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December 6, 2007

*SENT VIA EMAIL: bfergusonjd@earthlink.net*

**Bernard Ferguson, JD**  
President  
International Association of Medical Colleges

RE: California Public Records Act Request

Dear Mr. Ferguson,

This is in response to the request you sent to UC Davis on August 28, 2007 for "an electronic copy of the data base document sent by each UC school of medicine to the LCME, and the individual site team reports, annual reports, along with the letter from the LCME, advising of the outcome of the accreditation review."

**1. An electronic copy of the data base document sent to the LCME**

We are withholding this record in its entirety because it reflects a candid self-evaluation process, which includes information referencing personnel evaluations, in a format that may make individuals' identities known or easily traceable. The California Public Records Act does not require disclosure of records which might constitute an unwarranted invasion of personal privacy (Government Code § 6254(c)). Further, these records reflect an internal evaluation process, protected from disclosure under Evidence Code § 1157. The public interest served by not disclosing these self-evaluations clearly outweighs the public interest served by disclosure, as it might chill the candor afforded by the process (Government Code § 6255).

**2. Individual site team report**

The UC Davis School of Medicine does not have a copy of this report.

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**3. Annual report**

The School of Medicine does not submit any annual report to LCME, they only receive information about the accreditation site visit. We do submit annual questionnaires to AAMC. If that is what you are asking for, please feel free to submit a new request.

**4. Letter from the LCME advising of the outcome of the accreditation review**

Attached is a copy of a June 8, 2006 letter from LCME to President Robert C. Dynes advising of the outcome of the accreditation review.

Since this information is less than fifty pages, we are waiving our normal fee of \$.10/page for the reproduction of these pages.

If you have any questions, or additional requests, please let me know.

Sincerely,

A handwritten signature in black ink that reads "Lynette Temple". The signature is written in a cursive, flowing style.

Lynette Temple  
Information Practices Coordinator  
(530) 752-3949

Attachment



LIAISON COMMITTEE ON  
MEDICAL EDUCATION

www.lcme.org

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LCME Secretary, 2005-2006  
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June 8, 2006

Robert C. Dynes, PhD  
President  
University of California, Davis  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607-5200

Dear President Dynes:

The purpose of this letter of accreditation is to inform you of the action taken by the Liaison Committee on Medical Education (LCME) at its June 5-6, 2006, meeting regarding the accreditation status of the University of California, Davis, School of Medicine, and to transmit to you the final report of the LCME survey team that visited the medical school on January 22-25, 2006.

After reviewing the report, including the information from the Medical Education Database and the Institutional Self-study, the LCME voted to continue the accreditation of the University of California, Davis, School of Medicine pending the outcome a limited accreditation survey visit to be scheduled in the Fall of 2007 to assess progress in addressing the noncompliance and transition issues noted below. It also directed the LCME to conduct a Secretariat consultation visit in the Fall of 2006 to clarify the LCME's facilitate preparations for the limited survey in 2007. The LCME took these actions based on the longstanding nature of some of the areas of noncompliance.

In its review of the report, the LCME identified the following areas of institutional strength.

1. The University of California Davis Health System has produced valued integration between the medical school and the medical center that has strengthened both institutions and provided the funds necessary for the new education building in Sacramento as well as ongoing support for the educational mission of the school.
2. In the past 18 months the number of basic science faculty has increased from 47 to 58 and an additional 10 new faculty positions are under recruitment.
3. Interdisciplinary research programs, centers and organized research units, and interdisciplinary teaching promote close interactions between basic science and clinical departments.
4. Dedicated and capable faculty is committed to the missions of the medical school and are extraordinarily accessible to the students.

5. The Financial Aid Office is highly effective and consistently lauded by the students for its implementation of easy to access web-based personal services.
6. There is an exceptional system of clinics that is entirely managed by the students including fundraising in which students teach other students history taking, physical examination skills, differential diagnosis and treatment.
7. The virtual care center houses state-of-art simulation equipment that is used by medical students to learn procedural skills.

The LCME identified the following areas of partial or substantial noncompliance with accreditation standards.

ED-1. The medical school faculty must define the objectives of its educational program.

The competencies and associated set of educational program objectives that were adopted in 2004 have not been tightly linked to the objectives of individual courses and clerkships and are not yet used to design and improve courses and clerkships.

ED-2. The objectives for clinical education must include quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met.

As noted in the database and the institutional self-study and verified during the site visit, the clerkships have constructed a list of common presenting complaints or diagnoses that students should encounter. However, not all clerkships have specified the number of encounters necessary to meet these requirements. The monitoring of patient interactions is clerkship specific and does not lead to modifications in student experiences in most instances.

ED-5. The medical faculty must design a curriculum that provides a general profession education, and fosters in students the ability to learn through self-directed, independent study throughout their professional lives.

Although there was an 18% reduction in scheduled contact hours for years 1 and 2 in 2001-2002, the curriculum remains lecture intense with 48% of scheduled hours in year 1 and 65% of scheduled hours in year 2 in didactic instruction. Alternate contact hours are limited.

ED-30. The directors of all course and clerkships must design and implement a system of formative and summative evaluation of student achievement in each course and clerkship.

Student grades are mandated to be released no later than 10 days following an examination and the institution contracts with the NBME to receive grades on the subject examinations within 48 hours. In their survey, students reported dissatisfaction with the timeliness of receiving final grades in third-year clerkships which was confirmed during the visit.

MS-19. There must be a system to assist students in career choice and application to residency programs, and to guide students in choosing elective courses.

More than one-half of third and fourth-year students were dissatisfied with career advising on their survey and ratings on the 2005 AAMC Graduation Questionnaire were well below national averages. The burden for career counseling falls to the individual students. This represents a continuing concern from the previous survey in 1998.

MS-28. Health insurance must be available to all students and their dependents, and all students must have access to disability insurance.

The Student Health Insurance Plan is designed specifically for students and does not provide the opportunity for dependent coverage. Although the school offers assistance, students must seek coverage for dependents from outside vendors. This was identified as a problem in both the student analysis and the institutional self-study.

MS-37. Schools should assure that students have adequate study space, lounge areas, and personal lockers or other secure storage facilities.

The institution and the students share concerns, endorsed by the survey team, about the inadequacies of study space and lounge areas on the Davis and Sacramento campuses. This is a problem of long standing.

ER-4. A medical school must have, or be assured use of, buildings and equipment appropriate to achieve its educational and other goals.

The educational facilities available at the Davis campus for first and second year students, particularly the room used for second-year lectures and the gross anatomy laboratory, are small, old and not up to standard.

ER-7. A hospital or other clinical facility that serves as a major site for medical student education must have appropriate instructional facilities and information resources.

As noted in both the student analysis and the institutional self-study, more than one-third of the students in the third and fourth years were dissatisfied with the availability and adequacy of call rooms. The site visit team confirmed the lack of adequate call facilities at the medical center. This was also cited by the survey team in 1998.

ER-9. There must be written and signed affiliation agreements between the medical school and its clinical affiliates that define, at a minimum, the responsibility of each party related to the educational program for medical students.

There is no written affiliation agreement with the University of California Davis Medical Center Hospital.

The LCME noted the following areas to be in transition. The outcome of which could affect the school's ongoing compliance with accreditation standards.

1. A new curriculum was approved by the faculty and is scheduled to be phased in starting in 2006-2007. All four years of medical training are scheduled to be delivered in Sacramento beginning in 2006. The impact of these changes on faculty resources, and student learning and performance will need to be monitored.

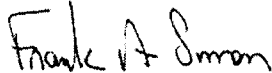
2. The increase in in-state fees from \$6,771 in 1994-1995 to \$21,176 in 2004-2005 is expected to raise average educational debt from \$79,990 for the class of 2004 to \$110,707 for the class of 2008. The vice chancellor/dean has made it a high priority to seek new scholarship funds.
3. The effectiveness of the college system, introduced in 2004, to enhance the learning environment and address the professional development of all students needs to be documented.
4. The recent reduction in incidents of student mistreatment following the introduction of the new school-specific policy on professionalism and the intense attention to the issue by the administration must be followed to assure continued improvement.

LCME Assistant Secretary Robert Eaglen will contact the dean shortly to establish dates for the Secretariat consultation. My office will contact the dean in the near future to determine the dates for the limited survey. My office will also provide instructions to the dean regarding specific documentation to be prepared as background material approximately six months before the limited visit occurs.

Accreditation is awarded to the program of medical education based on a judgment of appropriate balance between student enrollment and the total resources of the institution, including faculty, physical facilities, and the operating budget. If there are plans to significantly modify the educational program, or if there is to be a substantial change in student enrollment or in the resources of the institution so that the balance is distorted, the LCME expects to receive prior notice of the proposed change. Substantial changes may lead to re-evaluation of the program's accreditation status by the LCME.

A copy of this letter is being sent to Dean Claire Pomeroy. The report is for the use of the medical school and any public dissemination is at the discretion of institutional officials.

Sincerely,



Frank A. Simon, MD  
LCME Secretary, 2005-2006

cc: Claire Pomeroy, MD, MBA  
Carol A. Aschenbrener, MD, LCME Secretary

Enclosure