs and sharing the costs.

At the school level, efforts are in place to provide ongoing assessment of staffing needs and restructuring how the work is done by staff in OEIS and OSACA. The hiring of new staff was paused, and proposals will be considered for hiring needed staff as part of the restructuring the work to support the PharmD program FY 2024. We plan to use lessons learned from the pandemic to make our delivery of the curriculum and the provision of services to students and faculty more efficient and effective.

Finally, under the leadership of our new dean, fundraising for scholarships and for the school is a top priority. We work closely with our Development colleagues and the Alumni Association to identify new endowed scholarship funds for student scholarships that will supplement the increase to RTA from the proposed 3% PDST increases. In FY 2022 and 2023, our donor funded awards totaled \$1.3M. Our forecast moving forward in the three subsequent years (2024-2026) is \$2.2M for a combination of approximately 100 need & merit awards, many of which will focus on diversity and out of state applicants.

**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.”**

	Projected Enrollment					
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Resident	345	345	345	345	345	345
Domestic Nonresident	30	30	30	30	30	30
International	6	6	6	6	6	6
<b>Total</b>	<b>381</b>	<b>381</b>	<b>381</b>	<b>381</b>	<b>381</b>	<b>381</b>

**Additional comments:**

Over the past 2 decades, the number of schools of pharmacy has dramatically increased, both nationally and in the State of California. In the late 1970’s/early 1980’s, there were approximately 70 schools of pharmacy in the United States. The American Association of Colleges of Pharmacy (AACP) reports that as of January 2022, there were a total of **141** accredited schools. In California, the proliferation of schools has been even more accelerated, increasing from 3 (UCSF, University of the Pacific, University of Southern California) in the late 1970’s, to the current total of **14** schools of pharmacy in California. The Regents recently approved the University of California Irvine, School of Pharmacy, which enrolled its first class in Fall 2021. This proliferation of pharmacy schools has substantially affected the number of applicants for all pharmacy programs.

In addition to the increased number of pharmacy programs, the applicant pool independently has substantially declined. AACP data show that the peak number of U.S. applicants to schools of pharmacy was in 2012-13 with a total of 17,617; this number has declined every year, most recently declining to 13,324 for 2020-21, a 24% decrease over eight years. Specific to the UCSF School of Pharmacy, there were 352 applicants in 2021 vying for a target enrollment of 127 UCSF first year admissions; for the class which started this July 2022, that total was **304** applicants for our target of 127 admissions, a reduction of 14%.

Despite the trends in application levels, we assumed a steady state of 381 total students for each year, assuming a stable economy and continued interest and demand for the profession of pharmacy.

#### IV. MARKET COMPARISONS: TOTAL CHARGES

IV.a. In the table below, identify a *minimum* of 3 institutions that are 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.

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR																
Total Resident Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
Univ of CA, Irvine (4 year)	198,045	206,252	213,814	220,929	227,545	234,362	4.1%	8,207	3.7%	7,562	3.3%	7,115	3.0%	6,616	3.0%	6,817
Univ of CA, San Diego (4 year)	182,108	187,800	193,418	199,206	205,171	211,316	3.1%	5,692	3.0%	5,618	3.0%	5,788	3.0%	5,964	3.0%	6,146
Chapman University (3 year)	268,676	276,736	285,038	293,589	302,397	311,469	3.0%	8,060	3.0%	8,302	3.0%	8,551	3.0%	8,808	3.0%	9,072
University of the Pacific (3 year)	208,345	214,595	221,033	227,664	234,494	241,529	3.0%	6,250	3.0%	6,438	3.0%	6,631	3.0%	6,830	3.0%	7,035
University of Southern California (4 year)	253,813	261,427	269,270	277,348	285,668	294,238	3.0%	7,614	3.0%	7,843	3.0%	8,078	3.0%	8,320	3.0%	8,570
<b>Average public comparison</b>	<b>190,076</b>	<b>197,026</b>	<b>203,616</b>	<b>210,068</b>	<b>216,358</b>	<b>222,839</b>	<b>3.7%</b>	<b>6,950</b>	<b>3.3%</b>	<b>6,590</b>	<b>3.2%</b>	<b>6,452</b>	<b>3.0%</b>	<b>6,290</b>	<b>3.0%</b>	<b>6,481</b>
<b>Average private comparison</b>	<b>243,611</b>	<b>250,919</b>	<b>258,447</b>	<b>266,200</b>	<b>274,186</b>	<b>282,412</b>	<b>3.0%</b>	<b>7,308</b>	<b>3.0%</b>	<b>7,528</b>	<b>3.0%</b>	<b>7,753</b>	<b>3.0%</b>	<b>7,986</b>	<b>3.0%</b>	<b>8,226</b>
<b>Average public and private comparison</b>	<b>222,197</b>	<b>229,362</b>	<b>236,515</b>	<b>243,747</b>	<b>251,055</b>	<b>258,583</b>	<b>3.2%</b>	<b>7,165</b>	<b>3.1%</b>	<b>7,153</b>	<b>3.1%</b>	<b>7,233</b>	<b>3.0%</b>	<b>7,308</b>	<b>3.0%</b>	<b>7,528</b>
<b>Your program (3 year)</b>	<b>150,853</b>	<b>155,671</b>	<b>160,329</b>	<b>165,116</b>	<b>170,050</b>	<b>175,138</b>	<b>3.2%</b>	<b>4,818</b>	<b>3.0%</b>	<b>4,658</b>	<b>3.0%</b>	<b>4,787</b>	<b>3.0%</b>	<b>4,934</b>	<b>3.0%</b>	<b>5,088</b>

Total Nonresident Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
Univ of CA, Irvine (4 year)	247,025	255,232	262,794	270,277	277,638	285,591	3.3%	8,207	3.0%	7,562	2.8%	7,483	2.7%	7,362	2.9%	7,952
Univ of CA, San Diego (4 year)	231,088	236,780	242,398	248,554	255,264	262,545	2.5%	5,692	2.4%	5,618	2.5%	6,156	2.7%	6,710	2.9%	7,281
Chapman University (3 year)	268,676	276,736	285,038	293,589	302,397	311,469	3.0%	8,060	3.0%	8,302	3.0%	8,551	3.0%	8,808	3.0%	9,072
University of the Pacific (3 year)	208,345	214,595	221,033	227,664	234,494	241,529	3.0%	6,250	3.0%	6,438	3.0%	6,631	3.0%	6,830	3.0%	7,035
University of Southern California (4 year)	253,813	261,427	269,270	277,348	285,668	294,238	3.0%	7,614	3.0%	7,843	3.0%	8,078	3.0%	8,320	3.0%	8,570
<b>Average public comparison</b>	<b>239,056</b>	<b>246,006</b>	<b>252,596</b>	<b>259,415</b>	<b>266,451</b>	<b>274,068</b>	<b>2.9%</b>	<b>6,950</b>	<b>2.7%</b>	<b>6,590</b>	<b>2.7%</b>	<b>6,819</b>	<b>2.7%</b>	<b>7,036</b>	<b>2.9%</b>	<b>7,617</b>
<b>Average private comparison</b>	<b>243,611</b>	<b>250,919</b>	<b>258,447</b>	<b>266,200</b>	<b>274,186</b>	<b>282,412</b>	<b>3.0%</b>	<b>7,308</b>	<b>3.0%</b>	<b>7,528</b>	<b>3.0%</b>	<b>7,753</b>	<b>3.0%</b>	<b>7,986</b>	<b>3.0%</b>	<b>8,226</b>
<b>Average public and private comparison</b>	<b>241,789</b>	<b>248,954</b>	<b>256,107</b>	<b>263,486</b>	<b>271,092</b>	<b>279,074</b>	<b>3.0%</b>	<b>7,165</b>	<b>2.9%</b>	<b>7,153</b>	<b>2.9%</b>	<b>7,380</b>	<b>2.9%</b>	<b>7,606</b>	<b>2.9%</b>	<b>7,982</b>
<b>Your program</b>	<b>187,588</b>	<b>192,406</b>	<b>197,064</b>	<b>201,851</b>	<b>207,152</b>	<b>212,986</b>	<b>2.6%</b>	<b>4,818</b>	<b>2.4%</b>	<b>4,658</b>	<b>2.4%</b>	<b>4,787</b>	<b>2.6%</b>	<b>5,301</b>	<b>2.8%</b>	<b>5,834</b>

Comparator School Sources:

Institution Name	Public/Private	Program length	Website link(s) to comparator institution tuition and fee levels
Univ of CA, Irvine	Public	4 year program, summer is not required	<a href="https://pharmsci.uci.edu/pharm-d/">https://pharmsci.uci.edu/pharm-d/</a>
Univ of CA, San Diego	Public	4 year program, summer is not required	<a href="https://pharmacy.ucsd.edu/">https://pharmacy.ucsd.edu/</a>
Chapman University	Private	3 year, eight, 15-week trimesters	<a href="https://www.chapman.edu/pharmacy/index.aspx">https://www.chapman.edu/pharmacy/index.aspx</a>
University of the Pacific	Private	3 year program; trimesters	<a href="https://pharmacy.pacific.edu/pharmacy">https://pharmacy.pacific.edu/pharmacy</a>
University of Southern California (USC)	Private	4 year program	<a href="https://pharmacyschool.usc.edu/program/doctor-of-pharmacy-pharmd/">https://pharmacyschool.usc.edu/program/doctor-of-pharmacy-pharmd/</a>

**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).**

While PharmD programs vary in length, the three private programs, Chapman University, University of the Pacific, and University of Southern California (USC), and the two public programs at UC Irvine and UC San Diego were chosen because they are all located in California and since many of our students are from California, we are competing for the same students. USC is the only private pharmacy school in California also ranked in the top 20 by U.S. News and World Report.

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

As the table shows, for in-state students, our program costs approximately \$39,000 less than our public comparators and is substantially more affordable (~\$90K less) than our private comparators (Chapman, Univ of Pacific, and Univ of Southern California). We are one of only three public schools of pharmacy in California (the others are at UC San Diego and UC Irvine), which has a total of 14 schools of pharmacy. Our total costs for degree completion are lower than our California comparators partially due to our shorter program (3 years). Our two UC comparators are 4-year programs. Additionally, our three-year program has two major benefits for our students. One benefit is that a three-year program allows our graduates to pursue advanced training a year earlier or begin working as pharmacists and earning income and advancing their careers. The second benefit is that housing costs in San Francisco will be reduced by a full year. We operate in one of the most expensive cities in the country and we are a top tier school, consistently ranking among the top three pharmacy schools in the nation. As noted in section VI.b. below, the percentage of our graduates with debt is lower than both public and private comparisons.

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

The UCSF PharmD program is unique in the way innovative science is threaded through the curriculum. UCSF School of Pharmacy has been the number one recipient of NIH grants awarded to Schools of Pharmacy for the past 40 consecutive years. The scientists responsible for that accomplishment are regular contributors to our PharmD program. They teach a scientific method of thinking

and an awareness of the cutting edge of biomedical science that unparalleled by our comparison institutions. Our students learn alongside our outstanding clinical faculty who provide state of the art pharmaceutical care services at academic medical centers.

## 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.

	Actual	Actual	Actual	Estimated	Comparison (2021-22)	
	2019-20	2020-21	2021-22	Fall 2022	Publics	Privates
Ethnicity						
<b>Underrepresented</b>						
African American	2.5%	2.9%	3.8%	7.0%	3.3%	2.2%
Hispanic/Latino(a)	7.6%	9.1%	9.1%	6.0%	8.0%	5.7%
American Indian	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
<b>Subtotal Underrepresented</b>	<b>10.1%</b>	<b>12.0%</b>	<b>12.9%</b>	<b>13.0%</b>	<b>11.3%</b>	<b>8.1%</b>
Asian/Pacific Islander	67.3%	65.5%	66.8%	66.0%	59.8%	64.8%
White	16.7%	15.6%	15.0%	16.0%	19.6%	18.8%
Domestic Unknown	5.3%	5.1%	3.2%	5.0%	9.3%	6.8%
International	0.6%	1.9%	2.1%	0.0%	0.0%	1.6%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Socioeconomic</b>						
% Pell recipients	38.0%	46.0%	43.0%	N/A	N/A	N/A
<b>Gender</b>						
% Male	27.0%	27.0%	27.0%	21.0%	33.2%	32.4%
% Female	73.0%	73.0%	73.0%	79.0%	66.8%	67.6%
% Non-Binary	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

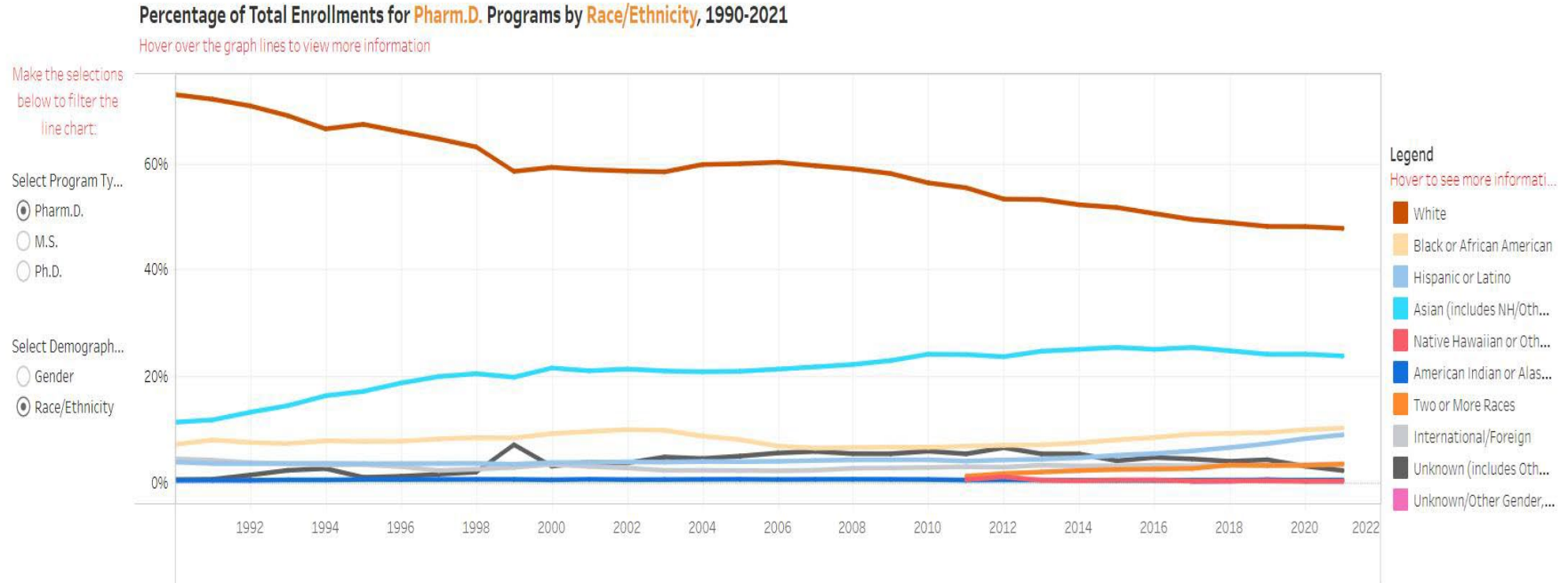
## UCSF/Pharmacy Doctorate Program/PharmD Established Program/Established PDST

### Sources:

**UC ethnicity, socioeconomic status:** UC Corporate data (2019-2020, 2020-2021, 2021-22). Fall 2022 Estimate: UCSF Office of Institutional Research.

**Comparison institutions:** American Association of Pharmacy Education (AAP) Demographics Data, Fall 2021 Enrollments-Profile of : <https://www.aacp.org/research/institutional-research/student-applications-enrollments-and-degrees-conferred>. The American Association of Pharmacy Education (AAP) is our main source of demographic data collected for comparative pharmacy schools across the country. Note: AAP reports *Two or More Races* independently. For this comparison, we included the *Two or More Races* category in *Domestic Unknown* for both the public and private comparator institutions.

The following graph shows enrollment data for all PharmD programs by race/ethnicity since 1990. Please note, the AAP graph below does not differentiate between Public and Private.



Source: [https://public.tableau.com/app/profile/aacpdata/viz/FirstProfessionalPharm\\_D\\_andGraduateEnrollmentTrends/Final](https://public.tableau.com/app/profile/aacpdata/viz/FirstProfessionalPharm_D_andGraduateEnrollmentTrends/Final)

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

Overall, our enrollment of students from underrepresented groups (URG), increased from 10% in 2019-20 to 13% in 2021-22. Currently, at 13% overall URG enrollment, we have a higher percentage than our public and private comparator institutions (1.7% and 4.9% more, respectively). While the number of African American and Native American students remains low across all the institutions, we have been able to increase our enrollment of African American students from 2.5% in 2019-20 to 7% based on fall 2022 estimates at this time. Our enrollment of Latinx students has remained steady, from 7.6% to 9.1%, over the past three years, though fall 2022 estimates show a decline to 6%. This in part reflects the demographic differences within California and we also attribute this to some of the Southern California applicants choosing our public comparator, UC Irvine, a new pharmacy school now in year two, to be closer to home. There is a higher Latinx population in Southern California which is reflected in the URG percentage at UC Irvine. As shown in the table, the largest population of students among our comparators, all of which are in California, are Asian/Pacific Islander, averaging at 64%.

We are committed to outreach and recruitment of underrepresented students. We will build on our existing strategies and create new ones that stretch across the continuum of a student's education from high school through undergraduate programs, including our post-baccalaureate program. Building on our larger goal of visibility, we have increased our recruitment presence at campuses with historically large, underrepresented populations, such as CSU Hayward, CSU Long Beach, and CSU Los Angeles. In addition, we maintain a strong presence in the Central Valley, with an annual outreach program held in Fresno and campus visits at UC Merced, CSU Fresno, and CSU Bakersfield. Our outreach activities are now done both in person and virtually and the total number has increased due to the virtual offerings of information sessions. We are in the process of developing a summer research program with the Dean and faculty from Xavier University School of Pharmacy (an HBCU) for their students to spend time at UCSF to explore our graduate and PharmD programs.

Two programs that we invest a great deal of resources in serve as pipelines for underrepresented students: (1) As described previously, we heavily invest in the UCSF Pharmacy Post-Baccalaureate Certificate Program, which is a year-long, structured program designed for those who have completed the required undergraduate coursework but feel they need a stronger academic foundation to be more competitive in applying to pharmacy school. (2) Inside UCSF is an annual outreach program geared towards students at

two- and four-year degree schools who are interested in pursuing careers in health and science. These two programs have provided opportunities for underrepresented students to learn about our PharmD program. Since the beginning of the program in 2010 we have graduated 49 students with 33 (67%) of them being from underrepresented groups. Of the 33 students, 25 (76%) were offered admission to our program and 23 (70%) accepted and matriculated into the program. The total number of students attending Inside UCSF and specifically the pharmacy information program was 135 students. Of the total number of students 78 were from underrepresented groups (58%). Over this same time period 43 students were offered admission and 37 of those students matriculated into the program.

The School of Pharmacy uses a holistic admissions process that looks at the totality of a student's life experiences and challenges, which allows students to be considered for admission not simply based on test scores that have been shown to favor students in more wealthy socioeconomic groups. In 2019 we removed the PCAT (Pharmacy College Admissions Test) an admissions requirement because students indicated the additional cost was a deterrent to applying to our program.

The program recognizes it has a lot more work to do to enroll more underrepresented students and, to some degree, the reduced applicant pool has challenged our student diversification efforts. However, we are committed to creating new strategies such as enhancement of our PharmD website, creation of contemporary marketing messages, and enhanced social media campaigns to increase not only our URG applicant pool, but those who matriculate to our program. Moving forward we intend to implement the following:

- In order to boost more URG applicants from out of state, as well as those from Southern California who may be deterred by the high cost of living in the Bay Area, we intend to increase our efforts in creating more out of state incoming scholarships to offset the cost of out of state tuition as well as implementing new scholarships focused on diversity, which will in turn boost our overall URG efforts. In 2023-24, we will have five new diversity scholarships and a goal of offering all admitted out of state students with a scholarship to offset any out of state fees.
- We also plan to increase our activities with the San Francisco and Oakland Unified School Districts to expand the pipeline of STEM (Science, Technology, Engineering, and Math) students by introducing them to the diverse career options in pharmacy that include academia, patient care, regulatory science, and industry. In addition to our pipeline efforts, we have restructured administrative roles to include new co-Vice Deans of Diversity, Equity, and Inclusion. This will enable us to focus not only on outreach and recruitment but also on student retention in the program.



- In order to increase enrollment of Latinx, African American, and Native American students, we are aggressively expanding our current efforts and allocation of resources on recruitment and outreach at CSU campuses with larger numbers of underrepresented students via health professions career fairs, information sessions, and social media campaigns.

**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 proportion of our students who received Pell grants has fluctuated. In 2014, 40% of our students received Pell grants and in 2016 that number rose to 49.6%. The 2020-21 percentage has declined to 43%. This is in line with national trends of a decline in Pell grants as a percentage of federal student aid programs (see: <https://research.collegeboard.org/media/pdf/trends-college-pricing-student-aid-2021.pdf>). Note that the percent of undergraduate students in the UC system receiving Pell Grants was 37% in 2018 and 34% in 2021 (see: <https://accountability.universityofcalifornia.edu/2022/>).

UCSF offers a comprehensive financial aid package that includes a variety of need-based grants, scholarships, loans, and work study opportunities to meet the needs of all students. To bridge the gap for students enrolled in degree programs who are not living in campus housing, UCSF will continue to offer a need-based program to provide a \$2,500 Cost of Living Supplement (COLS) to current and admitted students in the 2022-23 academic year. The COLS may be used, at the student's discretion, to help pay for housing or associated costs, such as commuting. The COLS program will be gradually phased out as new affordable campus housing becomes available. The campus also has a variety of robust Basic Needs programs which include the student food market, Food for Students text program, CalFresh, Food Security for Students Program, and Lyft Partnership to help students with rising bay area housing prices, food access and transportation services, as well as Rapid Rehousing awards. Notices of all of these resources are posted on the UCSF Student Success Center's website and announced by the Vice Provost's, Office of Student and Academic Affairs. These messages are reinforced through the school's Office of Student and Curricular Affairs and our Associate Dean of Students.

UCSF Student Academic Affairs (SAA) is also very committed to reducing the private loan burden for students who are ineligible for federal aid (or do not have other tuition and stipend support), including undocumented students, by providing a \$20K scholarship and \$10K university-owned loan. In addition, SAA continues to promote access by providing First Generation student scholarships, and the UCSF Development Office has recently spearheaded efforts to fundraise for additional support for these students.

In addition to our financial aid efforts, we plan to aggressively outreach to the CSU campuses. Students from the CSUs also tend to be more likely to be Pell grant recipients.

**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?**

Nationally, PharmD program enrollment is **34%** male and **66%** female. Our program historically has been approximately **29%** male and **71%** female. School-based strategies are not likely to change this male-to-female ratio, which has been consistent nationally over the last 40 years. As of **Fall 2021**, our students are **27%** male. We have made efforts in our marketing materials and videos to feature male pharmacists to show that the profession and our program are gender inclusive. The UC system has made efforts and put in place policies for students to identify their gender outside of selecting “male” or “female”. We are working hard to adjust our surveys to allow for full inclusiveness of how individuals identify with regards to race/ethnicity and gender.

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

We expect that the composition of students in the final year of our multi-year plan will include more URG students and Pell Grant recipients. As previously described in this proposal the school is committed to increasing and enhancing all of our outreach and recruitment strategies.

**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.*

All Faculty (School or Department)				
Ethnicity		2019-20	2020-21	2021-22
Black/ African/ African American	Domestic	2.3%	2.1%	1.5%
	International			
Hispanic/ Latino(a)	Domestic	3.5%	3.5%	3.9%
	International			
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	26.7%	35.2%	34.6%
	International			
White	Domestic	64.0%	42.1%	39.9%
	International			
Two or More Races	Domestic	0.0%	1.1%	1.1%
	International			
Other/ Unknown	Domestic	3.5%	16.0%	19.0%
	International			
Percentage by Gender		2019-20	2020-21	2021-22
Female		46.5%	24.50%	24.5%
Male		53.5%	16.0%	16.0%
Non-Binary/Unknown		0.0%	59.50%	59.5%

Ladder Rank and Equivalent Faculty (School or Department)				
Ethnicity		2019-20	2020-21	2021-22
Black/ African/ African American	Domestic	0.0%	4.00%	4.0%
	International			
Hispanic/ Latino(a)	Domestic	3.0%	7.00%	7.0%
	International			
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	27.3%	21.30%	22.0%
	International			
White	Domestic	69.7%	67.70%	67.0%
	International			
Two or More Races	Domestic	0.0%	0.0%	0.0%
	International			
Other/ Unknown	Domestic	0.0%	0.0%	0.0%
	International			
Percentage by Gender		2019-20	2020-21	2021-22
Female		33.3%	54.0%	52.0%
Male		66.7%	46.0%	48.0%
Non-Binary/Unknown		0.0%	0.0%	0.0%

**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?**

Our school’s strategy centers around the recommendations from the UCOP Health Sciences Diversity Report: Disrupting the Status Quo (<https://www.ucop.edu/uc-health/files/uc-health-sciences-diversity-taskforce-report.pdf>). We are examining school and campus policies that make it difficult for faculty who are black, indigenous, and people of color (BIPOC) to succeed. We are making changes to how we perform faculty searches by making sure that the search committee is diverse both in terms of gender and race. Search committee members are mandated to complete the Foundations of Diversity, Equity and Inclusion Training module, and a representative from the UCSF Office of Diversity and Inclusion speak to the group about unconscious bias prior to the start of the process.

We have had recent success in hiring diverse faculty, including hiring underrepresented faculty in Pharmaceutical Chemistry and Bioengineering and Therapeutic Sciences in June 2022. In addition to these strategies around the interview and selection process, we have engaged our colleagues in the UCSF Office of Diversity and Outreach to have conversations with diverse faculty as to how UCSF can assist them in realizing their professional goals as a clinician, educator, and or researcher. The implementation on our campus of having Faculty Equity Advisors for faculty searches was key in the above stated recruitments. Their monitoring of the processes and outcomes of the search, including their review of the diversity of the applicant pool relative to the availability pool were key to the success of these recent successful searches. While these are important steps, a major barrier to the hiring of diverse faculty is the high cost of living in the SF Bay Area. Moving forward, the school, campus, and University of California must continue to partner and create novel strategies and initiatives to support the recruitment and diversification of our faculty.

The following are examples of campus and program efforts:

- Include the following language in all advertisements: "UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence."
- All applicants moved to an interview are required to submit a diversity statement as part of the hiring process.
- 
- Ensure that women and underrepresented minorities have equal opportunity to serve on search committees.
- Review and use the guidelines outlined in the UCSF Academic Search Committee Member Responsibilities document in order to conduct a search likely to attract women and underrepresented minority applicants. In alignment with these guidelines, the School of Pharmacy requires that all search committees are comprised of 25% women or minorities.
- Engage search committees in taking the Implicit Association Test to become aware of any implicit bias before conducting a search.

## 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 financial aid and affordability goals are to ensure that a student's decision to decline an offer of admission to the program is not based on affordability, that students have the financial aid information at the time of admissions offers to make informed decisions, and to increase our fundraising efforts for new endowed admissions scholarships.** The financial aid and affordability goals of the program are crafted towards the current, year-round, 3-year program, which allows for one less year of living costs (3 years) compared to the 4-year program, and expedited entry into the workforce by one year. These goals are a

necessary complement to the lifestyle and rigors of a year-round, 3-year program to alleviate the financial stress of the professional student.

We work closely with our campus financial aid office to offer a suite of loans and grants that are supplemented by the School of Pharmacy's scholarship offerings. Financial aid is awarded to students who have demonstrated financial need, in accordance with federal and UCSF policies, and is based on the concept of equity packaging. Students who come from lower-income families qualify for greater percentages of grant and scholarship funding. Currently 96.6% of our student body receive some combination of campus scholarships, professional school scholarships, and additional need-based financial support. This combination has resulted in a 7% decrease in the median loan indebtedness for graduates in fiscal year 2021-2022. The equity (free money portion) can change from year to year based on the total funding available and the number of students who are eligible. Sources of student scholarships include tuition and student service fee return to aid, PDST return to aid (Student Financial Aid ~33%), and School of Pharmacy gifts and endowments. Due to increased fundraising efforts and the restructuring of our scholarship program, we anticipate our school awards to increase in the academic year 2023-2024 to approximately \$889,000 with the break down as follows:

- Private Restricted Gifts: \$115,000
- Endowed/Donor Funded: \$774,000
- 

Beginning this upcoming academic cycle, we will work with financial aid to provide newly admitted students their financial aid packet prior to decision deadlines, and we will also administer an exit survey to graduating seniors to assess the debt burden at graduation.

We measure our financial aid awarding strategies via a variety of ways including student feedback, changes in graduating loan debt averages, SOP and Student Financial Services collaborations, analysis of competing schools, etc. These strategies are discussed, reviewed, and implemented annually as new scholarship budgets are established.

Students generally do not report declining our offer based on affordability of the program, but some students decline based on the cost of living in San Francisco, which is why UCSF provides funding for the Cost-of-Living Supplement and is dedicated to increasing the number of affordable student housing units. In addition, part of the strategy to move to a three-year from a four-year program was to eliminate one full year of San Francisco living expenses. Out-of-state students sometimes find the differential between cost of living in California and their home state is so great that this becomes a determining factor. For this reason, as mentioned, one of our new strategies is to increase our scholarship awards to more out of state students.

UCSF/Pharmacy Doctorate Program/PharmD  
Established Program/Established PDST

Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Percent with Debt	URG	100%	94%	94%	100%	78%	92%
	Non-URG	80%	79%	87%	74%	68%	78%
	International			50%	see note**		
	All	82%	82%	88%	78%	69%	79%
Average Debt among Students with Debt*	URG	\$153,013	\$165,921	\$148,017	\$154,127	\$141,882	\$148,526
	Non-URG	\$120,602	\$119,178	\$118,375	\$137,712	\$123,706	\$120,829
	International			\$123,876	see note**		
	All	\$125,563	\$127,220	\$122,944	\$139,666	\$125,239	\$124,311

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

\*\* 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.

Source: UCOP

Additional Comments: Blanks cells reflect that data were unavailable in the Corporate Student System/PDST dashboard.

	FY17-18 ACTUALS	FY18-19 ACTUALS	FY19-20 ACTUALS	FY20-21 ACTUALS	FY21-22 ACTUALS	FY21 to FY22 % Change
Total School of Pharmacy (PPD) Cumulative Debt	13,053,584	12,455,309	10,300,513	21,605,579	12,117,456	
Number of Graduates with Loans	106	90	83	175	99	
<b>Average Cumulative Debt</b>	<b>\$ 123,147</b>	<b>\$ 138,392</b>	<b>\$ 124,103</b>	<b>\$ 123,460</b>	<b>\$ 122,399</b>	<b>-0.9%</b>
<b>Median Cumulative Debt</b>	<b>\$ 132,050</b>	<b>\$ 137,148</b>	<b>\$ 130,500</b>	<b>\$ 127,700</b>	<b>\$ 118,719</b>	<b>-7.0%</b>
Number of Graduates Who Didn't Borrow	15	25	37	47	21	
Number of Graduates With Loans	106	90	83	175	99	
Number of Pharmacy Graduates	121	115	120	222	120	
<b>Percent (%) of Graduating Students with Loan Debt</b>	<b>87.6%</b>	<b>78.3%</b>	<b>69.2%</b>	<b>78.8%</b>	<b>82.5%</b>	<b>3.7%</b>

Source: UCSF Student Financial Aid Office. Extracted from Powerfaids 8/22/2022.

**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?**

As the data above show, the proportion of students graduating with debt has fluctuated over the last seven years. While the percentage of graduating students with loan debt rose from 79% in 2020-21 to 82.5% in 2021-22, the 2021-22 figure aligns with the historical average. In 2021-22, we had a **decrease** in the amount of average student debt compared with each year over the past five years (median debt **decreased** by 7.0% from 2020-21 to 2021-22). *(Note: In comparison to the data provided by UCOP, the average student debt for FY2021 is slightly higher (\$124,311) than the reported number for the school (\$123,460) due to UCOP's numbers excluding students who had enrolled in more than one graduate program.)*

Our Student Financial Services office collects parental information from all students under 30 years of age from which a Family Strength Index/FSI is calculated. This FSI represents the family need of the student and targets more scholarship dollars to students who come from historically needy families. Awarding scholarship dollars in this way indirectly and directly provides needed scholarship dollars to URG students, and these students will most certainly be supported by PDST increases with 1/3 RTA going back to them in providing them additional scholarship funding and reducing their indebtedness. An example of this is strongly demonstrated in the financial aid provided to Undocumented Students where UCSF is a leader in the amount of graduate financial aid scholarships and university loans committed to these students so that they can avoid applying for commercial/private loans. Therefore, we do not anticipate the increase to disproportionality affect our URG student population, but rather will provide more scholarship funding. With our increase in school scholarships, we anticipate our student indebtedness to remain static; however, we cannot predict how the current economic downturn and costs beyond our control will affect this trend.

In order to try to reduce debt levels, we continue to seek new and creative ways to increase our aid for students. The amount of gift aid provided has increased from \$5.3M in 2018-19 to \$6.9M in 2021-22. The 2018-19 year was the first year of our new three-year curriculum which charges four quarters of PDST annually, increasing both the annual cost and precluding summer employment to help students fund their education. At the same time, the shorter program provides savings in the total educational cost by eliminating a fourth year of rent and other living expenses, amounting to about \$24,000.

	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	79%	\$124,311	\$128,570	14%
<b>Public comparisons</b>	85%	\$143,302	\$128,570	16%
<b>Private comparisons</b>	85%	\$204,617	\$128,570	23%

Sources: UC: Corporate data

Comparison institutions:

<https://www.bls.gov/ooh/healthcare/pharmacists.htm>

<https://www.aacp.org/sites/default/files/2021-07/2021-gss-national-summary-report.pdf>

[https://www.nerdwallet.com/article/loans/student-loans/student-debt-continues-to-rise-for-new-pharmacists?trk\\_location=ssrp&trk\\_query=pharmacist&trk\\_page=1&trk\\_position=1](https://www.nerdwallet.com/article/loans/student-loans/student-debt-continues-to-rise-for-new-pharmacists?trk_location=ssrp&trk_query=pharmacist&trk_page=1&trk_position=1)

**Additional Comment:** Debt data for our specific comparators were not available; the amounts provided reflect the national debt average for public and private institutions, respectively. Starting median salaries were not available and, instead, median wage data were provided from the BLS Occupational Employment and Wage Statistics survey and reflect the median wage for the Pharmacy profession nationally. Most of our graduates enter a residency program first and those who practice in California can expect to earn a higher salary, closer to \$160,020 on average, than the national average of \$128,570.

**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.**

Our Financial Aid office has developed workshops on loan management and financial literacy that have helped students in making decisions about how much debt to take on in relation to their starting salaries and educating them in the various loan forgiveness plans available to them. Each year the school invites all graduating students to participate in additional financial literacy sessions, hosted by a financial advisor and financial aid experts. Overall, our graduates are able to manage their debt due to relatively high starting salaries (\$130,000 - \$150,000) in relation to their debt load. Pharmacist earning power continues to be strong; at the present time, this may partially mitigate concerns about the cost of a PharmD education.

**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.**

In addition to our UCSF financial aid liaison, we have two full time academic advisors who provide information on careers in public health due to the number of loan forgiveness programs that they can utilize. We make sure they are aware of the **Public Service Loan Forgiveness** program, the National Health Service Corps State Loan Repayment program, the Substance Use Disorder Workforce Loan Repayment program, the NIH Loan Repayment Plan, the Indian Health Service Loan Program, and the U.S. Army



Pharmacists Loan Repayment program. Additionally, our faculty provide guidance on a variety of career paths that include fellowship and career opportunities in underserved areas.

**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?**

Students who pursue public interest careers, which in the case of pharmacists is public health, earn on average around \$118,000 as opposed to positions in retail pharmacy and hospitals that are typically in the \$130,000 - \$150,000 range depending on locality. The school offers experiential education sites that provide care to the underserved so that students can experience both the satisfaction and challenges that come with providing care to the underserved. Our faculty highlight for students that there is a great need for pharmacists in public health in the rural parts of California. Our financial literacy workshops help students calculate how they can repay their loans in these types of positions, including the much lower cost of housing in rural areas, which can mean more disposable income for students despite the lower starting salary.

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

UCSF Student Financial Aid works closely with the School of Pharmacy to meet student financial need through grants, work study, loans, and institutional scholarships. These funds—combined with scholarships available through the School of Pharmacy for both California residents and promising out of state applicants—are included in financial aid packages for entering students. UCSF has established Cost of Living Supplement Program, Food Security for Students Program and Lyft Partnership to help students with rising bay area housing prices, food access and transportation services(<https://pharmd.ucsf.edu/admissions/cost>). In addition to information provided on our Prospective Students portion of our website (<https://pharmd.ucsf.edu/admissions>) and school brochures, we discuss these programs with prospective students in our virtual Pharmacy Information Days, graduate school fairs, and other outreach events (<https://pharmd.ucsf.edu/admissions/infosessions>).

**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, this information is on the Prospective Students portion of our school website describing the costs to attend our program. The website provides links directly to our Financial Aid Services for students to obtain more specific information as is relevant to their personal circumstances (<https://pharmd.ucsf.edu/admissions/cost>). In addition, we discuss these issues during our Pharmacy

Information Days that describe the application process and provide tips to assist students in completing their applications. The school offers a series of information days and workshops throughout the calendar year.

<https://pharmd.ucsf.edu/admissions/infosessions>

## 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.).**

COVID-19 had a huge impact on our program. One aspect that demanded immediate attention was maintaining engagement during classes that were done virtually. As we emerge from the pandemic, we utilize a "hybrid" approach to the delivery of our curriculum due to lessons learned from use of Zoom during the first two years of the pandemic. Our instructors have utilized various learning strategies and interactive learning activities to keep our students engaged. The pandemic also affected our Advanced Pharmacy Practice Experiences (APPE) with some of our partner hospitals declining to take our students, but we are now back to pre-COVID levels of engagement. The curriculum remains of the highest quality for our students.

In 2021, we implemented a robust assessment program by our assessment and evaluation team to collect evidence showing that our new curriculum is producing desired outcomes in our graduates and maintaining our excellent measures of on-time graduation rates, pass rates of the licensure exams, placement of graduates in residencies and fellowships, and satisfaction of our graduates' educational experience at UCSF.

## **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 2022-23 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):
- 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):

**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.**

### **1. Student Survey via Email/Smartsheet Form:**

- The proposed PDST fee increase was communicated to all students from the Office of the Dean via email on 10/26/22 with two reminder emails. The communication included a summary table of the five-year increase, the goals and mission the increase would support, and the benefits that would result if approved. A link to a feedback form was provided. Of the 372 students surveyed, 27 or 7% of the students responded to the survey.

### **2. Focus group with Class Leaders:**

- The Office of Student and Curricular Affairs met with class leaders to discuss the proposal on 11/2/22. Five student leaders were present. The first-year class leadership board reached out to their class and the feedback collected was incorporated into the comments from the student body leaders and are noted below. The Associate Dean of Student Affairs provided additional context and answered many of the questions from the students.

### **Feedback**

Overall, the students did not welcome a fee increase and students wanted to understand more about how tuition funds are currently allocated. They also voiced concerns about the added debt. Finally, one of their main concerns was around transparency on how the funds will be used if the fee increase was approved.

### **Primary themes and aggregated questions from student feedback:**

THEME: Tuition is high already. Where does the money go and why do you need more? When will this happen and to what cohorts?

- I already pay a lot for tuition and feel this money is more than enough to support the plans outlined in the PDST proposal. Where does my tuition money go?
- Why can't this take effect only for the incoming classes moving forward?
- Will students be able to see where the money goes if this proposal is approved? What will be done to ensure transparency and accountability for proper use of this funding?

THEME: Cost of Program & Debt/Financial aid

- I am worried about my debt load due to the cost of living and cost of the program already. The 3% increase will add to my worries about how I'm going to pay this off. What can I do?
- The financial aid I receive does not allow me to live comfortably as a full-time pharmacy student in San Francisco. Cost of living is high. I pay a lot for things like transportation to IPPE and volunteer events. I also pay for vaccine training, intern licensure, and other PharmD program costs.
- I'll be a P3 next year. If this gets approved, wouldn't I be paying for something that I won't be able to benefit from?

**Next Steps:**

The school will provide all students with an FAQ to answer students' questions about the PDST increases. The FAQ will include additional information and resources. We will also provide reports to students, at minimum twice per year, to show how the funds have been used. We do not plan to alter the proposal as a result of the feedback received. For future plans, we will implement strategies to solicit greater volume of feedback from the students (e.g., incentives such as \$20 gift cards for first 50 respondents).

**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 Sameera Singh on 10/26/22 .

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 Nishat Jahan on 10/26/22 .

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 on January 18, 2023. A Survey requesting comments on the proposed increases was sent to the full faculty immediately after the meeting on January 18, 2023.

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): Described the plan to faculty in the program via email (fall 2022), solicited their feedback, and reviewed the comments received.

**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.**

**Faculty Survey via Email/Smartsheet Form:**

The proposed PDST fee increase was communicated to all faculty at the January 2023 full faculty meeting. At the end of the meeting an email was sent to the faculty that included a summary table of the five-year increase, the goals and mission the increases would support, and the benefits that would result if approved. A link to a feedback form was provided. Several faculty members responded directly via email. Nine responses were received.

**Feedback:**

Overall, the feedback was positive. Faculty noted that the increase was modest and may not be enough. Faculty were sensitive to the rising costs of education and taking into consideration the potential impact on students. All comments were supportive of the proposed fee increases.

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

Plan shared with           Niquet Blake, PhD           on   11/4/22   .  
Graduate Dean

Plan endorsed by           Sam Hawgood           on   11/4/22   .  
Chancellor

## Multi-Year Plan for Professional Degree Supplemental Tuition (PDST) Levels Effective Beginning Summer or Fall 2023

### PART A

The Regents approved the amended *Regents Policy 3103: Policy on Professional Degree Supplemental Tuition* at the March 2017 Regents meeting. Please review the amended policy and keep it in mind during your planning process and while completing Parts A and B of this form: <http://regents.universityofcalifornia.edu/governance/policies/3103.html>. By fall 2020, the amended Regents Policy 3103 will apply to all PDST programs.

#### I. PROJECTED PROFESSIONAL DEGREE SUPPLEMENTAL TUITION AND PROGRAM DESCRIPTION

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

	Actual	New Proposed Fee Levels					Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
							%	\$	%	\$	%	\$	%	\$	%	\$
Prof. Degr. Suppl. Tuition (CA resident)	\$13,362	\$13,764	\$14,178	\$14,604	\$15,042	\$15,492	3.0%	\$402	3.0%	\$414	3.0%	\$426	3.0%	\$438	3.0%	\$450
Prof. Degr. Suppl. Tuition (Nonresident)	\$13,362	\$13,764	\$14,178	\$14,604	\$15,042	\$15,492	3.0%	\$402	3.0%	\$414	3.0%	\$426	3.0%	\$438	3.0%	\$450
Mandatory Systemwide Fees*	\$12,852	\$13,470	\$13,872	\$14,286	\$14,712	\$15,144	4.8%	\$618	3.0%	\$402	3.0%	\$414	3.0%	\$426	2.9%	\$432
Campus-based Fees**	\$458	\$472	\$486	\$500	\$515	\$531	3.0%	\$14	3.0%	\$14	3.0%	\$15	3.0%	\$15	3.0%	\$15
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)***	\$3,980	\$4,168	\$4,290	\$4,416	\$4,546	\$4,678	4.7%	\$188	2.9%	\$122	2.9%	\$126	2.9%	\$130	2.9%	\$132
<b>Est. First-Year Fees (CA resident)</b>	<b>\$30,652</b>	<b>\$31,874</b>	<b>\$32,826</b>	<b>\$33,806</b>	<b>\$34,815</b>	<b>\$35,845</b>	4.0%	\$1,222	3.0%	\$952	3.0%	\$981	3.0%	\$1,009	3.0%	\$1,029
<b>Est. First-Year Fees (Nonresident)</b>	<b>\$42,897</b>	<b>\$44,119</b>	<b>\$45,071</b>	<b>\$46,051</b>	<b>\$47,060</b>	<b>\$48,090</b>	2.8%	\$1,222	2.2%	\$952	2.2%	\$981	2.2%	\$1,009	2.2%	\$1,029

\* 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 summer fees (Tuition, the SSF, and campus-based fees).

**Additional comments:** Other represents summer quarter tuition. Course load is 70.5 quarter units at UCSF and 73.5 quarter units at SFSU. Their classes are at both campuses, and over the three years they spend approximately 50% of their time at each campus. They pay PDST fees in all three years and their 34 weeks of clinical experiences are spread through those three years.

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

The Doctor of Physical Therapy (DPT) degree program is a three-year joint program between University of California, San Francisco (UCSF) and San Francisco State University (SFSU). Our program admits 50 students annually per cohort (total student population n=150). The program's mission is to develop collaborative professionals in physical therapy practice, education, social responsibility, and discovery and translation of science to improve health. We have designed our curriculum to prepare scholarly clinicians, educators, collaborative clinical researchers, administrative managers, and community leaders. The program begins in June and runs for 36 continuous months including 34 weeks of full-time clinical experiences. Critical thinking and clinical reasoning skills are developed within an integrated program that prepares students to work collaboratively within the healthcare team and with patients across their lifespan to improve health and wellness, address disability challenges, and optimize function and movement.

Our program is ranked 25th out of 239 physical therapy schools in the country according to [US News and World Report](#)<sup>1</sup>, tied with schools such as University of Washington, Columbia University, and Mayo Clinic. We are the number-one-ranked public DPT program in the state of California. Our graduates excel in the National Licensing Examination and are considered top applicants for positions in physical therapy practice across California and the United States. Because of the joint nature of the program, our graduates can take advantage of a pathway to the UCSF Department of Physical Therapy and Rehabilitation Science own residency programs in acute care, neurologic, and orthopedic physical therapy or pursue a PhD in Rehabilitation Science.

## **II. PROGRAM GOAL EVALUATION**

**II.a. Please identify the goals you listed in your last multi-year plan. Specifically, what were the purposes for which your program proposed to charge PDST, and what were your goals with respect to enhancing affordability, diversity, and program quality? Please feel free to describe other goals, as well. Describe how you used PDST revenue to advance the goals specified. Please elaborate on the extent to which your program has achieved each of the goals, highlighting how goals have been affected due to COVID-19, and include quantitative indicators of achievement wherever possible.**

The program did not request an increase to PDST fees in 2020 in consideration of the cost to students, especially during the uncertain times at the height of the COVID-19 pandemic. Over the past two years, we have continued to utilize our current PDST funds to focus on diversity in our recruitment efforts for both students and faculty, improve support to current students, enhance technology in the classroom during COVID-19 and beyond, and provide real material benefits to students including access to an individualized study tool at the beginning of the program and free national licensure board study and practice exam materials.

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<sup>1</sup> <https://www.usnews.com/best-graduate-schools/top-health-schools/physical-therapy-rankings>



**Goal #1: Continue efforts to increase student body diversity**

**Goal #1 Outcomes:** The goal of increasing diversity goes hand-in-hand with the goal of enhancing the affordability of our program. To that end, we have developed multiple outreach efforts to enhance our application pathway, keep costs low, and reach more underrepresented-in-medicine students. In terms of affordability, please see more information in section III.c, and additional details in section V and VI. With regard to diversity, there are three perspectives we consider for “underrepresented” in healthcare students: 1) UCOP, which views underrepresented groups in the context of ethnicity specifically with regards to African American, Latinx, and Native American students; 2) UCSF, which expands its consideration to include Hmong, Filipino, and Vietnamese students, and regards students who are two or more races as within the underrepresented group; and 3) the American Physical Therapy Association (APTA) data. While we prioritize UCOP, we continue to use a holistic lens to make sure we are also considering the needs of our UCSF community and our profession.

In 2022, the DPT program attended or hosted over 20 outreach and recruiting events. We also continue to participate in Inside UCSF, an annual outreach program geared towards students at two- and four-year degree schools who are interested in pursuing careers in health and science. Two of our current Class of 2025 students participated in Inside UCSF, and we will continue to expand our presence in the program given our success. We host information sessions for middle and high schools, community colleges, and undergraduate institutions. We have begun hosting and participating in webinars at historically black colleges and universities, like the Morehouse Graduate School Workshop. We have also begun targeted outreach to universities serving higher Latinx populations such as UC Merced, UC Riverside, and CSU San Bernardino, and higher percentages of Black undergraduates such as UCLA.

Admissions Committee members are working with current and former DPT students and SFSU undergraduates to help them establish a mentorship program for current SFSU undergraduate students interested in a physical therapy career. Further, this past spring, two of our students represented the DPT program at the American Dental Education Association (ADEA) High School Outreach Conference. While the conference is hosted by the School of Dentistry, it supports underrepresented students interested in the health professions, including physical therapy. We also hosted information sessions at the virtual National Institutes of Health (NIH) conference in July.

In addition, because we now have a full-time employee, an Admissions and Recruitment Specialist, dedicated solely to admissions and recruitment, the program has been able to improve support for applicants in the midst of the application process. A portion of the PDST funds of support the specialist's salary to focus on recruitment efforts with an emphasis on underrepresented applicants. Our Admissions and Recruitment Specialist now utilizes Microsoft Bookings for potential students to easily schedule meeting times to ask questions and obtain guidance throughout the admissions process. The specialist is also focusing on specific

underrepresented populations, including Black, Hispanic, and Native American, to better determine the points where these candidates may not have moved forward to subsequent phases of the application review process. For example, there were 23 Black/African American applicants in the 2022 application cycle, two of whom were offered admission and one placed on the wait list. Of the offers, one was accepted, and one declined without providing a reason. Those who did not move forward were for two reasons: a) they were missing more prerequisite courses than were allowed; and b) they did not meet the minimum score during the initial three screenings of the application review process to be considered for interviews. The first includes points for the different GPAs, observation hours and settings, state of residence, research experience, leadership experience, work/intercollegiate athletics, and if they previously attended an accredited physical therapy assistant education program. The second screening is for the personal statement, and the third screening is for the PT knowledge statement. Applicants are ranked after each screen and are required to reach a certain overall score to advance to the next screen. Those scores are determined by the number of applicants we anticipate inviting for interviews and whether an applicant has a mathematical chance of competing for that interview invitation in the next screen. In the case of those applicants indicating that they were Black/African American who were reviewed but not invited for interviews, 12 did not advance beyond the first screen, indicating that they did not receive a sufficient number of points in one or more areas of that screen to advance. The other 3 advanced through all three screens, but they did not receive an overall score high enough to be invited to interviews.

By analyzing the data throughout our application review process, we can develop an informed strategy to address the desires, concerns, and dynamics of specific populations and not only increase the number of applicants but also the number of admitted students from those groups. As a strategy moving forward, to ensure more individuals pass through our initial screen, we will eliminate the recommended number of observation hours and setting types during the first screening. Since 6 of the 12 applicants who did not advance received their undergraduate degrees from CSUs, we will also provide information sessions at Cal State universities and community colleges specifically geared towards advising potential applicants on ways they can engage in research, information on what can be considered leadership activities, and guidance on improving GPAs. We will also expand our expectations to include more creative ways for applicants to get experience in our exposure to research and leadership experiences. Lastly, we will be holding an admissions committee retreat designed specifically to look at each criteria and phase of our screening process to ensure that we are not implicitly disadvantaging any underrepresented groups.

During the COVID-19 pandemic, the program utilized virtual interviews, and we plan to continue this practice moving forward as another step towards equity in the application process. In line with national conversations regarding the benefits of virtual interviews, including those in medical residencies, we believe that minimizing the financial burden associated with in-person interviews (flights, hotels, transportation, food, time) benefits all applicants, especially those in financial hardship and with pre-

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existing debt<sup>2</sup>.” It can also reduce anxiety, especially for some applicants with accessibility concerns or applicants who are caregivers. Thus, we will continue to utilize remote interviewing. Finally, in a step towards achieving greater inclusion, the program is also moving forward with an electronic deposit payment program for admitted students committing to the program. While hard-copy checks will still be allowed, the electronic deposit payment may also increase access and efficiency for all students.

The table below highlights that we have 45% total underrepresented-in-medicine students in the three current cohorts, and 46% underrepresented-in-medicine students enrolled in the Class of 2025 which began our program this past summer (June 2022). We continue to expand efforts to ensure we have a diverse student body.

	AY 2022-23			
	All Cohorts		Class of 2025 only	
	#	%	#	%
Black/African American	4	2.7%	1	2.0%
Native American /Alaska Native	1	0.7%	0	0.0%
Other Hispanic/Latinx or Mexican	34	23.0%	15	30.0%
Filipino/Filipino American	21	14.2%	6	12.0%
Vietnamese/Vietnamese American	6	4.1%	1	2.0%
Other Asian (Chinese, Korean, Japanese, East Indian)	28	18.9%	13	26.0%
Other	4	2.7%	1	2.0%
White or White/Other	49	33.1%	12	24.0%
International (Japanese)	1	0.7%	1	2.0%
TOTAL	148	100.0%	50	100.0%
<b>TOTAL URM per UCSF, which includes our underrepresented Filipino and Vietnamese students</b>	<b>66</b>	<b>44.6%</b>	<b>23</b>	<b>46.0%</b>
TOTAL URM per UCOP, does not include Filipino and Vietnamese as underrepresented	39	26.4%	16	32.0%

**Goal #2: Continue to increase diversity of faculty (and increase faculty-to-student ratio)**

**Goal #2 Outcomes:** The program makes a concerted effort to advertise for open faculty positions in a wide variety of locations. Considering the type of faculty appointment and analytics on high click/traffic flow in Job Elephant the program also utilizes a

<sup>2</sup> Heitkamp NM, Snyder AN, Ramu A, Shen AH, Akingbola O, Malpani R, Kiiskila L, Morgan LE, Seeley KML. Lessons Learned: Applicant Equity and the 2020-2021 Virtual Interview Season. Acad Radiol. 2021 Dec;28(12):1787-1791. doi: 10.1016/j.acra.2021.08.005. Epub 2021 Sep 16. PMID: 34538746; PMCID: PMC8591751.

portion of the PDST funds to purchase ads in additional sites including LGBT in Higher Education, Blacks in Higher Education, and the National Association of Black Physical Therapists. While we do not receive specific ethnicity data, data from Job Elephant for a Health Science Clinical Professor position shows that in 2021 there were 44 views of the posting and in 2022 there were 111 views. This is an 152% increase from 2021 to 2022 of people that clicked the application link. Our DPT program faculty hiring strategy also benefits from our residencies offerings, which have become a valuable pipeline for faculty hiring. Our orthopedic, neurologic, and acute care residencies all have holistic admissions processes and place a strong emphasis on developing teaching skills. Over the past four years, the DPT program has hired six out of the ten graduates from our orthopedic residency program, four of whom are Latinx. Over the past four years, with an increase in our faculty hiring, our program has successfully increased the overall faculty-to-student ratio to 1:13 for hands on clinical skills courses to no more than 1:25 for lecture courses.

### **Goal #3: Increase number of staff to support student success and program goals**

**Goal #3 Outcomes:** In late January 2022, given the increased complexities and supports needed for student success during COVID 19 and beyond, a Director of Education was hired to join our academic team in order to audit our current administrative team structure and to optimize our administrative support to provide an optimal student experience. For example, the director has clarified all academic staff roles and responsibilities, and continues to streamline department and program processes, provide guidance and support to faculty (including deepening our commitment to learning sciences), and increase the utilization of technology. New and newly-defined staff roles include: Admissions and Recruitment Specialist, Student Affairs Coordinator, Program Manager, Academic Programs Coordinator, and an Executive Assistant to the Department Chair (responsible for coordinating all DPT program events).

With the added new role of Student Affairs Coordinator, we now offer improved pre-orientation and orientation experiences for newly accepted students, so they are set up for success from the moment they are accepted into the program. Staff work closely with our recently established Student Success Committee to regularly review not only quantitative data like grades and exam results, but also to track and address any concerns about the student experience such as general well-being and food or housing insecurity. If a student is struggling, we now have the ability to intervene earlier and connect them with program or campus resources, whether that is additional mentoring from their faculty advisor, provide referral suggestions for the Learning Resources Center, or connecting them with Student Health and Counseling Services. Students also receive additional support from the Academic Programs Coordinator, who assists students directly in preparing for each of their clinical experiences.

The dedicated Admissions and Recruitment specialist has also provided a comprehensive, written evaluative report to the program directors to identify opportunities and gaps, and continually improve our holistic application screening process to increase the diversity of our student body. We are broadening outreach efforts and recruitment strategies, including expanding the Student

Experiences section on our new website which launches February 2023. As they are considering different programs, prospective students will now easily be able to see the different student support systems in place, learn more about life outside the classroom, and see current student voices and experiences. We are also strengthening our relationships with new and existing undergraduate campuses as well as Historically Black Colleges and Universities (HBCUs) and Hispanic Serving Institutions (HSIs).

PDST funding has been critical to the process of clarifying staff roles which has afforded the program time to participate in UCSF campus-wide committees and working groups, which ultimately benefit the students in our program. A recent example is a working group focused on making improvements to closed captioning of video content. We have also utilized PDST funding to hire a part-time work-study student to assist with administrative tasks. This offers two major benefits for our students – not only are we able to provide a new work-study opportunity to one of our DPT students in financial need, but we are also reducing program costs by not hiring an additional full-time staff person to do this work.

**Goal #4: Instructional Equipment Purchase (expand ZOOM capacity, Anatomy App for all incoming first years, purchase of images from textbooks, curriculum mapping software)**

**Goal #4 Outcomes:** The COVID-19 pandemic has changed the landscape of professional education, and our program has responded to the challenge in myriad ways. Annually we utilize approximately \$9,000 of PDST funds to invest in technology and improve accessibility to improve the student experience, including:

1. Redesigning and streamlining course pages in our learning management system (LMS). Students now experience a similar look and feel for all of their course pages so they can find content quickly and easily from course to course.
2. Creating accessible, branded PowerPoint templates for faculty to utilize and lobbying at the campus level to ensure that all fonts in the LMS are accessible colors by default.
3. Expanding web conference capacities and improving video content closed captioning. We have also worked with the product manager of our video hosting platform to enable automatic captioning for all new videos added to the LMS.
4. Investing in teaching and learning apps and services such as Anatomy App for all first-year learners, video libraries like the ICE video library, and MedBridge videos and modules to complement lectures, discussions, and practice labs.
5. Purchasing and providing incoming students with the Learning and Study Strategies Inventory (LASSI) tool. This online self-assessment tool provides each student with individualized learning and studying practices to help them succeed.
6. Providing access to the Practice Exam & Assessment Tool (PEAT) for all third-year learners. This tool was developed by the Federation of State Boards of Physical Therapy (FSBPT) to support students in preparing for their National Physical Therapy Examination (NPTE). All students are now able to take two practice exams free of charge and receive valuable feedback to assist them in preparing for success on the national licensure exam.

While we began many of these efforts during the pandemic, we are continuing to focus on these areas as we recognize that this is the way forward for physical therapy education.

**Goal #5: Conducting a curriculum self-study with audit, with plans for a curriculum reform**

**Goal #5 Outcomes:** In April of this year, the program successfully attained national Commission on Accreditation in Physical Therapy Education (CAPTE) re-affirmation of accreditation through 2032. To complete the self-study for review by the accrediting body, we were able to utilize approximately \$20,000 of PDST funds to hire a consultant to work with the faculty and leadership throughout the preparation process, as well as utilize vital curriculum-mapping software to complete a comprehensive curricular audit. We are continuing to analyze the data we gathered for our self-study to inform the re-envisioning of the program's curriculum and ensure that our program is guided by best practice educational pedagogy and optimizes students' time to completion of degree.

### **III. PROGRAM GOALS AND EXPENDITURE PLANS**

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

Our program is requesting a 3% PDST increase for each year of plan through 2027-2028. This request will allow us to invest in necessary processes to create the most innovative, evidenced-based, and learner centric curriculum necessary to train the next generation Physical Therapy workforce for California. Please see our goals below that highlight the costs necessary to meet this need.

**Goal #1: Develop and implement a re-envisioned curriculum to support a diverse student body.** To educate the future physical therapy workforce for California, our DPT program must invest in the creation of a new curriculum to meet the needs of our diverse communities while integrating our graduates into the evolving and fast-paced healthcare delivery environment. This goal will require a three-pronged strategy.

First, in order to create the most innovative, evidence-based, and learner-centric curriculum, we will need increased PDST fees to invest in an expert consultant and additional faculty time required to create this curriculum while simultaneously staying committed

to our current program. We plan to incorporate both educational and pedagogical sciences, which will include a focus on adult learners, coaching, master adaptive learners. We project a need for up to five faculty members (at 10-20% additional time) to lead the development and integration of major domains in our new curriculum. As an example, our new curriculum will be founded on health equity/social justice, data informatics (i.e., patient outcomes), leadership skills, foundational sciences, and patient management skills. Once our curriculum is implemented, we expect to increase our student-to-faculty ratio given the need for increased small group learning and using a coaching paradigm. We will need to assign faculty and staff dedicated roles and responsibilities to support this development process. For our curriculum re-envisioning, we expect to utilize PDST funds for an initial investment of \$11,353 for AY23, and additional support, per academic year (AY), of \$5,198, \$11,602, \$1,198, \$1,234, \$1270 for AY24 to AY28, respectively.

Additionally, while COVID-19 necessitated the expanded use of technology in the classroom, we are capitalizing on the momentum it generated to continue greater enhancements to the curriculum with technology (e.g., integrating Zoom with PollEverywhere, videos of Complete Anatomy Models, self-assessments, quizzes, etc.). To do this well, we must continue to invest not only in actual technology platforms, but as importantly, invest in staff time and training in these technologies so that they can then assist with training and supporting the faculty and students. For example, in tandem with the new curriculum, we plan to develop Tableau dashboards in order to better track student progress and interventions. Staff will need to be at the forefront of this shift and further utilization of technology for education.

Second, we must invest in the development and educational scholarship of our faculty. Not only is educational scholarship required by CAPTE, our accrediting body, but our vision for our re-imagined curriculum is founded on faculty's deep understanding of adult education. One faculty member is currently training our faculty to use a new clinical dashboard to track patient progress in multiple patient outcome measures (mood, pain interference, physical function) to ensure we are delivering Value-Based Healthcare and to incorporate faculty discussions and course content around systems science for inclusion in both our didactic and clinical education courses. Faculty will need to be prepared to integrate and/or teach this content, especially as we seek to provide equitable healthcare to delivery to all individuals.

Third, we envision the new curriculum having health equity as integrated domain throughout the program. Therefore, the program will use funds for faculty and staff development to participate in the upcoming year-long "Community of Practice: Social Reconstruction Course" taught by Dr. Lisa VanHoose, founder of The Ujima Institute, a collective dedicated to addressing health disparities, social justice, and supporting diversity, equity, and inclusion. Additionally, it will allow us the funds necessary to support the faculty and staff time to participate in UCSF's restorative justice facilitators training program. By creating a curriculum rooted in

social justice, we believe we will be best placed to address the evolving healthcare needs of society and of the community we are part of. Together these two programs cost approximately \$7,000.

**Goal #2: Further philanthropic efforts to help with student indebtedness.** We are happy to share that the median and average cumulative debt for our students has decreased (i.e., between fiscal years 2021 to 2022, average cumulative debt decreased 12.4% and median cumulative debt decreased 15.6%), in large part due to increased financial scholarships offered by the UCSF Financial Aid Office (see table below). We plan to continue these efforts and our DPT Program co-directors are actively working with University Development and Alumni Relations (UDAR) to develop activities to engage alumni in philanthropy. With part of our PDST fees, we hired a part-time communication strategist (10 hours/week) over the last year, with an estimated cost of \$31,000, to work directly with the Program Director and UDAR institutional giving to help engage our alumni in expanding scholarship opportunities. We have expanded our marketing efforts to highlight student profiles, activities, successes and introduce our future PT students to our alumni community through these newsletters to help garner support for ongoing scholarship. While our philanthropic donations are modest at best, because of our efforts, FY 22 had the highest donation level from our alumni to date (\$19,000).

**Goal #3: Continue expanding student support.** Recently, we focused on increased utilization of education technology and improving accessibility. So far this year, we have also ensured that the automatic closed captioning feature in our main video hosting platform has been enabled. Because the closed captioning is produced through AI, we intend to use additional PDST funds to hire a work-study student to regularly review and edit captions to increase accuracy and the quality of materials for students. We've also instituted course page templates in our LMS and ensured through working with the campus platform managers that the default fonts in the LMS are all accessible. This improved, standardized, and accessible layout helps students to find the information they need quickly and easily, thereby reducing the cognitive load on our learners. This way they can focus on learning rather than navigating the LMS and their course pages. Expanding student support has required increased administrative staff (and time) to drive the above improvements.

In addition to improving our technology infrastructure, we are renovating newly assigned DPT student space at the Parnassus campus. PDST funds will go towards renovating and maintaining this student area, which we envision as a supportive space where students can meet with the Student Affairs Coordinator if they have questions or concerns, gather together and connect with one another, arrange one-on-one meetings with faculty as needed, or just enjoy a quiet/meditative break between classes. The cost of creating a student lounge space that is required by our accrediting body is approximately \$65,000.

If the increases are not approved, we will not be able to maintain and expand services to our students to improve the student experience. We will be unable to work with a consultant to develop a revised high technology, equity driven, competency-based



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curriculum. In the long-term, this could also result in fewer applicants. We also will be unable to invest in the education of our faculty regarding value-based care, which will result in challenges of incorporating this required content in our students learning. The UCSF/SFSU DPT program is rated the best public education DPT program in California. We are dedicated to continually improving our educational program in order to meet the demands of a rapidly evolving healthcare environment and providing rehabilitation for Californians. Without these needed investments we may not attract the most diverse and talented future workforce; our learners may not have access to the highest quality faculty necessary to deliver expertise in content areas such as data informatics for Value Based Healthcare (for health equity); our faculty will not get access to the development opportunities necessary to ensure our classroom environments are as inclusive and attuned to anti-racism, justice, equity needs of our student body; and we would not be able to afford the investments necessary to meet the technology centric learners of the 21<sup>st</sup> century. Physical therapy curriculum is very unique in that it requires high intensity, hands-on skill-based training that is founded small group (high faculty to student ratios) and experiential learning education delivery.

**III.b. For established PDST programs, please indicate how you are using total actual Professional Degree Fee revenue in 2022-23 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.**

	Proposed Use of Incremental PDST Revenue						Total Projected PDST Revenue in Final Year
	Total 2022-23 PDST Revenue	Incremental 2023-24 PDST revenue	Incremental 2024-25 PDST revenue	Incremental 2025-26 PDST revenue	Incremental 2026-27 PDST revenue	Incremental 2027-28 PDST revenue	
Faculty Salary Adjustments	\$461,734	\$57,507	\$24,820	\$16,329	\$16,818	\$17,325	\$594,533
Benefits/UCRP Cost	\$106,199	\$13,227	\$5,709	\$3,756	\$3,868	\$3,985	\$136,743
Providing Student Services	\$2,500	\$81	\$84	\$87	\$89	\$92	\$2,934
Improving the Student-Faculty Ratio	\$33,820	(\$33,820)	\$0	\$0	\$0	\$0	\$0
Expanding Instructional Support Staff	\$612,079	\$18,362	\$18,913	\$19,481	\$20,065	\$20,667	\$709,567
Instructional Equipment Purchases	\$17,699	\$531	\$3,547	\$653	\$673	\$693	\$23,796
Providing Student Financial Aid	\$667,192	\$23,832	\$29,876	\$21,300	\$21,900	\$22,500	\$786,600
Other Non-salary Cost Increases	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Facilities Expansion/Renewal	\$65,000	(\$25,535)	(\$5,035)	\$1,025	\$1,055	\$1,086	\$37,596
Other (Please explain in the "Additional Comments" below)	\$11,353	\$5,311	\$11,715	\$1,270	\$1,231	\$1,153	\$32,032
<b>Total use/projected use of revenue</b>	<b>\$1,977,576</b>	<b>\$59,496</b>	<b>\$89,628</b>	<b>\$63,899</b>	<b>\$65,700</b>	<b>\$67,500</b>	<b>\$2,323,800</b>

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

**Additional comments:** Other expenses which PDST will support include a consultant for competency-based education design for our curriculum re-envisioning; faculty development and support for the new curriculum (example: faculty development around equitable assessment strategies in a competency-based education program); and a communication specialist to expand our philanthropic efforts.

**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 DPT program has historically been a very lean program, balancing between keeping costs low while ensuring adequate support for our students and investing in optimizing the student experience. With an increasingly diverse student body and understanding of the need to develop more inclusive learning environments, we have moved towards an “investment phase” in our academic administrative support team. To offset this investment and avoid requesting any greater PDST increases than the 3% we have proposed, we have shifted our staffing to focus on education. In 2021, when the existing Chief Administrative Officer of the Department of Physical Therapy & Rehabilitation Science relocated and separated from UCSF, the department chose to share administrative leadership FTE with another department. Rather than supporting a full-time department Chief Administrative Officer, that role has been reduced to 20% effort which has allowed the program to reallocate funds to expand our current academic staff positions (roles reclassified due to increasing responsibilities), with the added benefit of those individuals being focused specifically on the education mission and supporting the student experience.

The program has also decided to transition permanently to virtual interviews for admissions. In 2021, we utilized virtual interviews for our applicants due to the COVID-19 pandemic, and we continued in the same modality in January 2022. We have decided to make it a policy that interviews will be virtual not only for financial considerations, but also to support equity in the admissions process. This transition has saved the program the approximately \$3,000 for the cost of renting space and providing food and parking for 250 applicants over two days, as well as for the roughly 40 faculty members and volunteers who interview our applicants. The quality of the interviews remains unchanged, and feedback from our newest cohort was that they appreciated the flexibility of a virtual interview along with the options to participate in multiple information sessions that we were able to offer around the interview days.

In addition to multiple cost-cutting efforts, program leadership has also continued to expand fundraising initiatives to support our students. The department Chair has hired a part-time communication strategist to strengthen donor relationships and we have also instituted an annual report which is sent to all donors and alumni to increase engagement, highlight student-centered activities and improvements in the program, and welcome opportunities for donation.

Scholarship support continues to be a fundraising priority. Efforts started small, with a \$125K pledge secured in 2018 for an endowed scholarship (the Irene Gilbert endowment). We executed a strategy to secure additional funding from the donor's classmates for the scholarship, which resulted in four new donors who have since been renewing their gifts annually. As of July 2022, the market value of the endowment stood at \$146,787 (generating roughly \$6K for FY23). We award one student per year funds

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from this scholarship. We are also employing a targeted strategy to encourage planned giving. During FY22, we secured two planned bequests estimated at around \$1.5M which will support DPT endowed scholarships and discretionary departmental funds. These gifts will be realized at the time of the donors' death. FY22 has also seen the highest fundraising totals in department history due to a single \$500K gift from a grateful patient. The gift was directed to discretionary departmental support (both expendable and endowed funding).

Looking ahead, we recognize the importance of fundraising and are prioritizing our development work. Recent examples include:

- Our new part-time communications specialist has begun collaborating with the Program Director and University Development & Alumni Relations (UDAR) to ensure thoughtful stewardship of existing donors to cultivate continued support.
- We are developing a targeted approach for identifying potential major gift donors outside of the alumni base.
- Our Director of Clinical Education (DCE) has been working with a local physical therapy clinic, PT Partners, to develop a proposed \$10,000 scholarship for our students.
- Due to outstanding alumni participation in a recent UCSF Alumni network initiative, the DPT program secured the inaugural Justice, Equity, Diversity, and Inclusion (JEDI) scholarship for one of our students this year.
- An endowed scholarship in honor of former SFSU Physical Therapy department chair Dr. Ann Hallum has been established to support learners in need.
- Our professional organization, the American Physical Therapy Association (APTA), has committed to a campaign to leverage donations and the net proceeds from their centennial activities in 2021 for Dimensions of Diversity and Minority Scholarship funds. These funds will provide scholarships to qualified students from underrepresented backgrounds. Each year we nominate a student for the APTA minority scholarship, and our student received this award in 2020.

These efforts have all culminated in a substantial decrease in student debt from fiscal year 2021 to 2022 (average cumulative debt decreased 12.4% and median cumulative debt decreased 15.6%).

	<b>FY18-19 Actuals</b>	<b>FY19-20 Actuals</b>	<b>FY20-21 Actuals</b>	<b>FY21-22 Actuals</b>	<b>FY21 to FY 22 % Change</b>
Total Physical Therapy (DPT) Cumulative Loan Debt	3,099,226	2,614,072	6,183,874	3,816,198	
Number of Graduates with Loans	31	24	54	38	
Average Cumulative Debt	\$99,975	\$108,920	\$114,615	\$100,426	<b>-12.4%</b>
Median Cumulative Debt	\$96,000	\$117,322	\$126,153	\$106,500	<b>-15.6%</b>

Source: UCSF Physical Therapy Cumulative Loan Debt for fiscal years ending June 30, 2018 through June 30, 2022.

Please note: Higher number of graduates with loans in FY 20-21 due to COVID delays in graduation (clinic sites dismissed students in the early days of pandemic due to patients staying home)

**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- not proposing uneven increases

**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.”**

	Enrollment					
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Resident	143	143	145	148	148	148
Domestic Nonresident	4	4	4	2	2	2
International	1	1	1	0	0	0
<b>Total</b>	<b>148</b>	<b>148</b>	<b>150</b>	<b>150</b>	<b>150</b>	<b>150</b>

**Additional comments:**

In consideration of UC’s commitment to excellence, access, diversity, inclusion, and affordability, we plan to continue focusing our efforts primarily on California residents to maintain high resident enrollment.

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### IV. MARKET COMPARISONS: TOTAL CHARGES

**IV.a. In the table, identify a *minimum* of 3 institutions that are 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.**

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR																
Total <i>Resident</i> Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
Sacramento State University	87,803	90,437	93,150	95,945	98,823	101,788	3.0%	2,634	3.0%	2,713	3.0%	2,795	3.0%	2,878	3.0%	2,965
San Diego State University	91,114	93,847	96,662	99,562	102,549	105,625	3.0%	2,733	3.0%	2,815	3.0%	2,900	3.0%	2,987	3.0%	3,076
University of Washington, Seattle	91,381	95,950	100,748	105,785	111,074	116,628	5.0%	4,569	5.0%	4,798	5.0%	5,037	5.0%	5,289	5.0%	5,554
University of Pittsburgh	104,694	107,835	111,070	114,402	117,834	121,369	3.0%	3,141	3.0%	3,235	3.0%	3,332	3.0%	3,432	3.0%	3,535
University of Southern California	210,833	217,158	223,673	230,383	237,294	244,413	3.0%	6,325	3.0%	6,515	3.0%	6,710	3.0%	6,911	3.0%	7,119
Duke University	123,514	127,219	131,036	134,967	139,016	143,186	3.0%	3,705	3.0%	3,817	3.0%	3,931	3.0%	4,049	3.0%	4,170
Regis University	111,262	114,600	118,038	121,579	125,226	128,983	3.0%	3,338	3.0%	3,438	3.0%	3,541	3.0%	3,647	3.0%	3,757
Samuel Merritt University	159,353	164,134	169,058	174,130	179,354	184,735	3.0%	4,781	3.0%	4,924	3.0%	5,072	3.0%	5,224	3.0%	5,381
<b>Average public comparison</b>	<b>93,748</b>	<b>97,017</b>	<b>100,408</b>	<b>103,924</b>	<b>107,570</b>	<b>111,353</b>	<b>3.5%</b>	<b>3,269</b>	<b>3.5%</b>	<b>3,390</b>	<b>3.5%</b>	<b>3,516</b>	<b>3.5%</b>	<b>3,647</b>	<b>3.5%</b>	<b>3,783</b>
<b>Average private comparison</b>	<b>151,241</b>	<b>155,778</b>	<b>160,451</b>	<b>165,265</b>	<b>170,223</b>	<b>175,329</b>	<b>3.0%</b>	<b>4,537</b>	<b>3.0%</b>	<b>4,674</b>	<b>3.0%</b>	<b>4,814</b>	<b>3.0%</b>	<b>4,958</b>	<b>3.0%</b>	<b>5,107</b>
<b>Average public and private comparison</b>	<b>122,494</b>	<b>126,398</b>	<b>130,429</b>	<b>134,594</b>	<b>138,896</b>	<b>143,341</b>	<b>3.2%</b>	<b>3,903</b>	<b>3.2%</b>	<b>4,032</b>	<b>3.2%</b>	<b>4,165</b>	<b>3.2%</b>	<b>4,302</b>	<b>3.2%</b>	<b>4,445</b>
<b>Your program</b>	<b>94,534</b>	<b>97,444</b>	<b>100,132</b>	<b>102,891</b>	<b>105,847</b>	<b>110,793</b>	<b>3.1%</b>	<b>2,910</b>	<b>2.8%</b>	<b>2,688</b>	<b>2.8%</b>	<b>2,759</b>	<b>2.9%</b>	<b>2,956</b>	<b>4.7%</b>	<b>4,946</b>

TOTAL CHARGES TO COMPLETE DEGREE BY COHORT START YEAR																
Total <i>Nonresident</i> Charges to Complete Degree by Cohort Starting in:	Projections						Increases/Decreases									
	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2023-24		2024-25		2025-26		2026-27		2027-28	
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	%	\$	%	\$	%	\$	%	\$	%	\$
Sacramento State University	133,786	137,800	141,934	146,192	150,578	155,095	3.0%	4,014	3.0%	4,134	3.0%	4,258	3.0%	4,386	3.0%	4,517
San Diego State University	139,580	143,767	148,080	152,522	157,098	161,811	3.0%	4,187	3.0%	4,313	3.0%	4,442	3.0%	4,576	3.0%	4,713
University of Washington, Seattle	149,839	157,331	165,198	173,458	182,131	191,238	5.0%	7,492	5.0%	7,867	5.0%	8,260	5.0%	8,673	5.0%	9,107
University of Pittsburgh	122,421	126,094	129,877	133,773	137,786	141,920	3.0%	3,673	3.0%	3,783	3.0%	3,896	3.0%	4,013	3.0%	4,134
University of Southern California	210,833	217,158	223,673	230,383	237,294	244,413	3.0%	6,325	3.0%	6,515	3.0%	6,710	3.0%	6,911	3.0%	7,119
Duke University	123,514	127,219	131,036	134,967	139,016	143,186	3.0%	3,705	3.0%	3,817	3.0%	3,931	3.0%	4,049	3.0%	4,170
Regis University	111,262	114,600	118,038	121,579	125,226	128,983	3.0%	3,338	3.0%	3,438	3.0%	3,541	3.0%	3,647	3.0%	3,757
Samuel Merritt University	159,353	164,134	169,058	174,130	179,354	184,735	3.0%	4,781	3.0%	4,924	3.0%	5,072	3.0%	5,224	3.0%	5,381
<b>Average public comparison</b>	<b>136,407</b>	<b>141,248</b>	<b>146,272</b>	<b>151,486</b>	<b>156,898</b>	<b>162,516</b>	<b>3.5%</b>	<b>4,842</b>	<b>3.6%</b>	<b>5,024</b>	<b>3.6%</b>	<b>5,214</b>	<b>3.6%</b>	<b>5,412</b>	<b>3.6%</b>	<b>5,618</b>
<b>Average private comparison</b>	<b>151,241</b>	<b>155,778</b>	<b>160,451</b>	<b>165,265</b>	<b>170,223</b>	<b>175,329</b>	<b>3.0%</b>	<b>4,537</b>	<b>3.0%</b>	<b>4,674</b>	<b>3.0%</b>	<b>4,814</b>	<b>3.0%</b>	<b>4,958</b>	<b>3.0%</b>	<b>5,107</b>
<b>Average public and private comparison</b>	<b>143,824</b>	<b>148,513</b>	<b>153,362</b>	<b>158,376</b>	<b>163,560</b>	<b>168,923</b>	<b>3.3%</b>	<b>4,689</b>	<b>3.3%</b>	<b>4,849</b>	<b>3.3%</b>	<b>5,014</b>	<b>3.3%</b>	<b>5,185</b>	<b>3.3%</b>	<b>5,362</b>
<b>Your program</b>	<b>131,269</b>	<b>134,179</b>	<b>136,867</b>	<b>139,626</b>	<b>142,949</b>	<b>148,641</b>	<b>2.2%</b>	<b>2,910</b>	<b>2.0%</b>	<b>2,688</b>	<b>2.0%</b>	<b>2,759</b>	<b>2.4%</b>	<b>3,323</b>	<b>4.0%</b>	<b>5,692</b>

UCSF/UCSF-SFSU Graduate Program in Physical Therapy/ Doctor of Physical Therapy (DPT)  
Established Program/Established PDST

Source(s):

CSU Sacramento State University <https://www.csu.sac.edu/apply/enrollment-costs-fees/tuition-living-costs/current-tuition.html>

CSU San Diego State University <https://catalog.sdsu.edu/content.php?catoid=6&navoid=491>

University of Washington, Seattle <https://www.physicaltherapy.uw.edu/admissions/costs-financial-aid>

University of Pittsburgh <https://www.shrs.pitt.edu/dpt/admissions/financial-matters>

University of Southern California <https://dpt.usc.edu/residential-dpt-program/admissions/tuition-and-financial-aid/>

Duke University

<https://medschool.duke.edu/education/health-professions-education-programs/doctor-physical-therapy-program/dpt-admissions-2>

Regis University <https://www.regis.edu/financial-aid/tuition-and-fees>

Samuel Merritt University <https://webapps.samuelmerritt.edu/tuition/tuitiondetail?name=DPT&desc=%20Doctor%20of%20Physical%20Therapy%20Degree%20Program>

**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 UCSF/SFSU Doctor Physical Therapy program is uniquely situated among California DPT programs. We are the only joint-university program and the only DPT program offered through the University of California system. Our students receive access to UCSF Health, UCSF's robust research enterprise, and a wide array of opportunities to integrate inter-professionally with the UCSF Schools of Medicine, Pharmacy, Nursing and Dentistry. UCSF's high level of NIH research funding makes our program highly desirable due to potential research opportunities. We also offer a pipeline to UCSF physical therapy residency programs and the UCSF PhD in Rehabilitation Science program.

As mentioned earlier, UCSF's DPT program is ranked 25<sup>th</sup> among 239 programs nationally. UCSF competes for students both in-state and out-of-state, against other public private institutions, and against those with and without academic health center relationships.

Among the 18 accredited DPT programs in California, only one other program is embedded in an academic health center (USC). For comparison, we have selected Research 1 (R1) institutions. We also have included three private institutions that represent academic health institutions.

- **Sacramento State University (Sacramento, CA)** and **San Diego State University (San Diego, CA)** were chosen as comparators as they are both public institutions located in urban areas and our applicant pools overlap.

- **University of Washington (UW) (Seattle, WA)** and **University of Pittsburgh (Pittsburgh, PA)** were selected as comparators because they are R1 institutions, are similarly located in urban cities, are affiliated with large medical centers, and offer similar degree program pipelines (DPT>Residency>PhD in Rehabilitation Science). In addition, we frequently have applicants and students who are residents of Washington state.
- **University of Southern California (USC) (Los Angeles, CA)** is viewed as our primary competitor for students because of its designation as an R1 research institution, and its ranking as the #1 DPT school in California and #4 nationally. USC's DPT program is the only other program in California similarly embedded in an academic health center. USC and UCSF also both offer residencies in several physical therapy specialty areas. Students often choose between the USC and UCSF/SFSU DPT programs due to the fact that we are both at research intensive universities and many of our accepted students have participated in, and/or are interested in research.
- **Samuel Merritt University (Oakland, CA)** is the only other DPT program in the San Francisco Bay Area. Many applicants desire a program that allows them to remain in their present housing and avoid additional relocation costs. As a result, many applicants who apply to our program also apply to Samuel Merritt.
- **Duke University (Durham, NC)** is similarly ranked in the top 25 nationally, is associated with a large medical school, has a pipeline for residencies after graduation, and demonstrates comparable excellence in scholarship by their faculty and students.
- **Regis University (Denver, CO)** is tied with UCSF in its ranking of #25, is in an urban city and has a pipeline to residency and fellowship programs.

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

Our program costs are well below all private comparator institutions, and comparable to or below the cost of our comparator public institutions. We believe that USC is our closest private comparator given that it is a research-intensive university and many of our applicants apply there as well. USC has a total cost of \$210,833 for each California resident, which is twice the cost of our program. Samuel Merritt University, also located in the Bay Area with its high cost of living, has a total cost of \$159,353, which again is almost twice our program's costs. The two other private comparators are Duke University and Regis University, which are both in areas that have a lower cost of living but also have higher total costs of \$123,514 and \$111,262 respectively.

With regard to public comparators, our program costs are comparable to the public schools in California (CSU programs) and Washington state, and they are lower than the University of Pittsburgh. Considering UCSF/SFSU is the only public physical therapy program in California housed within an academic health system, and the only one with large multi-site faculty practice clinical sites in which to educate future physical therapists, we have been able to keep our program costs low.

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

The UCSF/SFSU Graduate Program in Physical Therapy is unique in that it is a joint program between UCSF and SFSU, providing educational opportunities at two distinctly different but related public institutions of higher learning. Each term during the three-year program our students take both UCSF and SFSU courses (see [plan of study](#)). In general, many of the hands-on clinical skills lab courses are taught at SFSU and most of the basic science, professionalism, and administrative courses are taught at UCSF. This strong partnership benefits students in many ways. One major way these institutions complement each other is that each institution offers unique physical learning spaces not offered solely by one institution. For example, UCSF offers a state of the art Anatomy Learning Center, while SFSU offers an acute care simulated nursing ward. Additionally, our DPT program provides a solid theoretical foundation in the sciences and research while simultaneously teaching students to translate that knowledge into clinical practice. We also instill in our students a strong commitment to the community and social justice, with an emphasis on healthcare access and equity. Our program places an emphasis on fostering the interpersonal skills required to provide optimal patient care to a diverse patient population. As evidence of our commitment to social responsibility and social justice issues, our curriculum includes a two-year longitudinal and integrated course that focuses on these as a core part of professionalism. Our recent re-accreditation program reviewers highlighted this course as an exemplary approach to teaching anti-oppression in PT education. Our faculty and students also participate in numerous outreach events targeting underrepresented populations. Given the urban location of our two universities and our combined commitment to social justice and responsibility, our program is dedicated to providing an inclusive education for a diverse student body taught by a diverse and engaged faculty.

In addition, because we are housed in an academic medical center, students participate in interprofessional education and collaborative clinical practice throughout their time in the program. This includes participating in a UCSF campus-wide interprofessional education curriculum that brings together learners from medicine, nursing, pharmacy, dentistry, and physical therapy. In addition to interprofessional didactic experiences, all first-year DPT students participate in one of a kind, experiential clinical experiences through an early mobilization program in the UCSF Medical Center. Students work directly with members of the health care team (e.g., nurses, patient care assistants, PTs, etc.) to educate patients on the benefits of early mobilization while still in the hospital. Unlike comparison programs, we also offer opportunities to participate in a wide array of elective coursework beginning in the first year of the program, including research with a faculty member, community-engaged service learning, physical therapy in the ICU, certified strength & conditioning, physical therapy in adaptive sports, health equity and humanitarianism, running biomechanics, pelvic floor physical therapy, interprofessional clinical practice, and many more. Very few physical therapy programs across the country offer electives, much less the depth of our offerings. This is directly related to the outstanding, board-



certified faculty we recruit. Students are also able to participate in our recently established community clinic which was developed to meet the needs of patient populations in the Bay Area that are uninsured or underinsured.

The scope and quality of our joint program is directly correlated to being located within a research-intensive academic medical center. This provides our students with access to, and learning opportunities within, world-renowned research and medical facilities including the UCSF Medical Center, UCSF Benioff Children's Hospital San Francisco, UCSF Benioff Children's Hospital Oakland, Zuckerberg San Francisco General Hospital and Trauma Center, San Francisco Veterans Affairs Medical Center, UCSF Orthopedic Institute, and several UCSF Outpatient Physical Therapy Practices. Our students learn in cutting-edge physical spaces within the UCSF campus including a world-class Anatomy Learning Center, a state-of-the-art Simulation Center, and a Clinical Skills Center designed specifically for our program, as well as dedicated clinical lab spaces at the SFSU campus. Because of these exceptional facilities, our students are able to integrate into the medical system environment within three weeks of entering the program, while most programs require students to engage in classwork for a full year prior to supervised patient care. Consequently, our partnership with the UCSF Health Medical Center and its affiliates is truly unique and a draw for applicants.

Our program faculty are leaders in the clinical profession, renowned researchers, and exemplary educators. 88% of our clinical faculty are specialist board-certified physical therapists and/or have specialty certifications beyond their entry-level DPT degree. This benefits our learners by role modeling lifelong learning, and it encourages students to consider our UCSF physical therapy residencies (Orthopedics, Neurology, Acute Care) as well as our PhD in Rehabilitation Science program. Our faculty provide more than 50,000 patient visits per year to a diverse patient population at a range of UCSF sites, including the medical centers at Parnassus and Mission Bay, outpatient practices at Mission Bay, Mount Zion, and Lakeshore (with an additional large outpatient practice opening in FY25), and the Health & Wellness Center. Setting us apart from comparator institutions is also our faculty engagement in professional development and a strong record of faculty scholarship. Our graduates excel in the National Licensing Examination and are considered top applicants for positions in physical therapy practice across California and the United States. Not only do UCSF/SFSU DPT students meet the rigorous entry-level performance requirements expected prior to graduation, they also participate in extra-curricular professional development during and after their doctoral training, participate in research, and are actively engaged in their communities.

## 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.

	Actual	Actual	Actual	Estimated	Comparison (2020-21)
	2019-20	2020-21	2021-22	Fall 2022	Publics & Privates
Ethnicity					
<b>Underrepresented</b>					
African American	5.3%	4.6%	4.7%	2.7%	4.1%
Hispanic/Latino(a)	17.1%	15.8%	18.1%	23.0%	6.9%
American Indian	0.0%	0.7%	0.7%	0.7%	0.3%
<b>Subtotal Underrepresented</b>	<b>22.4%</b>	<b>21.1%</b>	<b>23.5%</b>	<b>26.4%</b>	<b>11.3%</b>
Asian/Pacific Islander	40.8%	40.1%	37.6%	37.2%	9.8%
White	34.9%	36.8%	36.2%	33.1%	72.1%
Domestic Unknown	2.0%	2.0%	2.7%	2.7%	6.8%
International	0.0%	0.0%	0.0%	0.7%	0.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Socioeconomic</b>					
% Pell recipients	40.0%	26.0%	21.0%	N/A	N/A
<b>Gender</b>					
% Male	34.2%	37.5%	33.6%	33.1%	38.0%
% Female	65.8%	62.5%	65.8%	65.5%	62.0%
% Non-Binary	0.0%	0.0%	0.7%	1.4%	0.0%
% Unknown	0.0%	0.0%	0.0%	0.0%	0.0%

Sources:

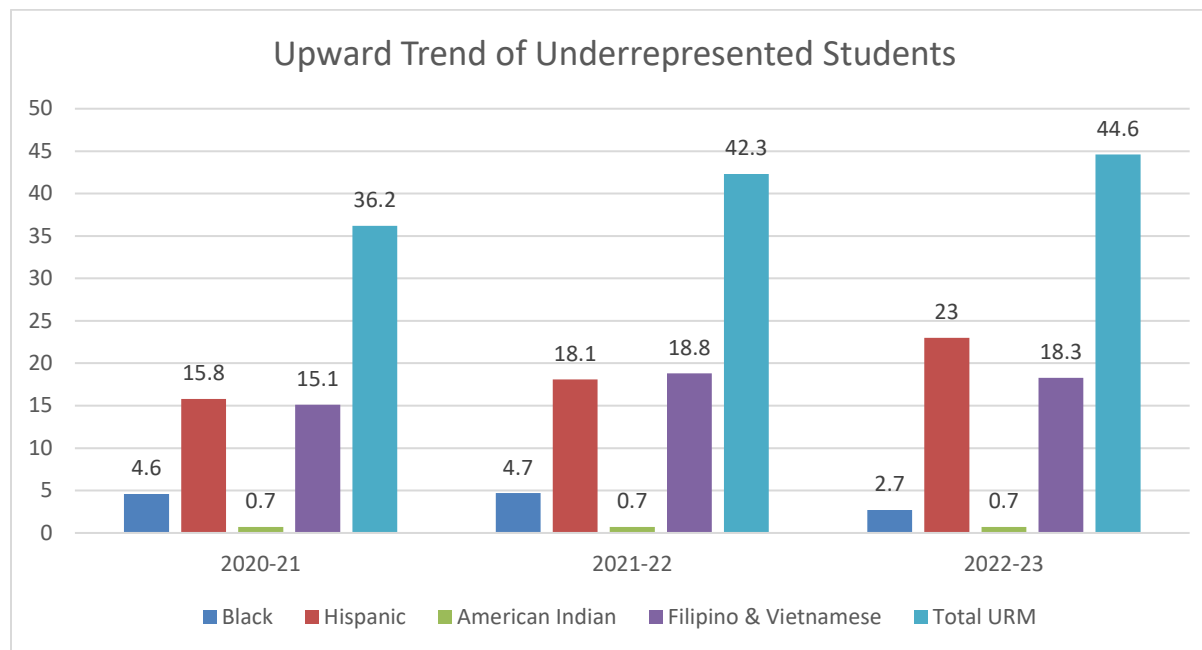
UC ethnicity, socioeconomic status: UC Corporate data,

2019 CAPTE Aggregate Data Facts Sheets enrolled students <https://www.capteonline.org/globalassets/capte-docs/aggregate-data/2019-2020-aggregate-pt-program-data.pdf>

Comparison institutions: Data are not separately available for our comparators; instead data were provided for all DPT Programs nationally. Two or more races is included in domestic unknown.

**V.b. For established programs, please comment on the trend in enrollment of underrepresented groups in your program over the past three years. How does your program compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students? What are your prior and prospective strategies for creating a robust level of racial and ethnic diversity (that are compliant with Proposition 209) in your program? For new programs, how do you anticipate your program will compare with other programs in terms of racial and ethnic diversity, with particular attention to U.S. domestic underrepresented minority students?**

Over the last three years, our program has shown an overall upward trend in our enrollment of underrepresented groups (while total enrollment has remained flat).

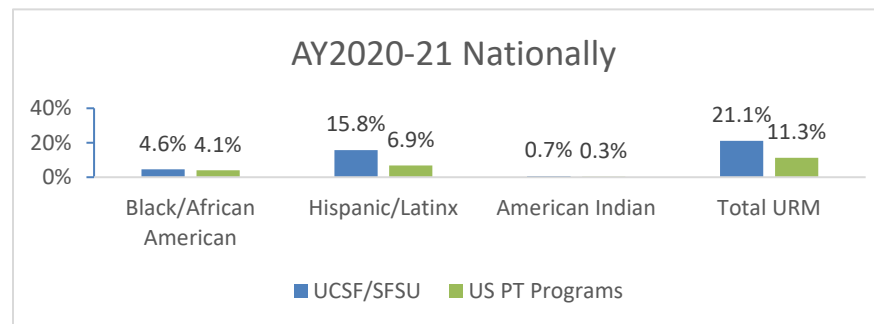


UCSF/UCSF-SFSU Graduate Program in Physical Therapy/ Doctor of Physical Therapy (DPT)  
Established Program/Established PDST

	2020-21		2021-22		2022-23	
African American	7	4.6%	7	4.7%	4	2.7%
American Indian/Alaska Native	1	0.7%	1	0.7%	1	0.7%
Other Hispanic/Latino or Mexican	24	15.8%	27	18.1%	34	23.0%
Filipino/Filipino American or Multi	16	10.5%	19	12.8%	21	14.2%
Vietnamese/Vietnamese American or Multi	7	4.6%	9	6.0%	6	4.1%
Other Asian (Chinese, Korean, Japanese, East Indian); not Filipino or Vietnamese	38	25.0%	28	18.8%	28	18.9%
Other or Domestic Unknown	3	2.0%	4	2.7%	4	2.7%
White or White/Other	56	36.8%	54	36.2%	49	33.1%
International	0	0.0%	0	0.0%	1	0.7%
Total	152	100.0%	149	100.0%	148	100.0%
Underrepresented not including Filipino & Vietnamese students	32	21.1%	35	23.5%	39	26.4%
<b>Underrepresented including our Filipino &amp; Vietnamese students</b>	<b>55</b>	<b>36.2%</b>	<b>63</b>	<b>42.3%</b>	<b>66</b>	<b>44.6%</b>

**Compared with Other PT Programs Nationally**

We compare well against national averages for PT programs. Based on national data released from the Commission of Accreditation in Physical Therapy Education (CAPTE) for 2020-21 enrolled DPT students, we had a total of 21.1% underrepresented students (African American, Hispanic/Latino(a) and American Indian), which was double the average 11.3% for other DPT programs across the country. Specifically, 15.8% of our students identified as Hispanic/Latino(a) as compared to only 6.9% average nationally; 4.6% of our students identified as African American students compared to the national average of 4.1%; and 0.7% of our students identified as American Indian compared to the national average of 0.3%



**Prior and Prospective Strategies** We have seen a steady increase in the diversity of our applicants and accepted students, and we are committed to further improving our URM enrollment, as indicated in our expenditure plan. Building on our holistic admissions process, we aim to select a student cohort that represents the diversity of the lived experience of all California residents and reflects the historical and current commitment both San Francisco and UCSF/SFSU have towards inclusion. The 2021-22 application cycle had the largest number of applicants in program history (590), a 13% increase over the previous year, and we actively recruit applicants

from throughout California. Over the past three years, we have implemented a variety of strategies for creating a robust level of racial and ethnic diversity. For example, in the past three years, we have revised our admissions review process to evaluate data beyond academic metrics (grades/test scores), including leadership experiences, community service, research, and overcoming hardship. We also removed the GRE as a requirement, updated our prerequisites (e.g., we changed one semester of microbiology/upper-division biology to two semesters of general biology), and began allowing applicants to complete prerequisite courses online. This requirement shift was largely due to the COVID-19 pandemic, and we will maintain it because it offers students greater economy and access to prerequisites for applicants. Strategies will also include dropping from consideration the minimum required observation hours and required observation setting types during the first screening. As mentioned previously, in the 2022 admissions cycle, for example, there were 23 applicants who identified as Black/African American. As 6 of the 12 applicants who did not advance to interview received their undergraduate degrees from CSUs, we will also provide information sessions at Cal State universities and community colleges specifically geared towards advising potential applicants on ways they can engage in research, information on what can be considered leadership activities, and guidance on improving GPAs.

Other prospective recruitment strategies include considering moving our program start date to the end of June or fall to allow students at quarter-based undergraduate programs to apply directly after graduation and maintain their academic momentum, rather than waiting a year. We will also continue relationship-building with undergraduate institutions, forming new partnerships with UCs/CSUs and community colleges that support a large percentage of underrepresented students (specifically, Hispanic Serving Institutions (HSI) such as Cal State East Bay, San Jose State, Cal State LA, and Cal State San Bernardino, and campuses with a higher percentage of African American/Black students such as UCLA, UC Riverside, and UC Merced). In AY 20-21, we hosted 4 webinars and attended 1 virtual fair; in AY 21-22 we increased our outreach and hosted 3 webinars, participated in 9 virtual webinars and fairs, and held 2 in-person events. Last year, we participated in webinars hosted by: San Jose State University, UC Davis, San Diego State and UCLA. This fall we are scheduled to participate in presentations (in-person or virtual) for Sonoma State University, UCLA, Cal State LA, and San Francisco State University. We will also initiate relationships with the three California tribal colleges affiliated with accredited community colleges: California Indian Nations College (College of the Desert); California Tribal College (Woodland Community College); and Kumeyaay Community College (Cuyamaca College) and provide information on our DPT Financial Aid website page about the UC Native American Opportunity Plan. Our program is considering waiving the PDST fees for those admitted as part of the UC Native American Opportunity Plan. We will engage in dialogue with all the Deans at UCSF (Medicine, Pharmacy, Dentistry, and Nursing) to ensure an equitable policy across the institution.

Overall, our plan is to annually host at least 9 outreach webinars, student experience sessions and in-person information sessions, plus participate in at least 15 in-person and virtual fairs and events. Since our last cycle we have had more than 70 prospective students attend these events. At least 20% of students in our recently admitted cohort listed a recruitment talk or webinar as one of

their resources in deciding to apply to our program. We have also begun designing institution-specific prerequisite equivalency sheets and the first of which, for San Francisco State University undergraduate students, has already been provided to the kinesiology department and pre-PT club for distribution. Our faculty and students also lead 4-5 health and wellness sessions per year for students at area middle schools and high schools with large, underrepresented populations. This programming not only benefits students in drawing attention to their own health and wellness, but it also provides career education opportunities for underrepresented students, enhancing our application pathway.

We continue to provide a robust financial support page on our website to draw attention to new financial aid opportunities (including expanded internal scholarships). We are also in the process of redesigning our website to enhance our Student Experiences section, which will highlight the different support systems in place at both SFSU and UCSF, explore life outside the classroom, and present a wide range of current student voices and experiences so potential applicants can see they will be joining a diverse group of individuals and have a strong support system while in the program.

In addition to our recruitment and admission efforts, we are also committed to ensuring the success of students who are underrepresented and have already been admitted. All faculty and staff members are required to take a full day Diversity, Equity, and Inclusion Champion Training provided by UCSF to ensure a diverse, equitable, and inclusive environment for our learners. In addition, our new Student Success Committee and staff Student Affairs Coordinator role enable us to better assess our students' needs on an ongoing basis, and to identify and coordinate specific support services that our students may utilize to ensure their success and wellbeing. For example, we have instituted an observation tracker that faculty and staff use to monitor student concerns such as housing/food/financial security, critical thinking, communication, stress management, and motivation.

**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?**

Although we do not have access to our applicants' Pell Grant information during the application process, we have implemented additional questions in the supplemental application so we can promote access to our program for students from low socioeconomic backgrounds. As part of our holistic approach, the Admissions Committee considers this information in their review of applicants. For example, in the supplemental application, or UCSF Application Management Program (AMP), applicants are asked to self-identify if they feel that they come from a disadvantaged background. The application prompt is: "Do you believe you are from a disadvantaged background? 'Disadvantaged background' may refer to economic or educational challenges you have experienced. You may indicate that you come from a disadvantaged background if you a) grew up in a low-income household as defined by the US

Census Bureau (link provided) or b) did not have access to educational opportunities that would prepare you to apply for or succeed in a research-intensive graduate program.” In the past three years, we have seen a steady increase in our enrolled students who have answered that question in the affirmative: 18% in 2020, 20% in 2021, and 30% in 2022.

UCSF’s AMP also includes a question asking applicants if they now or have ever lived in a medically underserved community: ‘Medically underserved community’ refers to (1) the population of an urban or rural area designated by the federal government as an area with a shortage of personal health services or (2) a population group designated by federal government as having a shortage of such services. This question focuses on the community in which you grew up in or in which you have lived, as opposed to the setting in which you may work.” The percentage of enrolled students who reported living in a medically underserved community were the following: 4%, 10%, and 24% in 2020, 2021, and 2022, respectively.

Efforts to continue promoting access and support for students from low socioeconomic backgrounds include:

- Target academic programs and pre-PT clubs at UC Merced and Cal State campuses in San Bernardino, L.A., Dominguez Hills, and Bakersfield
- Improve visibility of available need-based scholarships (such as our Kean Scholarship) on the website, as well as through communications with applicants early on in the application cycle
- Create prerequisite equivalency sheets for referring campuses made available directly to those institutions so they can help students identify prerequisite courses quickly and save money by not having to take multiple courses
- Deepen our relationship with SFSU undergraduates, kinesiology department, and Pre-PT and Kinesiology Student Association (KSA) organizations. This effort restarted in spring 2022, with SFSU alumni initiating a mentoring system for prospective applicants
- Utilize the new LASSI instrument to help students self-identify their own strengths and areas for improvement which are then discussed with student’s advisors to help guide success in the program
- Improve ongoing assessment of learners’ needs through Student Success Committee and Student Affairs Coordinator, and more quickly connect students to specific services they can utilize to ensure their success and wellbeing
- Include additional presentations from our learning, mental health, and wellness experts at orientation so students are more aware of the services available to them
- Ensure applicants and students are aware and can take advantage of the expanded below-market housing options which UCSF offers its students

**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 UCSF supplemental application (AMP) asks applicants to select the gender with which they identify. Over the past three academic years, admitted students have responded with the identities listed below. Our AY19-20 student data is close to the demographics reported as aggregate data in the 2020 Physical Therapist Education Program Fact Sheet produced by our accrediting body (CAPTE), which reports 38% male, 62% female, and 0% decline to state. We are pleased to report an increase in gender parity including students who identify as gender non-conforming.

	AY19-20	AY20-21	AY21-22
Female	58%	72%	64%
Gender Non-Conforming	0%	0%	2%
Male	42%	26%	32%
Decline to State	0%	2%	2%

Our strategy to promote gender parity in the program includes fostering an inclusive environment from the very first contact potential applicants have with the program through the website, information sessions, and webinars. All staff and faculty make a point of including their preferred pronouns when they introduce themselves. Our faculty gender identities are 43% male, 6% gender non-conforming/unknown, and 52% female. Additionally, we have faculty who identify as part of the LGBTQ community and faculty who have a disability.

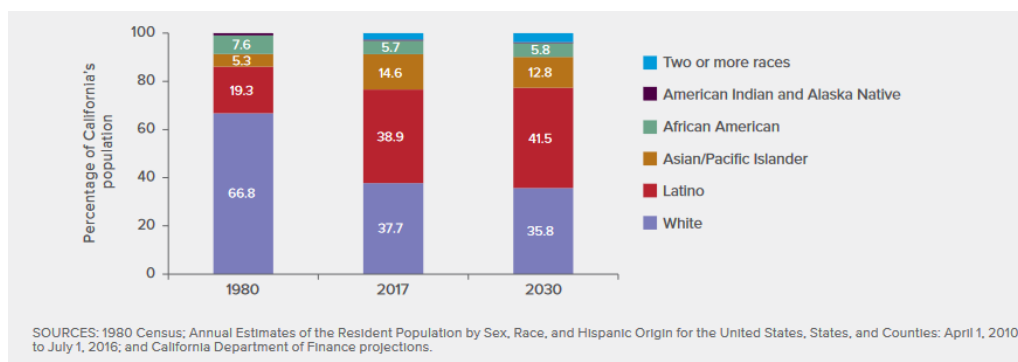
**V.e. In the final year of your multi-year plan, how do you expect the composition of students in your program to compare with the composition identified in the table above with respect to underrepresented minority students, Pell Grant recipients, and gender? Explain your reasoning.**

We expect the composition of our cohorts to include a greater percentage of students who identify as gender non-conforming, come from financially disadvantaged backgrounds including Pell Grant recipients, and students who identify as Black/African American, Hispanic/Latinx, Native Hawaiian/Pacific Islander, and American Indian. According to a 2018 Public Policy Institute of California (PPIC) report which references California Department of Finance projections, by 2030, California will be around 6% African American, 13% Asian/Pacific Islander, and 42% Latinx, and we would like to have a DPT student cohort which reflects the population it will



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serve in California while also addressing decades of institutional practices that have excluded groups from gaining higher degrees in the health professions by opening additional opportunities for some underrepresented groups. In the final year of our multi-year plan (AY2027-28), we expect the composition of our cohorts for Hispanic/Latinx, Black/African American, Native Hawaiian/Pacific Islander, and American Indian to increasingly reflect the diversity of California. We also plan to support UCSF's Filipino, Vietnamese, and Hmong underrepresented populations and increase their composition.



We believe that continuing to develop our holistic admissions process, including the permanent shift to virtual interviews to ensure that all applicants have equal access to the interview stage of admissions, will contribute to these increases. In addition, our dedicated Recruitment and Admissions Specialist will continue building strategic relationships with Hispanic Serving Institutions (HSIs) and UCs which support large populations of Black/African American students (such as UCLA, UC Riverside, and UC Merced). As part of these efforts, providing tailored prerequisite lists to each school will lead to greater numbers of qualified applicants who are supported from the beginning of the admissions process. We are also considering further reducing the required number of observation hours in recognition of the institutional barriers that limit some groups from accessing opportunities in clinics and hospitals. Expanding our fundraising efforts and providing additional scholarship opportunities will also attract applicants to and support economically disadvantaged students in the program.

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**V.f. In the table, 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.*

All Faculty (School or Department)				
Ethnicity		2019-20	2020-21	2021-22
Black/ African/ African American	Domestic	3.3%	3.1%	2.8%
	International	0.0%	0.0%	0.0%
Hispanic/ Latino(a)	Domestic	13.3%	12.5%	13.9%
	International	0.0%	0.0%	2.8%
American Indian	Domestic	0.0%	0.0%	0.0%
Native Hawaiian	Domestic	0.0%	0.0%	0.0%
Asian/ Pacific Islander	Domestic	20.0%	25.0%	19.4%
	International	0.0%	0.0%	0.0%
White	Domestic	46.7%	40.6%	44.4%
	International	10.0%	9.4%	8.3%
Two or More Races	Domestic	3.3%	3.1%	2.8%
	International	3.3%	3.1%	2.8%
Other/ Unknown	Domestic	0.0%	3.1%	2.8%
	International	0.0%	0.0%	0.0%
Percentage by Gender		2019-20	2020-21	2021-22
Female		50.0%	53.1%	52.8%
Male		40.0%	40.6%	41.7%
Non-Binary/Unknown		10.0%	6.3%	5.6%

**Additional Information:** *Please note there are no ladder rank faculty in the program.* In consultation with UCSF Human Resources and the Office of Diversity and Outreach, our program’s faculty diversity data now include improved specificity than previously reported, with respect to categories with small counts that were previously de-identified. Changes over time may also occur due to the timing of the data pull. As a result, our 2019-20 numbers reflected above are consistent with the 2020-21 and 2021-22 figures, while slightly different than our last submission in 2020. As a joint program, there are an additional four full-time faculty at SFSU. Their data are not included in the above table as we are unable to access their information.

**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?**

At the campus level, UCSF has committed to increasing faculty diversity in several ways. One example is requiring all faculty candidates to submit a "[Contributions to Diversity](https://diversity.ucsf.edu/programs-resources/faculty-recruitment/contributions-statement)" statement (https://diversity.ucsf.edu/programs-resources/faculty-recruitment/contributions-statement) with their application, in which they are asked to provide "their past contributions to diversity and equity and future plans for continuing this effort." This is required for recruitment and retention for all faculty. All new faculty are also required to take UCSF's Diversity, Equity, and Inclusion Champion training. In addition, a team of senior Faculty Equity Advisors are available to advise programs and departments regarding best practices in equitable faculty recruiting, as well as monitor search processes and outcomes. As a department, we also continue to collaborate with Job Elephant and monitor our search optimization data analytics to help guide us in our job postings and recruitment efforts. We have created an informational flyer which we are sending to all residency program directors with our job openings to recruit nationally through residency programs. We are also using this marketing strategy to recruit to our residency program, given that our hiring pipeline/pathway from residency to faculty, including underrepresented faculty, has been very successful. We continue to post faculty positions in LGBT in Higher Education, Blacks in Higher Education, and recently we collaborated with a new professional association, the National Association of Black Physical Therapists, to post our jobs on their site. We also recruit from our physical therapy residency programs (we hired 7 of our 10 residents; 3 of the 7 were considered underrepresented). The holistic admissions processes utilized by the residency programs has also benefited our DPT program by increasing our pool of diverse faculty candidates. We provide targeted supports for protected time for clinical research, additional protected time for pursuit of terminal degrees, financial support for academic enrichment continuing education monies and travel grants, and other seed grants to encourage scholarship. Lastly, our Program Director collaborates with the SOM Dean's office to share resources for mortgage lending programs to help underrepresented faculty with relocation housing opportunities. A combination of these efforts has enabled us to increase our faculty diversity. For example, as of 2022 faculty members who are underrepresented in medicine (UIM) make up 19.5% of our faculty compared to 16.6% in FY 19-20. This does not include the 5.6% of our faculty who identify as two or more races, 2.8% faculty that did not specify or our faculty who identify as LGBTQ or who identify as having a disability. We will continue to utilize broad, yet targeted, recruitment practices in order to continue this trend towards a more diverse faculty. We recognize that the high cost of living may be hindering our faculty recruitment efforts and we will continue to pursue potential support for these costs.

## 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 return one-third of our PDST fees to our learners as scholarships (as determined by need from the Financial Aid office). Our financial aid goals are to continue prioritizing fundraising for our program in order to decrease the overall costs to our students in obtaining their DPT degree. Through modest yet consistent contributions from our program alumni, we achieved our greatest donations in FY21-22 totaling \$19K. Our Program Director has prioritized partnership with UDAR to facilitate improved philanthropic donor relations. In 2021, we hired a part-time communication specialist (10 hours/week) to collaborate with our Program Director and UDAR to help realize meaningful increases in funding. Our strategic efforts in FY2022-23 will target and encourage planned giving. It is important to note that in FY21-22, we documented two bequest gifts estimated at \$1.5M. These gifts will be realized at the time of the donors' deaths and will support DPT endowed scholarships and discretionary departmental funds.

In FY21-22, our program also benefited from additional discretionary support and aid from a variety of UCSF financial sources, and this helped raise the average scholarship from \$9,866 in FY17-18 to \$16,405 in FY21-22. In addition, total student financial aid scholarship support increased from roughly \$1.3M in FY17-18 to approximately \$2.2M in FY21-22, while our program enrollment over the same time period remained the same. These financial supports were assisted by endowment funds, and they decreased our student debt load by 12.4%. This additional support from Student Financial Services and Student Academic Affairs will be sustained moving forward.

	<b>FY18-19 Actuals</b>	<b>FY19-20 Actuals</b>	<b>FY20-21 Actuals</b>	<b>FY21-22 Actuals</b>	<b>FY21 to FY 22 % Change</b>
Total Physical Therapy (DPT) Cumulative Loan Debt	3,099,226	2,614,072	6,183,874	3,816,198	
Number of Graduates with Loans	31	24	54	38	
Average Cumulative Debt	\$99,975	\$108,920	\$114,615	\$100,426	<b>-12.4%</b>
Median Cumulative Debt	\$96,000	\$117,322	\$126,153	\$106,500	<b>-15.6%</b>

Source: UCSF Physical Therapy Cumulative Loan Debt for fiscal years ending June 30, 2018 through June 30, 2022.

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Graduating Class		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Percent with Debt	URG	86%	100%	83%	67%	71%	93%
	Non-URG	88%	78%	70%	78%	73%	71%
	International						
	All	88%	80%	72%	78%	73%	76%
Average Debt among Students with Debt*	URG	\$115,107	\$103,725	\$92,134	\$86,174	\$109,942	\$105,426
	Non-URG	\$96,512	\$108,089	\$81,413	\$100,582	\$107,984	\$117,831
	International						
	All	\$99,168	\$107,557	\$82,902	\$99,652	\$108,392	\$114,615

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

Note: Blanks 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 students have a lower amount of debt (\$ 114,615 for our 20-21' graduates) compared to the total average debt of the students/ graduates from our public (\$119,000) and private (\$124,000) comparator programs. 33% of our PDST fees are redirected back to the students in the form of return-to-aid. As a result of increased support from the financial aid office and UCSF endowments, our graduating debt for the class of 21-22 decreased 12.4% (from ~\$115K in FY20-21 to ~\$100K in FY21-22), and our median graduating debt decreased 15.6% (from ~\$126K in FY20-21 to ~\$107K in FY21-22). According to a 2020 article by the American Physical Therapy Association (APTA), the average related debt to PT education is \$116,183, which is the national public institution comparator.<sup>3</sup>

	Graduates with Debt	2020-21 Average Debt at Graduation among Students with Debt	Median Salary at Graduation	Est. Debt Payment as % of Median Salary
<b>This program</b>	76%	\$114,615	\$103,510	16%
<b>Public comparisons</b>	N/A	\$119,000	\$99,710	17%
<b>Private comparisons</b>	N/A	\$124,000	\$95,660	18%

Sources: UC: Corporate data

Impact of Student Debt on the Physical Therapy Profession (A Report from the American Physical Therapy Association, June 2020).

Comparison institutions: Debt information was cumulative from survey and is not broken into public or private universities

**Additional comments:** A 2020 APTA survey reported that 53% of physical therapy graduates remain working in the state that they attended for their graduate studies, and according to the U.S. Bureau of Labor Statistics May 2021 data (<https://www.bls.gov/oes/current/oes291123.htm>), California is a top-paying state with \$103,510 as the mean annual salary for physical therapists.

<sup>3</sup> <https://www.apta.org/contentassets/ee2d1bb7f9d841c983d0f21bb076bb79/impact-of-student-debt-report.pdf>

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

The Journal of Physiotherapy published an article by Shields, et al (2018), entitled *Physiotherapy education is a good financial investment, up to a certain level of student debt: an inter-professional economic analysis*, which asked the question: Is the graduate debt reported for physical therapy manageable according to recommended salary-weighted debt service ratio benchmarks? For the study, entry-level salaries and rate of salary growth were obtained from government databases. It utilized a net present value (NPV) economic modelling approach that compares costs and benefits of an investment such as healthcare education. Their economic analysis using the NPV approach was conducted and reported in US dollars for the Doctor of Physical Therapy degree and compared across professions. The NPV modelled future physical therapy earnings less the cost of education and the opportunity cost of foregone earnings from alternate careers. The results: students with over \$200,000 of debt may not achieve recommended repayment benchmarks, and for those at higher debt levels (>\$266,000), a doctorate in physical therapy NPV no longer exceeds that of a bachelor's degree. Our FY21-22 data show that our program's students have an average cumulative debt of \$100,426, which provides reasonable NPV, especially when considering that the mean California salary for Physical Therapists is \$103,510 annually.

The program is in full support of any means to lower student debt, and we also strongly encourage our students to consult with the Financial Aid Office on any and all options available for loan repayment assistance. To minimize the amount of loans our students take out, we collaborate with multiple internal offices and programs at both UCSF and SFSU to offer as much holistic support as possible (as opposed to incurring more debt). For example, to mitigate the costs of housing, food, and commuting in San Francisco, UCSF will continue to offer a one-time need-based \$2,500 Cost-of-Living Supplement in FY22-23 to current and admitted students. Our students have also benefitted from the Basic Needs commitment for all UC schools, and in particular the DPT program's overall usage of the Basic Needs programs increased 15% from FY20-21 to FY21-22. In FY21-22, 111 of our 150 students (74%) took advantage of the those supports including the student food market, Food for Students text program, Cal Fresh, Food Security support, and Rapid Rehousing awards.

At UCSF, Student Academic Affairs also offers a \$20K scholarship and a \$10K school-owned loan to all undocumented students so that the students will have less reliance on more expensive private loans and limited scholarship funding. Student Academic Affairs has also committed additional scholarship funds to first-generation students to help promote access to health care leaders in under-resourced communities. The UCSF Development Office has also spearheaded efforts to fundraise and supplement the existing first-generation support. All scholarship information that is sent to our program from various organizations such as American Physical Therapy Association (APTA), American Council of Academic Physical Therapy (ACAPT) and California Physical Therapy Association (CPTA) is shared with our students via email, uploaded to their Student Resources page in our LMS, and added to our program

website (<https://ptrehab.ucsf.edu/financial-aid>). We also nominate our students for opportunities provided by those organizations. For example, the APTA has committed to a campaign to leverage donations and the net proceeds from their centennial activities in 2021 toward two funds, the Minority Scholarship Fund and Dimensions of Diversity Fund. They use these funds to provide scholarships to qualified students from underrepresented backgrounds. Our program nominates a student for these scholarship funds each year, and we can report that a UCSF/SFSU DPT student was awarded the APTA Minority Scholarship in 2020.

Furthermore, our faculty and students continue to lobby for positive financial impacts on the physical therapy profession itself. For example, prior to the COVID-19 pandemic, our students participated in “Legislature Day” at the California state capitol to advocate regarding various issues confronting the profession. During the COVID-19 pandemic, our faculty and students joined online campaigns to lobby for appropriate access to and reimbursement for physical therapy services, particularly for reimbursement of Telehealth rehab as a means to deliver care during the pandemic (and to provide access for certain patient populations). These discussions have included provider reimbursement and scope-of-practice issues which can directly impact salaries, and thus our graduates’ ability to repay student loans. Sadly, loan forgiveness programs are very limited for the physical therapy profession, and along with the APTA, we continue to advocate for the inclusion of physical therapy under the National Health Service Corps Loan Repayment Program.

Additionally, we post financial literacy resources from both UCSF and SFSU on our program webpage in the Financial Aid Section of the Tuition and Fees Page: <https://ptrehab.ucsf.edu/tuition-fees>. We also present financial aid information in-person at interview weekend and on the first day of student orientation, and in fall of the third year, we conduct a financial aid workshop focused on loan repayment and forgiveness programs in addition to debt repayment strategies. Further, we partner with the School of Medicine to offer students professional guidance in managing student debt during and after graduation <https://finaid.ucsf.edu/application-process/apply-for-aid>.

**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.**

Starting in the DPT curriculum itself and through program-hosted community-based events in underserved areas, we provide students with resources to promote careers that provide services for underserved populations. Because promoting services to underserved populations is important to our program, we also place emphasis on community service involvement as requirements for some of our scholarships. We have also designed and continue to add additional electives (we use PDST funds to support faculty who are experts in these areas) that invite students to work directly with underserved populations and provide information and

education on issues related to physical therapy (example electives include “Community Partnership Engagement”, “Health Equity and Humanitarianism” and “Pediatric PT at Alameda County California Children’s Services”).

Additionally, we offer robust educational programming by partnering with multiple community clinics where our students work with clients from underserved populations in the Bay Area. PDST fees support our faculty in overseeing student learning in these community environments.

- In late 2021, we celebrated the opening of our UCSF Pro-Bono Community Clinic in San Francisco, which serves under- and uninsured patient populations. Students and faculty collaborate in providing care two to three Saturdays per month, and we have used PDST funds to support the faculty required to oversee this educational opportunity which aligns with our desire for students to gain expertise in serving this population.
- In 2022, we formalized a community partnership with Mabuhay Health Center, a UCSF student-run free community health clinic targeting underserved Filipino-American residents of San Francisco’s South of Market (SOMA) district.
- In 2022, we also formalized a community partnership with La Clinica Martin Baro. This is a student-organized free clinic operating on Saturdays out of Mission Neighborhood Centers, Inc. It is a collaboration between UCSF’s medical and physical therapy students and faculty, and undergraduates from the SFSU Latina/Latino Studies Department. Our faculty oversee our DPT students in this opportunity.

**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?**

On average, per the American Physical Therapy Association (APTA), through 2016 (the latest data available), physical therapists who work in California have the highest salaries in the nation. No reliable data source indicates that physical therapists who work in public sectors are paid less than those who work in other settings.

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

Financial aid and internal/external scholarship information is outlined clearly on our website (<https://ptrehab.ucsf.edu/financial-aid>) and is also explained during recruitment information sessions conducted by faculty and our Admissions specialist. In addition, the UCSF Financial Aid Officer speaks at our annual Interview Day event and provides handouts and online resources to explain the financial aid options which are available.



**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 make the median physical therapist salary and average debt information available to prospective students by providing them a link to our national organization, the American Physical Therapy Association (APTA), website which lists median salary and average debt (<https://www.apta.org/your-career/financial-management>). Because we want our prospective students to have the most up-to-date information, we refer them directly to the APTA website as this data may change regularly. Regarding debt information, as of 2021, our Commission on Accreditation in Physical Therapy Education (CAPTE) has added a new accreditation requirement that all DPT programs must publish an annual financial fact sheet on the main page of our program websites. This sheet linked on the website (<https://ptrehab.ucsf.edu/ucsfsfsu-doctor-physical-therapy-dpt>) includes student costs broken down per year as well as the average student debt of our most recent graduates.

## **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 DPT program recently submitted our self-study report and underwent a site visit by the Commission on Accreditation in Physical Therapy Education (CAPTE). In spring of 2022, we received the commission's report for the program, which was exemplary, and obtained re-affirmed accreditation for a full 10 years (until 2032). To prepare for this robust programmatic review, we used a portion of our PDST fees to hire a physical therapy accreditation consultant to work with us. As a part of the consultation for our self-study report, we conducted a comprehensive audit on program assessment (student learning outcomes, program outcomes, and graduate learner outcomes) and formed a data-driven Program Assessment Committee (PAC) which meets bi-monthly to drive the highest quality outcomes of our program. Additionally, to assist with continuous quality improvements associated with our program, in 2018 we actively recruited a faculty member with expertise in data informatics and systems-based science. This faculty member also co-chairs the UCSF Education Data Council (EDC) and is helping to develop an education data warehouse for the campus which will enable us to create and make decisions based on dashboards of physical therapy-specific data. Our PDST fees have allowed us to make strategic faculty recruitments like this, which bring content expertise such as informatics to drive value-based and data-informed education programming grounded in educational science.

## **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 2022-23 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):
- 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): In addition to the consultations noted above, we sent an email to students which included a link to our slide presentation outlining the PDST proposal and information about PDST fees. This email also contained a link to an anonymous survey soliciting student feedback. Results of the survey are summarized below.

**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.**

***Student Consultations Undertaken as Part of This Proposal:***

- 1) September 23: We emailed all 150 students across the three cohorts and invited them to attend one of two in-person Town Halls, (we also allowed for virtual participation). At the town hall sessions, we presented background information regarding PDST fees, how they support our program, our proposed fee increase structure, and our proposed initiatives for the fees. We provided the opportunity for students to ask questions and share their feedback. The first session was held in the evening and the second was at lunch.
  - a. October 5, 5-6pm: The two Class of 2023 Co-Presidents attended in-person. They stated that they were representing their class and would share the information with all peers through their standard communication channels. During the meeting they took notes, asked questions, and shared that information with their entire cohort. They reported that they encouraged each student to review the information and provide their own feedback via the anonymous survey which would be sent out to all.
  - b. October 6, 12-1pm: Four students from different cohorts attended via Zoom.
- 2) October 7, 1-1:30pm: We provided an additional session to all 50 second-year students and solicited their feedback before one of their class sessions (this was not a scheduled consultation; presentation made possible by a delayed speaker.)
- 3) October 12: We emailed all 150 students with a link to the presentation slide deck and an invitation to provide feedback via an anonymous survey. A link to the slides was also embedded directly in the survey so students would have the information ready at hand when considering their feedback.

***Summary of Student Survey (36 respondents):***

Most students reported that they appreciated the transparency of the proposed fee increase and plans for utilization of the PDST revenue. There were requests for an increased frequency of reporting the use of the PDST funds as well as an itemized breakdown. When asked how they felt about the proposed increases, the students had mixed opinions ranging from concerns about the financial strain on students and long-lasting effects of student debt; to support that a \$400 annual increase would benefit students. One

student commented that UCSF/SFSU is one of the most affordable programs and worth the cost for the resources. Other students reported that they were impressed and appreciative of the responses and efforts of the UCSF Financial Aid Office, and others suggested waiving the PDST fee increase for lower income students.

Some students noted that they have not yet received information from the program regarding opportunities and support to pursue lower-paying public service careers after graduation. However, this may have come from students who are early in the program as we hold our session/s on loan repayment and public service careers closer to graduation. Other students reported that the opportunities we provide in the program to work and engage with underserved patients has allowed them to learn more about these options in the future.

Students reported that they chose to attend our DPT program rather than a competitor for multiple reasons including location; commitment to serving the community; diversity of students and faculty; public institution costs; research; interprofessional opportunities; reputation and resources; professor-to-student ratios; and high-quality healthcare. Many students reported that they feel that diversity of our students and faculty stands out compared to other programs. They also appreciated the emphasis on DEI content across our curriculum.

There were suggestions that we continue working to increase the diversity of future cohorts and outreach to potential students who live in underserved areas. Another suggestion was to better inform students about the outcomes of our graduates although many students reported feeling confident that after graduation, they will be well prepared to successfully obtain employment in the field.

***Proposal Changes Based on Student Feedback:***

Based on student feedback, we have expanded two of the goals in our PDST proposal:

- Goal #1: Because some students reported being less aware of public service/non-profit career opportunities, we will add more information about graduate careers and public service job opportunities earlier in the curriculum in the form of a town hall to explain the PSLF program.
- Goal #2: Due to student comments requesting additional grants and scholarships as opposed to loans, we will continue to emphasize scholarships and grants which graduates do not have to pay back; we will share with students the overall decrease in student debt as a result of advocacy for endowment funds.
- Goal #3: Due to students asking for increased professional networking in preparation for employment after graduation, we will introduce our students to UCSF Connect resources earlier in the curriculum.

***Written Communications to Students:***

*Email to Students (9/23/22):*

Dear Students:

You may all have seen that a student fee proposal town hall has been scheduled for Oct. 5 (Wednesday) from 530-615 pm, and Oct. 6. (Thursday) from 1215 – 1 pm. These meetings are planned to occur in person at SFSU HSS 114, and on Zoom. These town halls are entirely optional.

The town halls are being convened because the program is proposing a small increase in Professional Degree Supplemental Tuition (PDST) fees. The UC Regents requires consultations with faculty and students when such plans are put forward and we feel it is essential to communicate our proposal so that you can provide constructive feedback.

<https://regents.universityofcalifornia.edu/governance/policies/3103.html>

During the town halls, program leadership will present the proposed plan, including the nature of PDST fees, as well as where the program uses its allocation of PDST fees. The same information will be presented at both town halls.

Please consider joining this conversation!

Thank you,

Drs. Fitzsimmons, Jaramillo & Lee

***Soliciting Feedback from Students through Survey (10/12/22):***

DPT Students:

As a follow up to our Professional Degree Supplemental Tuition (PDST) fee proposal Town Halls we are asking you to provide us with feedback regarding our proposal. We will be sharing this feedback with the UC Regents. Your comments will remain anonymous and will be reviewed in aggregate. Please provide your feedback utilizing this [LINK](#) no later than Tuesday, October 18<sup>th</sup>.

If you were unable to attend a Town Hall meeting, please review the sides here: [PDST Town Hall presentation to DPT students 2022](#) .

Thank you very much for taking the time to share your thoughts with us!

Regards,

Drs. Fitzsimmons, Jaramillo and Lee

**Message at the beginning of the Qualtrics survey:**

Thank you very much for taking the time to share your thoughts with us! Your comments are anonymous and will be reviewed in aggregate. We value your feedback and will take it into account for the program's FY23-28 Professional Degree Supplemental Tuition (PDST) fee proposal to the UC Regents.

If you were unable to attend a Town Hall meeting, please review the slides here: [PDST town hall presentation to DPT students 2022](#)  
Please note, 1/3 of the total PDST fee is returned to our students in the form of financial aid, and the remaining 2/3 goes directly to the UCSF/SFSU Graduate Program in Physical Therapy.

With these funds, we are able to support DPT program-related costs including but not limited to enhancing the student experience; fundraising efforts; increasing the diversity of our students, faculty, and support staff; accreditation and program review costs; equipment and technology needs; and program events such as the white coat ceremony and commencement. Currently, each student in the DPT program pays approximately \$13,362/year in PDST fees. Our proposal is to increase the fees by 3% each year FY23-24 through FY27-28. This is an approximate annual increase of \$400.

Thank you again for taking the time to give us your feedback as we will be sharing it with the UC Regents.

**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.**

We met with the Graduate and Professional Student Association (GPSA) on the evening of October 3. In attendance were students from the Nursing, DPT, and PharmD programs. During the virtual meeting, Drs. Jet Lee and Theresa Jaramillo presented the slide deck outlining the DPT program's PDST proposal and planned use of the fees. We answered questions from participants to further clarify how the PDST funds are and will be spent in the program.

Plan shared with Graduate & Professional Student Association on 10/3/22.  
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: Students asked for clarification about how the PDST funds are spent in the program.

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): Also included link to slide deck when soliciting faculty feedback through an anonymous survey. Results of the survey are summarized below.

**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.**

#### ***Faculty Consultations Undertaken as Part of This Proposal:***

1. We gave the same PDST presentation to the faculty as we did to the students. It was presented to 34 faculty members on October 14 during our fall faculty retreat. Faculty members were given the opportunity to ask questions during and after the presentation. Most of our faculty are already familiar with the PDST fees, and the main question concerned the amount of funds that go towards student financial aid through PDST and other resources. An additional question by a faculty member was how much of our operating costs come from the 67% PDST funds versus from tuition and other university resources.

2. After the fall retreat, we followed up with an email to the faculty asking them to share any additional feedback or questions through an anonymous survey.

***Summary of Faculty Survey (5 respondents):***

Overall, faculty were supportive of the increase in fees in order to deliver a high-quality DPT program to our students. Faculty suggested that we keep affordability and financial aid central to our values, especially as we embark on a curricular revisioning process. Faculty recognized that while we have a strong commitment to diversity, we do need to continue to focus on recruitment of faculty from underrepresented groups. While faculty felt our program is doing well with career placements and new graduate salaries, they noted that we need to continue to prioritize minimizing indebtedness levels. They also suggested that we continue to address inequities in healthcare and support professional development through community engagement projects and education.

***Proposal Changes as a Result of Faculty Feedback:***

No changes were made in the proposal after faculty feedback.

***Email to Request Feedback in Anonymous Survey:***

Dear Faculty:

We are writing to update you on the fees students pay annually called the Professional Degree Supplemental Tuition (PDST). Each student registered in a professional program at UCSF pays PDST fees annually. Every 2-5 years, professional programs adjust their fees depending on programmatic needs. When this process occurs, we notify our faculty and request feedback. If you were unable to hear the PDST presentation by Theresa and Jet during the faculty retreat on 10/14 please review the slides here: [PDST town hall presentation to DPT students 2022](#)

As a reminder: 1/3 of the total PDST fee is returned to our students in the form of financial aid, and the remaining 2/3 goes directly to the UCSF/SFSU Graduate Program in Physical Therapy.

With these funds, we are able to support DPT program-related costs including but not limited to enhancing the student experience; fundraising efforts; increasing the diversity of our students, faculty, and support staff; accreditation and program review costs; equipment and technology needs; and program events such as the white coat ceremony and commencement. Currently, each student in the DPT program pays approximately \$13,362/year in PDST fees. Our proposal is to increase the fees by 3% each year FY23-24 through FY27-28. This an approximate annual increase of \$400.



Thank you very much for taking the time to share your thoughts with us! Your comments are anonymous and will be reviewed in aggregate. We value your feedback and will take it into account for the program's FY23-28 Professional Degree Supplemental Tuition (PDST) fee proposal to the UC Regents.

Thank you,

Amber, Jet, and Theresa

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

Plan shared with Niquet Blake, PhD on 11/4/2022.  
Graduate Dean

Plan endorsed by Sam Hawgood on 11/4/2022.  
Chancellor

## STUDENT SURVEY RESULTS (36)

### Q- Do you have questions or suggestions regarding the proposed 3% annual increase in fees?

Though I understand vaguely how the funds will be used a more specific itemized list or a list of priority matters would be helpful.

It seemed pretty vague, so any questions I have are about the specifics of where the funds are going

Potentially getting more financial aid opportunities or scholarship opportunities for physical therapy students.

An itemized budget presented to students for the distribution of funds within the DPT program · Increased student participation in how to distribute funds within the DPT program · A portion of PDST funds earmarked for direct student aid, the entirety of which should be determined for use by DPT students · At least bi-annual forums to evaluate, reassess, and rework the above solutions with these forums focused on student input

None

No questions.

No

I would like to see a clear itemized list of exactly where the current fees are going and where the proposed 3% increase would go.

Overall, the information on the distribution of funds within the program was vague at best namely needing an itemized breakdown of said funds. Furthermore, a lot of the traditional and proposed methods for using PDST are deficient in direct student aid and focuses more on faculty recruitment, retention, and growing administrative support resulting in indirect student aid. Therefore, the consensus of those of us on the exec team who attended these town halls is that we denounce any tuition increase until some or all the below solutions are implemented into the plan. We do also want to recognize the efforts by program leadership that aligns with our expectations and hopes for this plan. These include efforts to engage alumni and the community to fundraise and increase direct funds available to students. Additionally, we endorse relevant and thoughtful opportunities for growth provided by the program like a practice licensure exam for DPT3 students. Finally, we appreciate seeing positive trends in the program though a more nuanced analysis of these trends is needed.

Will this 3% increase also be split the same 1/3 and 2/3 split as before towards fin aid and DPT program respectively?

N/a

Dont increase it

No

No, the powerpoint was clear.

None.

I disagree with the increase

No

No

Yes

no - i think the material was presented well and in a concise manner

UCSF/UCSF-SFSU Graduate Program in Physical Therapy/ Doctor of Physical Therapy (DPT)  
Established Program/Established PDST

Q - How do you feel about PDST levels/increases in the context of total charges (i.e., tuition and other fees)? Graduate school is very expensive and tuition hikes always put much more pressure on students who are already straining to make financial means meet the costs of these programs.

In my opinion, any increase in fees or tuition just puts me into more debt and financial struggles, of which I am already deep into. It does not seem like student debt is going to go away anytime soon and accumulating more is just going to put a larger burden onto myself. I do not feel like it is appropriate.

I felt a bit frustrated because I personally receive very little financial aid from UCSF. However, I understand that with inflation it is unavoidable to raise fees.

Any increase in fees, regardless of scale, continues to increase the financial burden on students. Furthermore, considering the growing & long-lasting effects of student debt, an increase to student fees feels far removed from the reality of its implementation. Therefore, I feel that any increase in fees is inappropriate and should be discounted unless accompanied by equitable opportunity for negating the financial impact.

Comparatively to other institutions I believe the 3% increase is reasonable

Because I already feel that our tuition is much less compared to private schools as well as the other UCSF health professions, another \$400/year feels fine to me knowing that it goes towards aspects of the program I care about

I don't think students should shoulder increased program costs. Education shouldn't be this expensive.

I think that the proposed increases would be beneficial for the program

I think \$400 increase is reasonable.

Because it'll only effect me for 1 year, I am okay with it. And a PT lounge would be amazing at parnassus

I obviously do not want the PDST to increase; however, I understand the need to increase the fees to cover future construction and match inflation.

In the context of global inflation and the price of everything going up, a 3% increase seems reasonable, although I fear a recession is looming. That said, in the context of tuition and other fees, the PDST seems to supplement the needs of a high end program given little autonomy with public college tuition.

Fair

Reasonable

seems reasonable and i would love to for the program to get more funding to provide extra resources we need

Although it's never a great feeling having costs increase--especially as a student in debt--the presentation helped me understand why this is necessary for the program. It helped giving context to what other UCSF programs have done with their fees.