

UC Riverside, School of Medicine Policies and Procedures**Policy Title:** Confidentiality Requirement for Admissions Committee Members**Policy Number:** 950-07-002

Responsible Officer:	Senior Associate Dean for Student Affairs
Responsible Office:	Student Affairs
Origination Date:	05/29/2019
Date of Revision:	N/A
Scope:	Admissions Committee Members

I. Policy Summary

Members of the UCR School of Medicine (SOM) Admissions Committee ("Committee"), along with its sub-committees, will have access to information about applicants, which is confidential and is protected under both law and University policy. Committee and sub-committee members will participate in discussion wherein colleagues will express opinions that they fully expect to be kept in confidence. Transgressions of confidence threaten the integrity of the admissions process and weaken the school's ability to make fully informed and unbiased decisions. Therefore, members of the Admission Committee shall be required to maintain confidentiality of all Committee-related information.

II. Definitions

Confidential information – Information that is prohibited to disclose to anyone that is not a member of the admissions committee or admissions staff, in this instance including any and all information contained in an application to the school of medicine AND any information about the status of or deliberations about an application.

Personal Relationship – An applicant who is known to the Committee member from any context outside of the application itself. This includes friends, family members, co-workers, patients, etc.

Conflict of Interest – Any situation in which an applicant's success or failure could have a direct impact on the Admissions Committee member. Examples include but are not limited to relatives of an employer or supervisor, an employee, relatives of someone with whom the member have a pressing financial interest, or relatives of someone with whom the member has have a political interest.

III. Policy Text**A. Protected Information**

Any information gained about an applicant through participation in the Admissions Committee (or a sub-committee) is confidential and protected under the *Family Educational Rights and Privacy Act* of 1974 (FERPA). Protected information includes conversations that take place related to Committee activities. The following information about applicants must be kept confidential:

1. Grades, G.P.A, and MCAT scores
2. An applicant's experiences
3. An applicant's essays
4. Anything in an applicant's Letter of Recommendation
5. Conversations about and applicant made in a committee meeting
6. The Committee's evaluation of an applicant
7. Interview Reports

B. Third Party Inquiries

Committee members may not divulge the credentials, contents of letters, interview reports, or Committee discussions to any third party; including parents, relatives, colleagues, friends and acquaintances.

C. Confidentiality

Regardless of whether information comes in written or verbal form, whether or not it is marked "confidential," and regardless of the medium of storage, all such information, including all discussions and deliberations of the Admissions Committee, is deemed by UCR to be "Confidential Information." The disclosure of Confidential Information to anyone outside of the Committee on Admissions or admissions staff, including other members of UCR faculty and staff, as well as the applicant and his/her family members, is strictly prohibited.

IV. Responsibilities

Senior Associate Dean of Student Affairs
Admission Committee Members

V. Procedures


- A. All persons participating in the admissions process must recuse themselves from any conflict of interest regarding individual applicants. This includes both the interview and selection processes
- B. Any faculty member or student with a family member or significant other who is an applicant for medical school at UCR or elsewhere must recuse themselves from participation in the admissions process that academic year.

VI. Forms/Instructions
Conflict of Interest Attestation (Exhibit A)

VII. Related Information


VIII. Revision History
N/A

Approval(s):



PAUL HACKMAN, J.D., L.L.M.
CHIEF COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

8-09-19
DATE



DEBORAH DEAS, M.D., M.P.H
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

8-12-19
DATE

Attachment A

_____ I certify that I have read the UCR SOM Conflict of Interest and Confidentiality Policy for Admissions Committee members and other participants in the admissions process. I hereby agree to abide by the policy.

Conflict of Interest Policy:

Individuals participating in the admissions process must not have personal or professional conflicts that may potentially impair their judgment or unduly influence decision making.

I confirm that, to the best of my knowledge and subject to the exceptions set forth below:

- (i) I am not related to any current applicant to the School of Medicine (where a related party is defined as any relative or person with whom there is a significant interpersonal relationship), or I have disclosed said relationships below.
a. Disclosures _____
- (ii) I do not either serve as an owner, director, officer, trustee, partner, employer, or employee of any person or entity that provides advice, information or services to applicants or potential applicants to the medical school, or receive compensation, gifts, or services from any such person or entity, or I have disclosed outside activities below.
a. Disclosures _____
- (iii) I do not otherwise have an existing or potential financial or other interest which impairs, or might appear to impair, my independence or objectivity in serving in the admissions process, or I have disclosed any relationships below
a. Disclosures _____
- (iv) I know I am expected to recuse myself from assessment or decision making roles for any candidates for whom I have provided specific application support, review, editing, or coaching.
- (v) I do not have a family member or significant other who is an applicant for medical school at UCR or elsewhere.
a. Disclosures _____

I agree that I will comply with the principles set forth in this policy.

Signature: _____

Print Name: _____

Date: _____