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To: Dylan Rodriguez, Ph.D.  
Chair, UCR Academic Senate

**RE: Response to Working Group on Comprehensive Access Chair's Report of Findings and Recommendations**

Dear Dylan,

In response to the request for responses to the Working Group on Comprehensive Access (WGCA) Chair's Report, the members of the UCR School of Medicine Faculty Executive Committee (FEC) were in agreement that Option #1, to "allow affiliations with non-UC entities that prohibit certain services for women and LGBTQ+ people" be adopted. The rationale for this decision is outlined below.

The two options presented in the Chair's report in essence reflect a divergence between promoting a strict adherence to UC values and the philosophical imperative of treating all individuals without consideration of sex, religion, sexual preference etc. (Option #2), versus acknowledging the spirit of Option #2 but embracing the practicalities of a dependence on other healthcare providers to meet the clinical and educational needs of UC Health Campuses (Option #1). It is quite clear that all members of the WGCA want to provide access to all patients as a priority for UC healthcare and for the ethos of the UC system. All SOM FEC respondents echoed this sentiment and acknowledged the dilemma of whether clearly emphasizing that UC values in agreements with other providers who have different values will be sufficient to comply with our values while also providing the best access to care for patients.

Examples of the need for affiliations with non-UC partners are provided within the Executive Summary for each of the UC Health Campuses. Of particular importance is the acknowledgement of the unique status of UCR School of Medicine. As was raised in the Executive Summary (page 10): "*UC Riverside operates a community based medical school program without its own medical center; accordingly, the school of medicine relies solely upon affiliations to build its clinical platform for training medical students and residents*". This emphasizes that UCR has a greater need

than any other UC Health Campus for partnerships with other (non-UC) health care partners. Therefore, our needs are quite different from other UCs who have their own hospital/hospital system in which to provide clinical care to patients, and perform training of medical students and residents. There was strong consensus that given that such partner/affiliate organizations would be in compliance with all federal and state laws and regulations, then it would be appropriate for UC to form partnerships with these organizations in order to meet our clinical and educational missions.

Additional considerations that were raised by SOM FEC members – including clinical faculty who will be directly affected by this issue – include:

- “Given the important issues faced in training medical students and residents my stance is that we allow such affiliations to occur—given the safeguards for academic freedom and allowing the clinicians choice to refer patients to other facilities/settings that provide recommended care that may not be given at the affiliate. Fundamentally, these faith-based organizations do provide extensive care to the underserved in a non-profit setting which aligns well with our mission of UCR”.
- “Exposure to different settings can be really useful to students’ education, as it can provide opportunities for them to discuss with their faculty some of the hard and ethically complex issues that might arise when there are limits in a certain settings. I think that giving them the opportunity to learn how to navigate these issues and refer elsewhere, where indicated, is important, especially while they are students and have faculty mentors who can discuss the issues with them in a supportive and instructive way. This could in turn help them better navigate such challenges in the future when they practice on their own”.
- “We need to trust our institutional leaders in academic medicine to develop creative solutions to resolve issues regarding partner agreements while maintaining our commitments to UC values”.

If option #1 is adopted, a critically important consideration is what structures will be put in place to ensure that the various partner agreements are adhered to, and that the UC values described in the Executive Summary are respected by non-UC partners. While practical steps for monitoring that compliance of partner agreements are adhered to be mentioned in the Chair’s report, enforcement of agreements and clearly detailed procedures of how non-compliance should be treated are in need of greater detail i.e. how will different breaches of the agreement be handled (isolated incident vs. ongoing or systemic breaches).

Sincerely,



Declan F. McCole  
Chair, SOM Faculty Executive  
Professor of Biomedical Sciences