

## **Committee on Educational Planning, Policies, and Programs**

### **Minutes**

375th meeting, November 13, 2008

**Members Present:** Mr. Barringer, Dr. Buffaloe, Mr. Daniels, Mr. Dixon, Mr. Farris, Ms. Goodyear, Dr. Key, Mr. Phillips, Mr. Pitts

**Chancellors Present** (ex officio members): Chancellor Anderson, Chancellor Gilchrist, Chancellor Oblinger, Chancellor Ponder

**Other Board Members Present:** Ms. Gage, Mr. Leatherwood, Ms. Sanders

**Others Present:** Ms. Bender, Ms. Chapman, Chancellor DePaulo, Dr. Dixon, Ms. Drupti, Dr. Jenkins, Dr. Mabe, Dr. Mallette, Dr. Martin, Ms. McDuffie, Prochaska, Dr. Sadler, Ms. Thompson, Dr. Wegner

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Chairman Dixon called the meeting to order at 12:30 p.m. in the Executive Conference Room at the Spangler Center in Chapel Hill, North Carolina.

*There being no corrections or additions to the minutes of the October 16, 2008 meeting, it was moved by Mr. Daniels and seconded by Mr. Barringer that the minutes be approved as distributed. Motion carried.*

The following items were Administrative Action items (*actions by consent*):

*Reports for Approval:*

- Teacher Assistant Scholarship Fund Annual Report, 2007-08 Academic Year
- Future Teachers of North Carolina Scholarship Loan Annual Report, 2007-08 Academic Year

*It was moved by Mr. Daniels and seconded by Dr. Key that the Consent Agenda items be approved. Motion carried.*

Dr. Tom Bacon, Director of AHEC, presented the report on North Carolina medical school graduates entering primary practice. Since the mid-nineties AHEC has prepared an annual report in response to the legislative goal to expand primary care training and for AHEC to increase training in primary care residencies in communities in the State. Primary care is defined as family medicine, internal medicine, pediatrics, and obstetrics-gynecology. Graduates of the two public medical schools, UNC CH and ECU, and the two private schools, Duke and Wake Forest, are tracked.

The goal set was for 60% of the graduates of public medical schools to enter primary care training and 50% of the graduates of the private institutions. For the earlier years of this initiative, there was good success in getting medical graduates into primary training and keeping them in primary practice. While those going into primary training are generally close to the goals, it is more difficult to keep them in primary practice. Part of this has to do with the changing nature of medical practice and the fact of a growing shortage of specialists. For example, due to the shortages of pediatric surgeons, AHEC has to fly the few we have around the State to provide needed services.

For 2008, the percentage of medical graduates going into primary training was 63% for UNC CH, 66% for ECU, 39% for Duke, and 45% for Wake Forest. Longer-term tracking shows a decline in the number staying

in primary care. For the 2002 medical graduates, the percentage still in primary training or primary care is 39% for UNC CH, 60% for ECU, 23% for Duke, and 35% for Wake Forest.

The plan for expansion in medical education through more graduates and more residencies is meant to address the need for both primary care and specialists where there are shortages and the placement of physicians throughout the State through expanded residencies.

*It was moved by Mr. Phillips and seconded by Dr. Buffaloe that the report on Monitoring the Progress of North Carolina Graduates Entering Primary Care Careers be accepted for submission to the Board of Governors for approval. Motion carried.*

The Committee also considered a proposed new policy on branch campuses and other educational facilities for offsite delivery of educational programs. The Board has a policy on the process for assessing whether to establish a new campus but no policy for establishing a branch campus. The Committee developed a policy for considering proposed branch campuses that parallels the process for new campuses. It is very important to have a thorough study, initiated by the Board, before consideration is given to establish a branch campus. The definition of a branch campus that is used by SACS, our regional accrediting agency, and one that is widely accepted, has been included in the policy. Since a branch campus would have its own administration and budgetary and hiring authority, the Committee thinks it is especially important to weigh the costs of such a campus and its impact on the main campus and other campuses. The proposed policy also addresses other facilities for offsite educational delivery and includes a provision requiring consultation with the Community College System. The Committee is going to review an inventory of current off-campus sites and address whether we need additional policy or regulations covering centers and partnerships.

*A motion was made by Mr. Daniels and seconded by Mr. Phillips to approve this revised policy on branch campuses and other educational facilities for offsite delivery and to provide notice to the Board that the Committee will bring a revised policy on branch campuses and other facilities to them for consideration at the January meeting. Motion carried.*

The Committee discussed inquiries that have been made about the variation in campus calendars. Most of our campus calendars begin and end within approximately a week of one another. Spring break varies for the campuses. Chancellors present indicated that they mainly tried to align their calendars with the local school system. After a review of the data and further discussion the Committee decided that no further action was needed.

*Chairman Dixon adjourned the meeting at 2:10 p.m.*