

Recipients of the 2019 Gov. Holshouser Award for Excellence in Public Service



Dr. Mark I. West is UNC Charlotte's chair and a full professor in the Department of English. During his nearly 36-year career, he has developed a reputation as one of the pioneers in the field of children's literature. Throughout his career, Dr. West has advocated for early childhood literacy, in his classrooms as well as in his community. He is known not only for his impactful research and expertise, but also for his excellence in teaching and his dedication to area school districts and the Charlotte community. He regularly collaborates with the Charlotte Mecklenburg Public Library and organizes important cultural events for the public.

In 2010, he collaborated with a former librarian to produce A Tribute to Novello, a three-day grassroots literary event that celebrated the act of reading and featured well-known authors and community leaders, who donated their time for author panels, readings and book signings. Since 2015, he has served on the planning committee of the Library Foundation's EpicFest, a free literary event for families, children and teens.

His academic career is marked with achievement and distinction: He recipient of the Bonnie E. Cone Professorship in Civic Engagement Award and the Anne Devereaux Jordan Award for Outstanding Achievement in Children's Literature. Dr. West has authored, co-authored or edited 16 books. He is the author of 60 articles that appeared in both scholarly journals in popular publications.



Dr. Martin Posey is a professor in UNC Wilmington's Department of Biology and Marine Biology, having served in the department since 1989. He previously served as director of the UNCW Center for Marine Science and was associate vice chancellor and dean of undergraduate studies. Dr. Posey's three-decades-long career has been devoted to university outreach and service, through which he has translated his academic expertise into policy and management. Much of his engagement work is focused on addressing the variety of challenges facing coastal areas, including resource management and sustainability issues.

He has served on the NC Marine Fisheries Commission, the Coastal Resources Commission Scientific Panel on Coastal Hazards, and the NC Division of Marine Fisheries Crustacean Fisheries Advisory Committee, among others. He has collaborated with, or offered his expertise to, community and non-profit organizations, among them the NC Coastal Federation, the Cape Fear River Organization, and the Lower Cape Fear River Program.

Dr. Posey has been devoted to enhancing education connections between UNCW and the community, notably with K-12 schools. He has been active in Project Quest, which provides hands-on learning experiences for middle school students in underserved regions. He has also helped to organize the Planet Oceans seminar series, which brings local and national researchers together to discuss coastal issues.



**Board of Governors Meeting
October 22, 2020
President's Report**

As we gather today, our campuses are more than halfway through the most challenging semester in at least a generation. Fourteen of our seventeen institutions are operating with a mix of face-to-face and online instruction; three others are conducting undergraduate classes fully online while continuing research that is so critical to our state. At all of them, the faculty and staff continue to deliver a high-quality education under far-from-ideal circumstances.

We know higher education is essential work. And as we head into our eighth month of coping with the coronavirus pandemic, I want to make sure we celebrate the thousands of people showing up for our students each day — online, in person, in every way they can.

There is no pausing people's lives, which means we must be resilient and resolute in providing a life-changing education. We have had to adapt, to do our part in slowing this pandemic while also weighing the risks of lost opportunity for thousands of students. There is no perfect answer for the decisions we face — only honest grappling with a challenging situation.

My team and I are checking in every day with our chancellors, and with local and state health officials, to evaluate conditions across the state and make sure we're doing all that we can to protect the students and citizens we serve. We'll continue with the flexible approach we've shown so far, and I'm grateful to everyone who has demonstrated how we can work through the uncertainty without losing sight of our mission.

What we do know for certain is that the year ahead will bring some deep financial and operational challenges. In the Budget and Finance meeting yesterday, we laid out a budget request for the University that our recognizes reality while protecting our core academic mission. In addition to our effort to establish unified budgets throughout the System, we are taking a disciplined approach with a tightly focused explanation of our priorities.

We're asking for no new projects, no new initiatives. Our lawmakers have some hard choices ahead, given the state of the economy. We owe them a concise report of core needs, including:

- To fully fund enrollment growth, since we're one of the few universities in the country to add students this year;
- Continued support of NC Promise, which has dramatically lowered tuition and expanded opportunity at UNC Pembroke, Elizabeth City, and Western Carolina;
- Shoring up our building reserve, so we can properly operate the public assets under our care; and
- Strengthening support for our faculty and staff, who have done monumentally challenging work this year to keep students learning no matter where they are. We want to keep that deep bench of talent right here.



This is not the moment for sweeping plans; this is a moment for keeping our most important promises to the students and citizens of North Carolina, including identifying potential savings that can be carried forward into the next year. So let's get the fundamentals right. That way, we will be prepared for any scenarios that unfold and be ready to go when the windows of opportunity open.

The same economic conditions stressing the state budget will also create an unprecedented need for access to our institutions. Hundreds of thousands of North Carolinians will be seeking new careers and new opportunities. We know from past experience that many of them will choose to start that search at our state's community colleges.

We have talked for years about creating a seamless path to transfer from community colleges to our four-year universities, and, for that matter, from one UNC System school to another. I am determined, along with you, to see that happen. The ideas discussed in the Strategic Initiatives Committee yesterday and in Ed Planning — especially common course numbering — can help us get there. There's the obvious economic case for it, but I believe we also have a moral obligation in this time of deep need for North Carolina to put more options on the table for people seeking better opportunity, and to never let administrative burdens come between the students and the education they need to succeed.

I spoke at NC State's Institute for Emerging Issues last month about what happens when public institutions don't compete effectively for working adults, for time-pressed parents, for *all* the students who would benefit from a quality education at this point in their lives. When we fail to provide good, flexible options, those students wind up in the for-profit sector, where they're more likely than not to leave with a lot of debt and nothing to show for it. Or they get discouraged and don't pursue further education at all.

Tressie McMillan Cotton, who graduated from NC Central and teaches at UNC-Chapel Hill, just won a MacArthur genius grant in part for her work on how higher education has too often failed the students who need us most.

"The risk of changing jobs and moving up the professional ladder has shifted to individual workers across race, class, and gender," she wrote in her first book. "That risk makes credentials valuable only insofar as those credentials are easy to start, easy to fit into complex lives, and easy to pay for."

That's what improving our transfer policies is all about, and they're just the beginning. You'll be hearing more from me in the months ahead about simplifying financial aid, making the path to graduation clearer at all of our institutions, and additional support to teach the science of reading that will boost third grade reading proficiency. All these data points are connected and all of them are connected to our work on equity.



You can get a greater sense of why all of that work matters so much by attending our first-ever virtual open house for the entire UNC System, kicking off Monday and running through next week. The hard-working admissions, recruitment, and financial aid staff who delivered a record-breaking class this fall aren't resting on their laurels.

They're coordinating with the UNC System Office to give students across the state an online introduction to all of our public universities. Participants will hear from faculty and staff, from current students, get a virtual tour of campus — everything that's great about a campus visit, but with none of the parking hassles. I hope you'll check it out, and I hope we can keep doing this kind of efficient online outreach long after this challenging year is over, because we should be doing everything that we can to support this state in navigating this season of hardship, from researching life-saving medicines to providing life-changing educational opportunities, serving the people, whether or not they ever even set foot on our campuses.

There is much more work to come, but I'm very proud of the work we have underway together.

Expenditure Benchmarks for the President and Special Responsibility Constituent Institutions

ISSUE OVERVIEW

The Board of Governors has the authority under G.S. 116-31.10 to approve expenditure benchmarks of up to \$500,000 for UNC System constituent institutions. In April 2014, the Board of Governors reviewed and revised these benchmarks (attached) and authorized the president of the UNC System to approve purchases for Tier 2 and Tier 3 constituent institutions in amounts between their benchmarks and \$500,000. However, until recently, G.S. 116-31.10 did not explicitly provide the Board of Governors with the authority to set an expenditure benchmark for the president of up to \$500,000. Revisions to G.S. 116-31.10, which became law in March 2017 through passage of Session Law 2017-68, authorize the Board of Governors to establish a threshold expenditure benchmark of up to \$500,000 for the president of the UNC System.

Applying the recommended tiers, which are based upon actual General Fund expenditures for FY20 to the UNC System Office, the System Office would have a \$100,000 threshold (Tier 3) to be exercised by the president of the UNC System or his designee. The president of the UNC System would maintain authority to approve expenditures for Tier 2 and Tier 3 entities up to \$500,000. The update to the expenditure threshold will allow for increased efficiencies and savings when executing higher value, System-wide contracts that leverage the buying power of the System.

The North Carolina Division of Purchase and Contract completed a satisfactory compliance review of the UNC System Office in June 2018.

Utilizing the recommended Tiers would also transition N.C. A&T State University from Tier 2 to Tier 1. The transition into Tier 1 will allow greater efficiencies when awarding higher value contracts that are more common with Tier 1 constituent institutions.

RECOMMENDATION

It is recommended that the Board of Governors approve this request to establish a \$100,000, Tier 3 purchasing threshold for the UNC System Office while maintaining the president's authority to approve purchasing expenditures for all Tier 2 and Tier 3 institutions, including the president of the UNC System up to \$500,000. It is also recommended that the Board of Governors approve the transition of N.C. A&T State University from Tier 2 to Tier 1, which will raise the university's expenditure threshold from \$250,000 to \$500,000.

APPENDIX C

The University of North Carolina
Potential Authorized Purchasing Benchmarks

Current Delegation						Proposed Delegation				
Tier	Institution	Authorized Benchmark	Effective Date	Presidential Approval Required	P&C Approval Required	Tier	Benchmark Without Pre-Approval	Change from Current Benchmark	Presidential Approval Required	P&C Approval Required
Tier 1 GF > \$175M	NC State	\$500,000	1-Jul-15	N/A	> \$500,000	Tier 1 GF > \$180M	\$500,000	N/C	N/A	> \$500,000
	UNC-CH	\$500,000	1-Jul-15	N/A	> \$500,000		\$500,000	N/C	N/A	> \$500,000
	UNCC	\$500,000	1-Jul-15	N/A	> \$500,000		\$500,000	N/C	N/A	> \$500,000
	ECU	\$500,000	1-Jul-15	N/A	> \$500,000		\$500,000	N/C	N/A	> \$500,000
	UNCG	\$500,000	1-Jul-15	N/A	> \$500,000		\$500,000	N/C	N/A	> \$500,000
	ASU	\$500,000	1-Jul-15	N/A	> \$500,000		\$500,000	N/C	N/A	> \$500,000
	UNCW	\$500,000	1-Jul-15	N/A	> \$500,000		\$500,000	N/C	N/A	> \$500,000
Tier 2 GF \$75M-\$175M	N.C. A&T	\$250,000	1-Jul-15	> \$250,000	> \$500,000	Tier 2 GF \$80M-\$180M	\$500,000	\$250,000	N/A	> \$500,000
	WCU	\$250,000	1-Jul-15	> \$250,000	> \$500,000		\$250,000	N/C	> \$250,000	> \$500,000
	NCCU	\$250,000	1-Jul-15	> \$250,000	> \$500,000		\$250,000	N/C	> \$250,000	> \$500,000
	UNCP	\$250,000	1-Jul-15	> \$250,000	> \$500,000		\$250,000	N/C	> \$250,000	> \$500,000
	WSSU	\$250,000	1-Jul-15	> \$250,000	> \$500,000		\$250,000	N/C	> \$250,000	> \$500,000
Tier 3 GF < \$75M	FSU	\$100,000	1-Jul-15	> \$250,000	> \$500,000	Tier 3 GF < \$80M	\$100,000	N/C	N/C	> \$500,000
	UNCA	\$100,000	1-Jul-15	> \$100,000	> \$500,000		\$100,000	N/C	N/C	> \$500,000
	UNCSA	\$100,000	1-Jul-15	> \$100,000	> \$500,000		\$100,000	N/C	N/C	> \$500,000
	UNC Sys Ofc	\$25,000		N/A	> \$25,000		\$100,000	\$75,000	> \$100,000	> \$500,000
	ECSU	\$100,000	1-Jul-15	> \$100,000	> \$500,000		\$100,000	N/C	N/C	> \$500,000
	NCSSM	\$100,000	1-Jul-15	> \$100,000	> \$500,000		\$100,000	N/C	N/C	> \$500,000

Capital Improvement Projects – North Carolina Central University and North Carolina State University

ISSUE OVERVIEW

UNC System institutions are required to request authority from the Board of Governors to proceed with non-appropriated projects using available funds (non-general funds). Non-appropriated capital projects are funded by the institution and include the construction, repair, or renovation of facilities such as residence halls, dining facilities, research buildings, athletic facilities, and student health buildings.

Two UNC System institutions have requested a total of three capital improvement projects: two new projects and one project for increased authorization.

I. NEW PROJECTS

Institution/Project Title		Total Project Cost (\$)	Previous Authorization (\$)	Requested Authorization (\$)	Funding Source
North Carolina State University					
1.	Dairy Facility at College of Veterinary Medicine	\$5,500,000	\$400,000	\$5,100,000	Trust Funds
2.	Greek Village Phase 4 - Infrastructure, Townhomes, and Apartments	\$47,500,000	\$3,600,000	\$43,900,000	Trust Funds
<i>NC State Subtotal</i>		<i>\$53,000,000</i>	<i>\$4,000,000</i>	<i>\$49,000,000</i>	
Grand Total		\$53,000,000	\$4,000,000	\$49,000,000	

II. INCREASED AUTHORIZATION

Institution/Project Title		Total Project Cost (\$)	Previous Authorization (\$)	Requested Authorization (\$)	Funding Source
North Carolina Central University					
1.	New Student Center	\$50,379,332	\$47,279,332	\$3,100,000	Trust Funds
<i>NC Central Subtotal</i>		<i>\$50,379,332</i>	<i>\$47,279,332</i>	<i>\$3,100,000</i>	
Grand Total		\$50,379,332	\$47,279,332	\$3,100,000	

RECOMMENDATION

All projects and associated funding sources are in compliance with G.S. 143C-8-12 (State Budget Act).

It is recommended that these projects be authorized and reported to the NC Office of State Budget and Management as non-appropriated projects that do not require any additional debt or burden on state appropriations.

Acquisition of Property by Deed (Raven Rocks Residence Hall) – Appalachian State University

ISSUE OVERVIEW

The Board of Trustees of Appalachian State University requests approval to purchase Raven Rocks Residence Hall (Building 200) from Beyond Boone 200, LLC, under an option in the P3 agreement.

Appalachian State University entered into a ground lease with Beyond Boone 200 LLC to develop, construct, furnish, equip, and operate a P3 housing project. The construction of Raven Rocks Residence Hall (also referred to as Building 200) was included in the P3 agreement and included an option for Appalachian State University to purchase Raven Rocks Residence Hall upon completion. The new residence hall is 84,362 gross square feet, four stories with a basement, and includes 322 beds. The building was constructed under the jurisdiction of the State Construction Office and was granted a certificate of beneficial occupancy on August 6, 2020.

Appalachian State University has unapplied proceeds of General Revenue Bonds, Series 2016C, that were previously issued to finance the replacement of Winkler Hall, an existing residence hall on campus. The project was unable to proceed because the bids were not within budget when the bonds were issued. The proceeds of the 2016 C Bonds, together with additional funds from university housing reserves, will be used to acquire Raven Rocks Hall. Following purchase, the building will be operated and maintained by the university. The appraised value is \$28,845,000.

The Board of Trustees for Appalachian State University approved the resolution to purchase Raven Rocks Residence Hall on September 25, 2020.

RECOMMENDATION

It is recommended that the Board of Governors approve this request.

**STATE OF NORTH CAROLINA
DEPARTMENT OF ADMINISTRATION**

***ACQUISITION OF REAL PROPERTY**

Institution or Agency: **Appalachian State University**

Date: **September 16, 2020**

The Department of Administration is requested, as provided by GS §146-22 et seq., to acquire the real property herein described by *purchase, lease, rental, or other (specify)*. **Purchase**

This Property is needed for the following reasons and purposes: *(Attach additional pages if needed.)*

The property is a 322-bed residence hall constructed as a part of a three-phase public private partnership re-developing 14 acres of Appalachian State University's campus. The new residence hall is a leasehold improvement made by Beyond Boone 200 LLC on existing property owned by the State of North Carolina for the benefit of Appalachian State University, currently leased to Beyond Boone 200 LLC.

The State of North Carolina holds the fee simple title to existing property on the campus of Appalachian State University designated as a Millennial Campus pursuant to Article 21B of Chapter 116 of the NC General Statutes. The University of North Carolina System delegated authority to Appalachian State University to lease real property located on a Millennial Campus for a period up to 99 years on October 10, 2018, and after receiving this authority, Appalachian State University entered into a ground lease agreement with Beyond Boone 200 LLC to develop, finance, construct, furnish, equip and operate a student housing facility called Raven Rocks Residence Hall (also referred to as Building 200) on the property. PNC Bank, NA provided interim financing to Beyond Boone 200 LLC on February 1, 2019 for the purpose of financing the costs of designing, acquiring, constructing, furnishing and equipping the improvements on the property, called Raven Rocks Residence Hall. Under the terms of the Ground Lease between Appalachian State University and Beyond Boone 200 LLC, the University has the option to either purchase Raven Rocks Residence Hall or amend the terms of the existing Ground Lease to accommodate the long-term operation of Raven Rocks Residence Hall as privatized housing.

The University intends to execute the option for purchase by terminating the ground lease with Beyond Boone 200 LLC, paying the principal and associated interest and fees for the construction loan between Beyond Boone 200 LLC and PNC Bank, NA. The ground lease between Appalachian State University and Beyond Boone 200 LLC defined the purchase price of Beyond Boone 200 LLC's right, title, and interest in Raven Rocks Residence Hall as the principal balance then outstanding of the construction loan, plus all interest accrued through the date of payment, plus any other charges due and payable under the Loan Agreement with PNC Bank, NA, along with any associated closing costs.

The Raven Rocks Residence Hall was constructed under the jurisdiction of the State Construction Office who reviewed and approved all plans and specifications prior to

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construction. The State Construction Office assigned a construction monitor and provided regular monitoring visits. Raven Rocks Residence Hall received a certificate of beneficial occupancy from the State Construction Office on August 6, 2020 and will receive a final occupancy certificate from the State Construction Office within ninety (90) days of the receipt of beneficial occupancy.

Name and Address of Present Owner:

Beyond Boone 200 LLC

2600 Willow Street Pike N, PMB 218

Willow Street, PA 17584

Description of Property: *(Attach additional pages if needed.)*

The improvements on the ground leased property are a 322-bed residence hall constructed between February 2019 and August 2020. It is located at 176 Jack Branch Road in Boone, North Carolina.

The building is 84,362 gross square feet with a net square footage of 69,134. The building is constructed as four stories with a basement; occupancy uses of R-2, A-3 and S-2; Wood trusses with wood studs; Single-ply roof above deck over insulation on sheathing and engineered wood trusses; and, full NFPA 13 sprinkler system.

Estimated value: **\$28,845,000**

Rental price *(if applicable)*: **N/A**

Funds for the acquisition of this property are available in our budget under Code: _____, Item: _____, Other: **Proceeds from Appalachian State University's General Revenue Bonds, Series 2016C together with funds available in a Trust Fund held by Appalachian State University for the purpose of University Housing on Appalachian's campus.**

In the event the above described real property is not acquired, is there other real property available, owned by the State or otherwise, that you believe would, if acquired, fulfill the requirements of your agency? If so, give details.

There are no other alternative properties available that meet the requirements of the university.

(Complete if Agency has a Governing Board.)

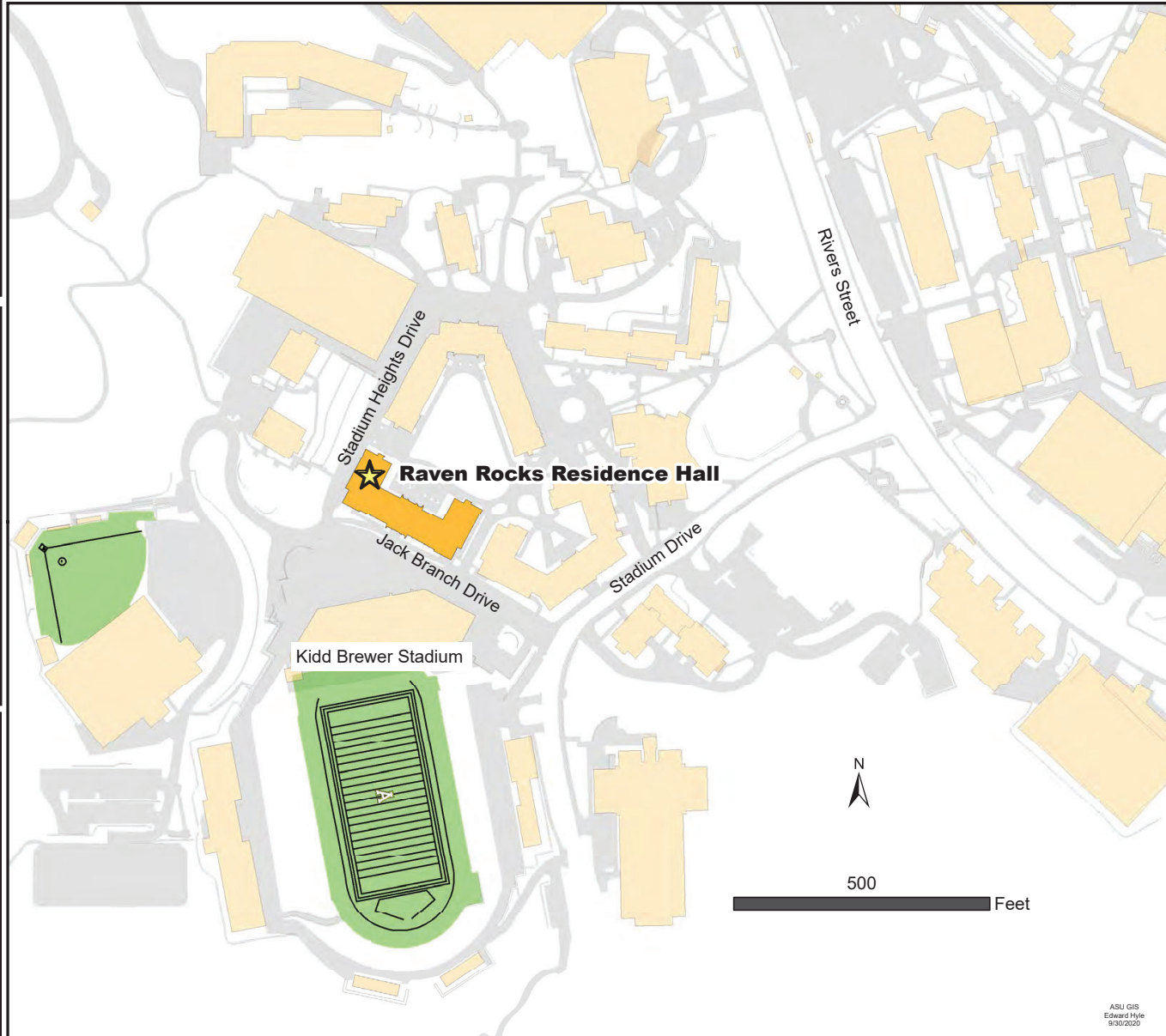
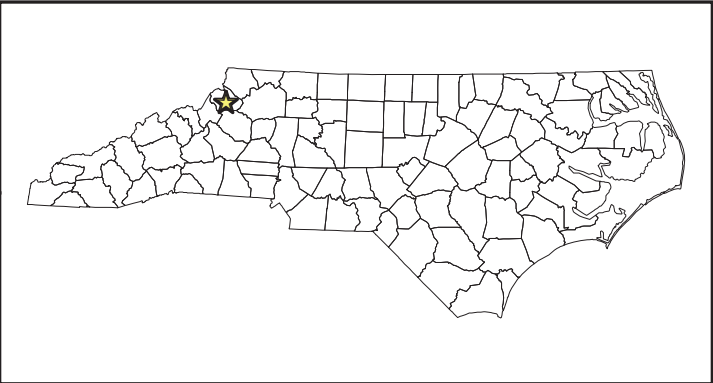
Action recommending the above request was taken by the Governing Board of **the University of North Carolina System** and is recorded in the minutes thereof on _____ (date).

Signature: _____

Title: _____

*The term "real property" includes timber rights, mineral rights, etc. (GS §146-64)

Location and Overview of Raven Rocks Residence Hall Appalachian State University



Disposition of Property by Reallocation – NC State University

ISSUE OVERVIEW

UNC System institutions are required to request authority from the Board of Governors to proceed with certain acquisitions and dispositions of real property.

The Board of Trustees of North Carolina State University is requesting authorization to dispose of property by reallocation to the North Carolina Department of Transportation to support the I-440 widening project. The two parcels are located on the east and west side of Ligon Street. In September 2019, the Board of Governors previously approved the disposition of four properties on Brickhaven Drive to the North Carolina Department of Transportation to support the widening of I-440. The two properties on Ligon Street are additional dispositions to support the I-440 expansion project.

The request includes disposition of the two parcels as listed below:

Parcel #1

USDA and Greenhouse Complex

Location: Ligon Street, east of I-440
Disposition: Permanent Right of Way – 0.088 acres (approximately)
Permanent Easements – 0.694 acres (approximately)
Temporary Easement – 1.059 acres (approximately)
Estimated Value: \$335,000

Parcel #2

Dearstyne Complex

Location: Ligon Street, west of I-440
Disposition: Permanent Right of Way – 3.95 acres (approximately)
Permanent Easements – 0.487 acres (approximately)
Temporary Easement – 0.299 acres (approximately)
Estimated Value: \$1,850,000

The total acreage is approximately 6.577 acres, and the total value is \$2,185,000.

Pursuant to Section 34.4, S.B. 99, 2017 Regular Session (NC 2017), compensation to NC State University shall be deposited in the university's account and shall be used to remedy the impact from the I-440 Expansion project.

RECOMMENDATION

It is recommended that the Board of Governors approve this request. This item requires approval by the Council of State.

Form PO-2
Rev. 10/01
Original and one copy to State Property Office

**STATE OF NORTH CAROLINA
DEPARTMENT OF ADMINISTRATION
DISPOSITION OF REAL PROPERTY**

Institution or Agency: North Carolina State University

Date: September 10, 2020

The Department of Administration is requested, as provided by GS 146-28 to dispose of the real property herein described by ~~(sale), (lease), (rental), or (land exchange):~~

Assent to reallocation

This disposition is recommended for the following reasons:

The subject property is being acquired by the Department of Transportation as part of the I-440 Expansion Project (STIP Project No. U-2719).

Description of Property: *(Attach additional pages if needed.)*

The subject property, identified as the Dearstyne Complex, is located on Ligon Street west of I-440. The final quantity, description and exact location of the reallocated property will be determined by survey and is expected to include +/- 3.95 acres of Permanent Right of Way, +/- 0.487 acres of Permanent Easements, and +/- 0.299 acres of Temporary Easements.

Estimated value: \$1,850,000.00

Where deed is filed, if known: Wake County Register of Deeds

If deed is in the name of agency other than applicant, state the name: N/A

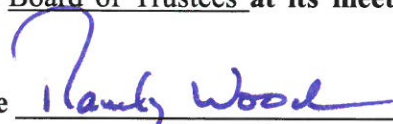
Rental income, if applicable, and suggested terms: N/A

Funds from the disposal of this property are recommended for the following use:

Pursuant to Section 34.4, S.B. 99, 2017 Reg. Sess. (NC 2017), compensation for any impact from the I-440 Expansion Project to lands allocated to North Carolina State University shall be deposited in the university's account and shall be used to remedy the impact from the I-440 Expansion Project.

Action recommending this transaction was taken by the Board of Trustees at its meeting held on September 11, 2020

Signature


Chancellor

**DISPOSITION
OF REAL PROPERTY**

ASSENT TO REALLOCATION

GRANTOR State of North Carolina on behalf of North Carolina State University

GRANTEE State of North Carolina

LOCATION Ligon Street, West of I-440 (the Dearstyne Complex)

SIZE +/- 3.95 acres of Permanent Right of Way
+/- 0.487 acres of Permanent Easements
+/- 0.299 acres of Temporary Easements

RATE \$1,850,000.00

TERM Permanent

USE The subject property is being acquired by the Department of Transportation as part of the I-440 Expansion Project (STIP Project No. U-2719).

Form

Preparation

Date: 9/10/2020

Institution NORTH CAROLINA STATE UNIVERSITY

RECOMMENDED BY CHANCELLOR, NCSU

(Chancellor's Signature)

RECOMMENDED BY COMMITTEE ON
BUILDINGS AND PROPERTY

DocuSigned by:
Committee Chair Ed Stack
(Chairman's Signature)

RECOMMENDED BY BOARD OF TRUSTEES,
NCSU

(Chairman's Signature)

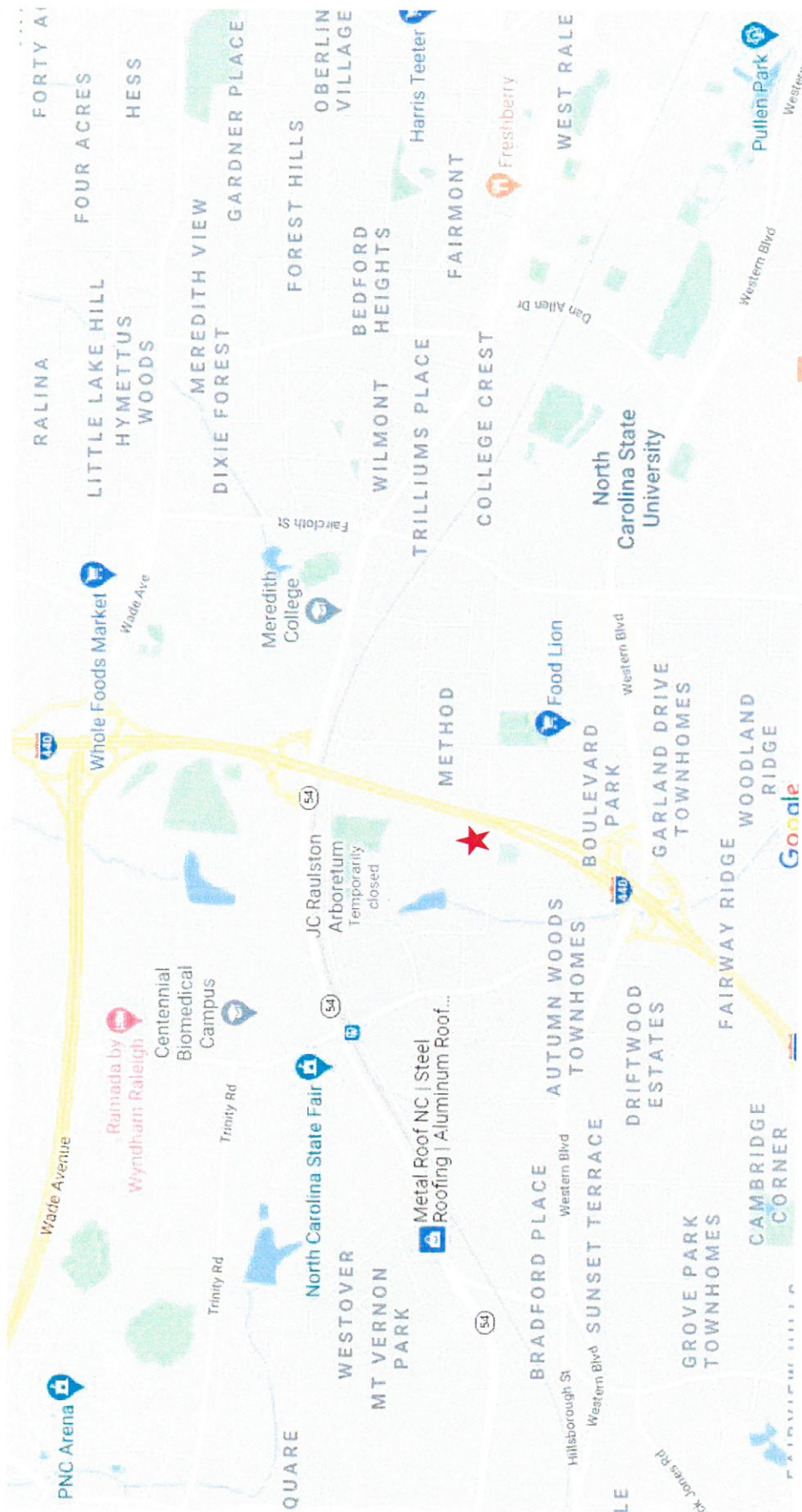
RECOMMENDED BY BOARD OF GOVERNORS

(Secretary's Signature)

APPENDIX F

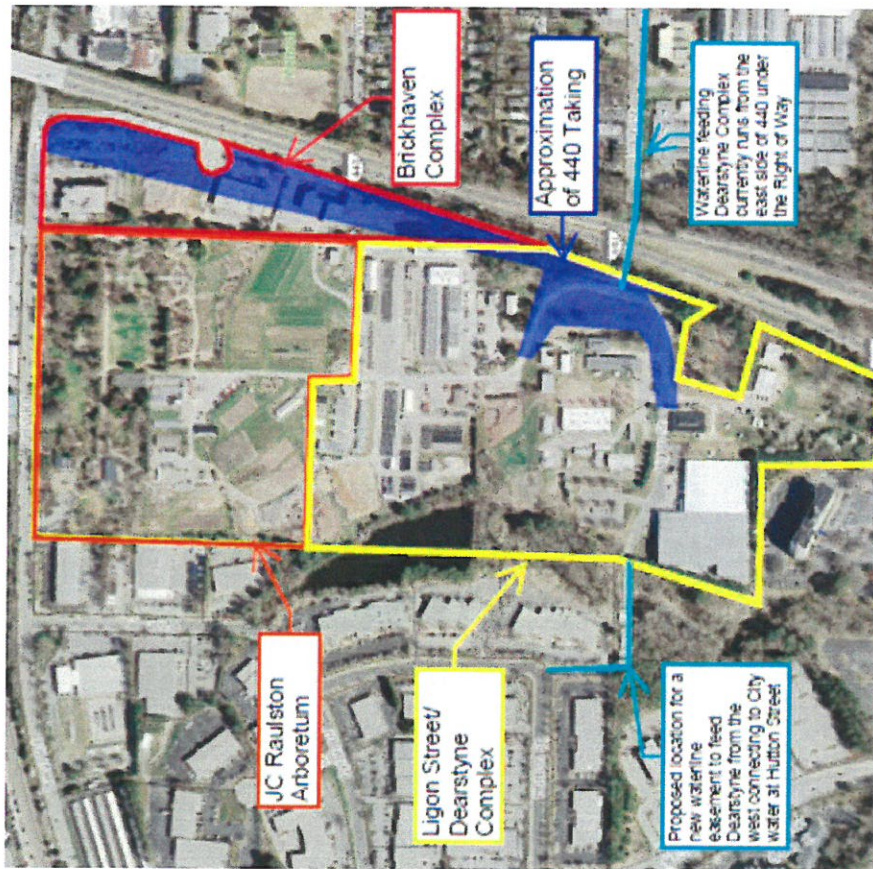
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PO2 for Ligon Street West of I-440 (Dearstyne Complex)
Vicinity Map



APPENDIX F

PO2 for Ligon Street West of I-440 (Dearstyne Complex)



Form PO-2
Rev. 10/01
Original and one copy to State Property Office

**STATE OF NORTH CAROLINA
DEPARTMENT OF ADMINISTRATION
DISPOSITION OF REAL PROPERTY**

Institution or Agency: North Carolina State University

Date: September 10, 2020

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Assent to reallocation

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Description of Property: *(Attach additional pages if needed.)*

The subject property, identified as the USDA and Greenhouse Complex, is located on Ligon Street east of I-440. The final quantity, description and exact location of the reallocated property will be determined by survey and is expected to include +/- 0.088 acres of Permanent Right of Way, +/- 0.694 acres of Permanent Easements, and +/- 1.059 acres of Temporary Easements.

Estimated value: \$335,000.00

Where deed is filed, if known: Wake County Register of Deeds

If deed is in the name of agency other than applicant, state the name: N/A

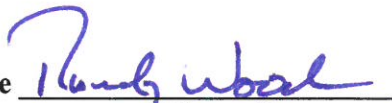
Rental income, if applicable, and suggested terms: N/A

Funds from the disposal of this property are recommended for the following use:

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Action recommending this transaction was taken by the Board of Trustees at its meeting held on September 11, 2020 —

Signature


Chancellor

**DISPOSITION
OF REAL PROPERTY**

ASSENT TO REALLOCATION

GRANTOR State of North Carolina on behalf of North Carolina State University

GRANTEE State of North Carolina

LOCATION Ligon Street, East of I-440 (the USDA and Greenhouse Complex)

SIZE +/- 0.088 acres of Permanent Right of Way
+/- 0.694 acres of Permanent Easements
+/- 1.059 acres of Temporary Easements

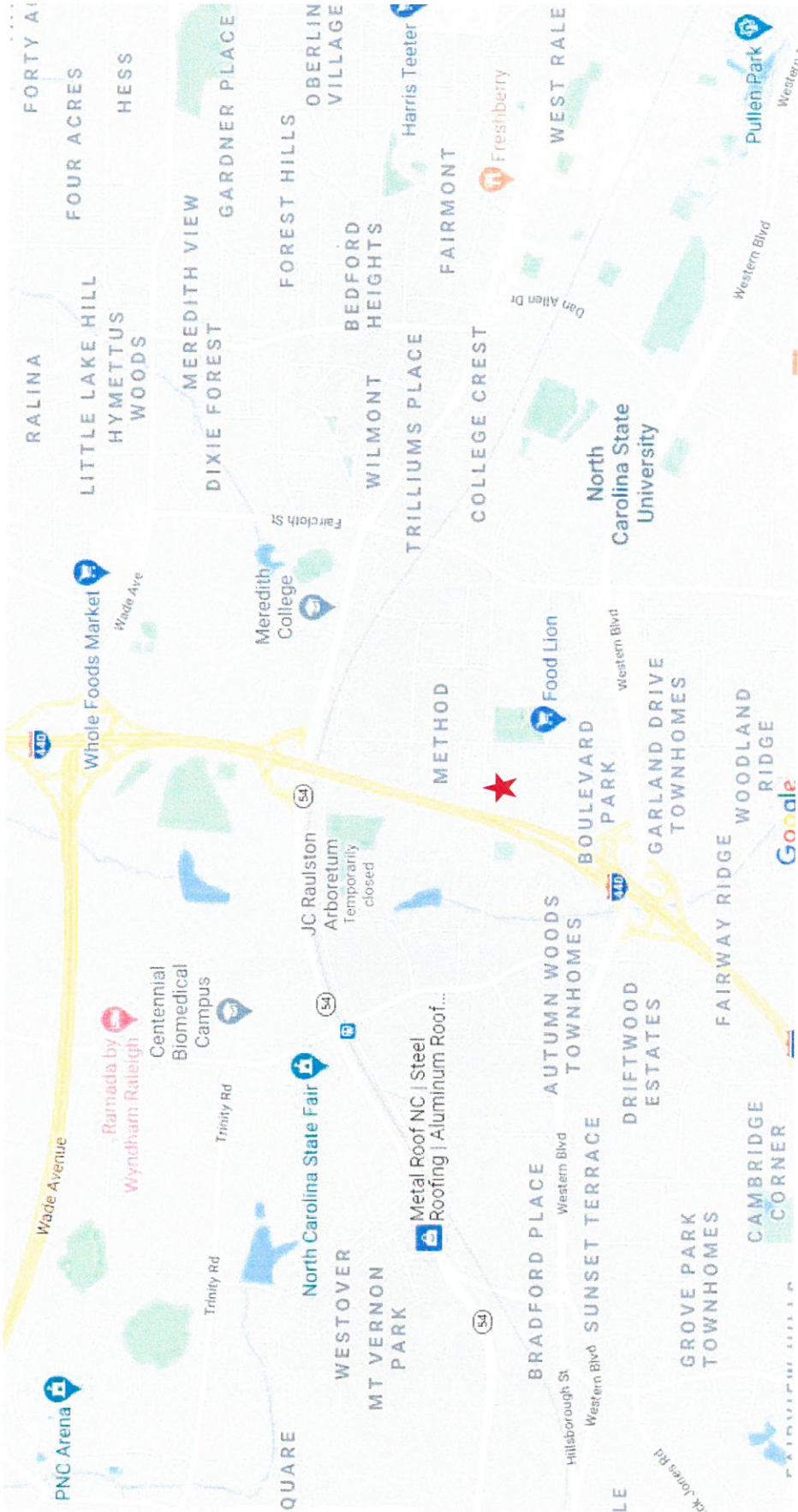
RATE \$335,000.00

TERM Permanent

USE The subject property is being acquired by the Department of Transportation as part of the I-440 Expansion Project (STIP Project No. U-2719).

(Secretary's Signature)

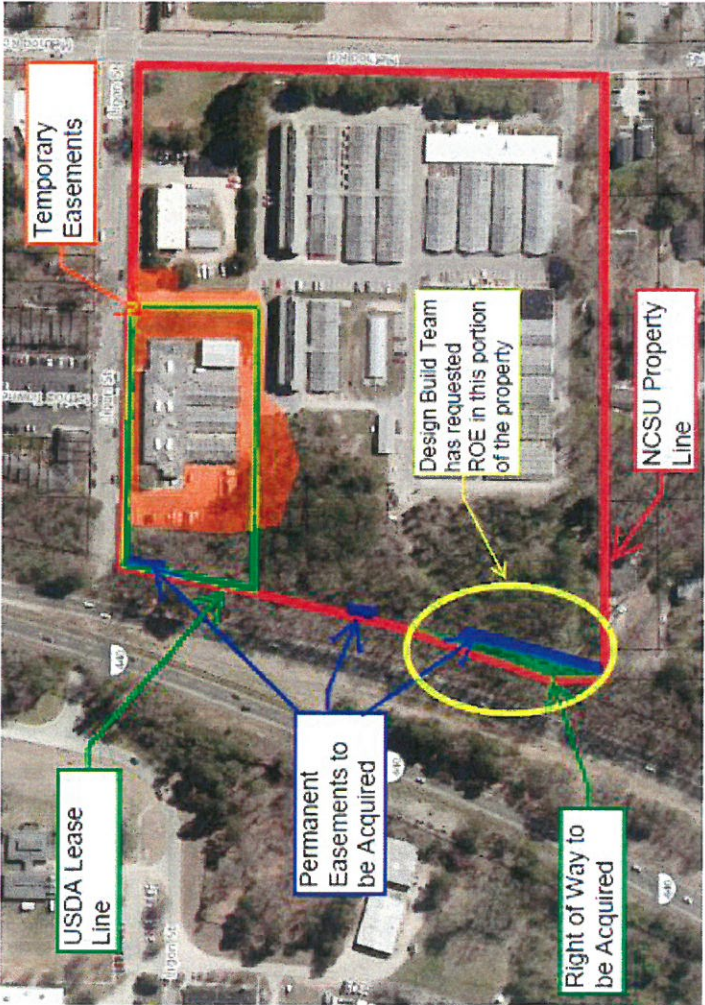
PO2 for Ligon Street East of I-440 (USDA and Greenhouse Complex)
Vicinity Map



APPENDIX F



PO2 for Ligon Street East of I-440 (USDA and Greenhouse Complex)



Sale of Revenue Refunding Bonds – UNC Hospitals

ISSUE OVERVIEW

UNC Hospitals is requesting that the Board of Governors issue revenue refunding bonds (“2021A Bonds”), not to exceed \$28,280,000, for the purpose of refunding the callable portion of the 2010B fixed-rate Build America Bonds (“2010B Bonds”). The 2021A Bonds will be secured on a parity basis by a pledge and lien on certain UNC Hospital revenues as defined in the General Indenture.

UNC Hospitals has \$30,595,000 outstanding of the 2010B Bonds. After the principal payment on February 1, 2021, \$28,280,000 of these bonds are callable at par and have a final maturity of February 1, 2031. The 2021A bonds will be used to refund the 2010B Bonds, which were issued to finance capital projects previously approved by the UNC Hospitals Board. UNC Hospitals intends to pay the fees and expenses incurred in connection with the sale and issuance of the Series 2021A Bonds.

Since the 2010B Bonds were issued as taxable “Build America Bonds” under the American Recovery and Reinvestment Act of 2009, UNC Hospitals pays a taxable rate of interest on the 2010B Bonds, but receives a subsidy payment from the federal government equal to a percentage of each interest payment. The subsidy, which was originally set at 35 percent of each interest payment, has been reduced in recent years due to federal budget sequestration. In addition to the anticipated savings described below, refinancing the 2010B Bonds with traditional, tax-exempt bonds will eliminate the risk associated with any further reduction or elimination of the federal subsidy payments.

UNC Hospitals ran a comprehensive request for proposal process and selected JP Morgan. Due to the favorable interest rate environment, the contract of purchase with JPMorgan for the 2021A Bonds creates an opportunity for UNC Hospitals to lower borrowing costs of the existing bonds from 4.03 percent to 1.76 percent. This will allow UNC Hospitals to realize debt service savings of approximately \$3.5 million on a total net present value basis (12.2 percent of refunded par).

UNC Hospitals currently has ratings of AA with a stable outlook from Standard & Poor’s and Aa3 with a stable outlook from Moody’s. UNC Hospitals is not rated by Fitch. The proposed transaction is expected to have no impact on UNC Hospitals’ credit rating.

Womble Bond Dickinson (US) LLP is serving as bond counsel and Ponder & Co. is serving as financial advisor for the transaction.

RECOMMENDATION

It is recommended that the Board of Governors authorize the sale and issuance of the revenue refunding bonds through the attached resolution.

RESOLUTION OF THE BOARD OF GOVERNORS

RESOLUTION AUTHORIZING THE SALE AND ISSUANCE BY THE BOARD OF GOVERNORS OF THE UNIVERSITY OF NORTH CAROLINA OF NOT TO EXCEED \$28,280,000 AGGREGATE PRINCIPAL AMOUNT OF BOARD OF GOVERNORS OF THE UNIVERSITY OF NORTH CAROLINA UNIVERSITY OF NORTH CAROLINA HOSPITALS AT CHAPEL HILL REVENUE REFUNDING BONDS, SERIES 2021A AND APPROVING AND AUTHORIZING THE EXECUTION AND DELIVERY OF CERTAIN OTHER DOCUMENTS IN CONNECTION THEREWITH

WHEREAS, pursuant to Chapter 116 of the General Statutes of North Carolina, the Board of Governors of The University of North Carolina (the “Board of Governors”) is vested with general control and supervision of the University of North Carolina Hospitals at Chapel Hill (“UNC Hospitals”) and other institutions;

WHEREAS, pursuant to Section 116-37, as amended, of the General Statutes of North Carolina, the University of North Carolina Health Care System (the “UNC Health Care System”) has been created as an affiliated enterprise of the University of North Carolina, and a board of directors of the UNC Health Care System, as a successor board to the board of directors of UNC Hospitals, has been created which is charged with the responsibility for making rules, regulations and policies governing the management and operation of the UNC Health Care System, including UNC Hospitals;

WHEREAS, the Board of Governors is authorized by Sections 116-187 to 116-198, inclusive, of the General Statutes of North Carolina, as amended (the “Act”), to issue, subject to the approval of the Director of the Budget of the State of North Carolina, at one time or from time to time revenue bonds of the Board of Governors for the purpose of refunding any revenue bonds issued by the Board of Governors under the Act, including the payment of any redemption premium thereon and any interest accrued to the date of redemption of such bonds;

WHEREAS, the Board of Governors is authorized by the Act to enter into all contracts and agreements necessary or incidental to the performance of its duties and the execution of its powers under the Act;

WHEREAS, the Board of Governors has heretofore issued \$43,290,000 University of North Carolina Hospitals at Chapel Hill Revenue Bonds, Series 2010B (Build America Bonds) (the “Series 2010B Bonds”), of which \$30,595,000 principal amount is currently outstanding;

WHEREAS, the Board of Governors desires to issue revenue refunding bonds on behalf of UNC Hospitals pursuant to the Act for the purpose of refunding all of the outstanding Series 2010B Bonds maturing on and after February 1, 2022 (the “Refunded Bonds”) in order to achieve debt service savings;

WHEREAS, under the proposed refunding plan, the Board of Governors has determined to issue revenue refunding bonds in an aggregate principal amount of not to exceed \$28,280,000 designated

APPENDIX G

“Board of Governors of the University of North Carolina University of North Carolina Hospitals Revenue Refunding Bonds, Series 2021A (the “Series 2021A Bonds”) for the purpose of providing funds, together with other available funds, (a) to refund the Refunded Bonds and (b) pay the fees and expenses incurred in connection with the sale and issuance of the Series 2021A Bonds;

WHEREAS, the Series 2021A Bonds will be issued pursuant to the terms of a General Trust Indenture, dated as of January 1, 1992 (as supplemented and amended, the “General Indenture”), between the Board of Governors and First Union National Bank of North Carolina (succeeded by U.S. Bank National Association), as trustee (the “Trustee”), and as accepted and agreed to by UNC Hospitals, and a Series Indenture Number 11, to be dated as of February 1, 2021 or such other date mutually agreeable to the parties (the “Series Indenture”), between the Board of Governors and the Trustee, and as accepted and agreed to by UNC Hospitals;

WHEREAS, arrangements have been made for the direct purchase of the Series 2021A Bonds by JPMorgan Chase Bank, National Association (the “Purchaser”) pursuant to a Contract of Purchase, to be dated as of February 1, 2021 or such other date mutually agreeable to the parties (the “Contract of Purchase”), among the Board of Governors, UNC Hospitals and the Purchaser; and

WHEREAS, there have been presented to the Board of Governors forms of the following documents relating to the transactions described above, which forms the Board of Governors proposes to authorize and approve, and to execute and deliver, as applicable, to effectuate the financing as described above:

(a) the Series Indenture;

(b) the Contract of Purchase; and

(c) the Continuing Covenants Agreement, to be dated as of February 1, 2021 or such other date as is mutually agreeable to the parties (the “Continuing Covenants Agreement”), among the Board of Governors, UNC Hospitals and the Purchaser;

NOW, THEREFORE, BE IT RESOLVED by the Board of Governors of The University of North Carolina System as follows:

Section 1. Pursuant to the provisions of the Act, the Board of Governors hereby authorizes the sale, issuance and delivery of the Series 2021A Bonds in an aggregate principal amount not to exceed \$28,280,000. The Series 2021A Bonds shall be in substantially the form set forth in the Series Indenture presented to the Board of Governors at this meeting, subject to such modifications as the Chair, the Vice Chair or the Secretary of the Board of Governors, with the advice of counsel, may deem necessary and appropriate in order to comply with the provisions of the General Indenture and the Series Indenture. The Series 2021A Bonds shall mature at such times and in such amounts and shall contain such other terms as shall be set forth in the Series Indenture, subject to the provisions of this resolution.

Section 2. The Series 2021A Bonds shall be dated as of the date of delivery thereof and shall be initially issued as one fully registered bond to the Purchaser, all as provided in the Series Indenture.

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Interest on the Series 2021A Bonds shall be payable on February 1 and August 1 of each year, beginning August 1, 2021, until the payment in full of the principal thereof. The final maturity of the Series 2021A Bonds shall not exceed February 1, 2031. The Series 2021A Bonds shall be subject to redemption at the times, upon the terms and conditions and at the prices as shall be set forth in the Series Indenture. The proceeds of the Series 2021A Bonds shall be applied as provided in the Series Indenture. The Series 2021A Bonds, together with any Bonds heretofore or hereafter issued and remaining Outstanding (as defined in the General Indenture) under the provisions of the General Indenture, shall be secured on a parity basis by a pledge and lien upon the Revenues (as defined in the General Indenture) and certain other moneys made available therefor under the General Indenture, in the manner and to the extent provided in the General Indenture and the Series Indenture.

Section 3. The proposal set forth in the Contract of Purchase submitted by the Purchaser offering to purchase the Series 2021A Bonds at the aggregate purchase price and bearing interest at the rate to be set forth therein is hereby approved, provided that the interest rate on the Series 2021A Bonds shall not exceed 3.00% (subject to adjustment as provided in the Series Indenture). The Series 2021A Bonds may be sold and awarded to the Purchaser, subject to the approval of UNC Hospitals, in accordance with the terms and provisions set forth in the Contract of Purchase. The Chair and Vice Chair of the Board of Governors and the Senior Vice President for Finance and Administration and Chief Financial Officer of the University are each hereby individually designated to approve, on behalf of the Board of Governors, the sale of the Series 2021A Bonds to the Purchaser at such interest rate, for such purchase price and upon such terms and conditions as such person, with the advice of counsel, shall determine as set forth in the Contract of Purchase, subject to the provisions of this resolution. The Chair and Vice Chair of the Board of Governors and the Senior Vice President for Finance and Administration and Chief Financial Officer of the University are each hereby individually authorized and directed to execute and deliver the Contract of Purchase, in the name of and on behalf of the Board of Governors, in substantially the form presented to the Board of Governors at this meeting, together with such modifications as the person executing the Contract of Purchase shall, with the advice of counsel, deem necessary or appropriate, such execution and delivery thereof to be conclusive evidence of the approval and authorization in all respects of the form and content thereof.

Section 4. The form, terms and content of the Series Indenture and the Continuing Covenants Agreement are in all respects authorized and approved, and the Chair and Vice Chair of the Board of Governors and the Senior Vice President for Finance and Administration and Chief Financial Officer of the University are each hereby individually authorized and directed to execute and deliver the Series Indenture and the Continuing Covenants Agreement, in the name of and on behalf of the Board of Governors, in substantially the forms presented to the Board of Governors at this meeting with such modifications as the person executing the Series Indenture and the Continuing Covenants Agreement shall, with the advice of counsel, deem necessary or appropriate, such execution and delivery thereof to be conclusive evidence of the approval and authorization in all respects of the form and content thereof. The Secretary or any Assistant Secretary of the University shall be authorized to affix the official seal of the Board of Governors to the Series Indenture and the Continuing Covenants Agreement and to attest the same as may be required. The Board of Governors also hereby authorizes and approves the execution and delivery of the Series Indenture and the Continuing Covenants Agreement by UNC Hospitals.

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Section 5. The Refunded Bonds are hereby called for redemption on February 1, 2021, in accordance with the General Indenture, Series Indenture Number 8, dated as of November 1, 2010 (“Series Indenture Number 8”), between the Board of Governors and the Trustee and accepted and agreed to by UNC Hospitals, and the Series 2010B Bonds. Such call for redemption shall be conditioned upon the issuance of the Series 2021A Bonds as provided in Series Indenture Number 8 and the Series 2010B Bonds. The providing of notice of redemption in the manner provided in the General Indenture, Series Indenture Number 8 and the Series 2010B Bonds is hereby authorized and approved.

Section 6. The officers of the Board of Governors and the University are hereby authorized to execute and deliver for and on behalf of the Board of Governors any and all additional certificates, documents, opinions or other papers, and to perform all other acts as may be required by the documents contemplated above or as they may deem necessary or appropriate in order to implement and carry out the intent and purposes of this resolution.

Section 7. The officers, agents and employees of the Board of Governors and the University are hereby authorized and directed to do all acts and things required of them by the provisions of this resolution, the Series 2021A Bonds, the General Indenture, the Series Indenture, the Continuing Covenants Agreement or the Contract of Purchase for the full, punctual and complete performance of the terms, covenants, provisions and agreements of the same.

Section 8. This resolution shall become effective on the date of its adoption.

ADOPTED this 22nd day of October, 2020.

Meredith R. McCullen
Secretary
The University of North Carolina System

**REVIEW OF THE *COMPREHENSIVE ARTICULATION AGREEMENT* THAT EXISTS BETWEEN
CONSTITUENT INSTITUTIONS OF
THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
AND CONSTITUENT INSTITUTIONS OF
THE UNIVERSITY OF NORTH CAROLINA SYSTEM**

A Report to

The Joint Legislative Education Oversight Committee,
The Senate Appropriations Committee on Education/Higher Education, and
The House Appropriations Subcommittee on Education

Submitted by

The State Board of Community Colleges and
The Board of Governors of the University of North Carolina

November 1, 2020

As Required by

Session Law 2013-72 (HB 903)

**ANNUAL REPORT ON THE *COMPREHENSIVE ARTICULATION AGREEMENT* TO
THE JOINT LEGISLATIVE EDUCATION OVERSIGHT COMMITTEE**

NOVEMBER 1, 2020

S.L. 2013-72 (HB 903) North Carolina General Statute 116-11(10c) requires the University of North Carolina System and the North Carolina Community College System to conduct biannual joint reviews of the *Comprehensive Articulation Agreement* to ensure that the agreement is fair, current, and relevant for all students and institutions and to report their findings to the Joint Legislative Education Oversight Committee, including all revisions to the *Comprehensive Articulation Agreement* and reports of noncompliance by November 1 of each year. The statute also requires the University of North Carolina System and the North Carolina Community College System jointly to develop an articulation agreement advising tool for students, parents, and faculty to simplify the course transfer and admissions process.

SUMMARY

The revised *Comprehensive Articulation Agreement* (CAA) was signed by the UNC Board of Governors and the State Board of Community Colleges on February 21, 2014. The CAA was implemented in the fall 2014 semester. To date, the Transfer Advisory Committee (TAC) has completed two full rounds of compliance visits and is just beginning their third round. There have yet to be any reports of noncompliance by any institution.

The University of North Carolina (UNC) System and the North Carolina Community College System (NCCCS) continue to work to enhance educational opportunities for NCCCS students by improving transfer administration, utilizing data to assess transfer effectiveness, and facilitating communication between respective constituent institutions. The UNC Transfer Student website, the College Foundation of North Carolina, and published baccalaureate degree plans (BDPs) from each university provide access to details that students need to make informed choices when selecting institutions, degree programs, and courses. Online data dashboards containing transfer information for each community college and university, as well as aggregate information for the two systems, improves transparency and accountability through public access to transfer and performance data. Both systems of public higher education in the state of North Carolina continue to work together to develop and support degree-mapping tools to facilitate informed and efficient transfer.

This report summarizes ongoing efforts to implement and fulfill the CAA. The TAC is committed to providing students and institutions with information and strategies to support both associate degree and baccalaureate degree completion.

The most recent version of the 2014 CAA, complete with appendices, is available at https://myapps.northcarolina.edu/transfertoolbox/download/5/caa/619/caa_2020-tac-approved-08-28-20.pdf

CAA PROGRESS - 2020**Transfer Enrollment and Performance Data**

The UNC System data dashboard provides essential data on transfer students to include enrollment trends, credit hours and degree transfers, graduation rates, grade point average, and performance in disciplines after transfer. Within the dashboard, data for individual community colleges and universities are available for deeper analysis. The UNC System data dashboard continues to be a vital resource in determining whether the 2014 CAA is having the desired impact on transfer student success and whether the changes in policy and practice put in place because of the CAA and the associated compliance site visits are achieving the desired positive outcomes. This information is critical to the decision-making process for both individual community colleges and universities, as well as for the two systems. Students who entered the NCCCS in fall 2014 are under the protections of the 2014 CAA, and an increasing number continue to transfer to the UNC System as of fall 2019. This increasing number of transfer students who possess the protections of the 2014 CAA and their successful transfer to the state universities give a clear indication of the value of the 2014 CAA to students.

Transfer Student Enrollment

There continues to be a steady increase in the enrollment of NCCCS transfer students into UNC System institutions. This increase is a clear result of the revised CAA, proper advising, and the strong collaboration between the UNC System and NCCCS. Data from fall 2018 and fall 2019 indicate slight decreases in associate degree completion and in overall transfer enrollment. Since the majority of community college students do not complete their associate degrees in two years, the TAC anticipates an increasing trend in associate degree completion prior to transfer and in overall transfer enrollment as students, advisors, and institutions continue to gain a better understanding of the protections of the CAA and the wide-ranging benefits of degree completion.

Data illustrate a slight decrease in the number of NCCCS students transferring to the UNC System, decreasing from 11,160 in fall 2018 to 10,756 in fall 2019. This represents a decrease of 404 students or 3.6% (see Figure 1); however, the overall trend since the institution of the 2014 CAA has been markedly positive.

The number of NCCCS students transferring with a completed associate degree also dropped slightly (see Figure 2) during the past year. In fall 2018, the total number of NCCCS students transferring with a completed degree (AA/AS or any other associate degree) was 6,421 compared to 6,207 students in fall 2019. This change represents a decrease of 214 students or 3.3% (see Figure 2), but it is only the first year since the implementation of the 2014 CAA in which we have seen any decrease at all.

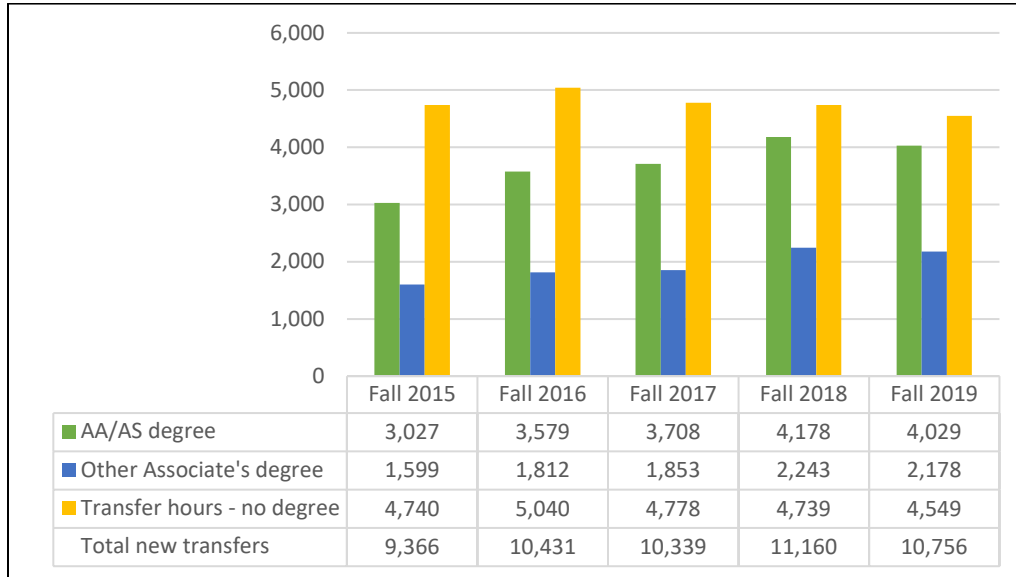
Conversely, the number of NCCCS students who transfer to UNC System institutions with transfer credits but no degree has declined since the implementation of the revised CAA. In fall 2016, 5040 NCCCS students transferred before completing an associate degree compared to 4549 non-degree-earning students in fall 2019 (see Figure 1). From fall 2016 to fall 2019, this number has decreased every year, and the overall decrease in the number of students transferring with credits but without a degree over this period totals 491 students or 9.7%. This decrease supports the sustained emphasis on degree completion at the community college level prior to transfer to a senior institution. The increase in

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overall transfer numbers and the increase in degree completers prior to transfer illustrate the continued positive impact of the 2014 CAA on transfer student success in North Carolina.

Figure 1

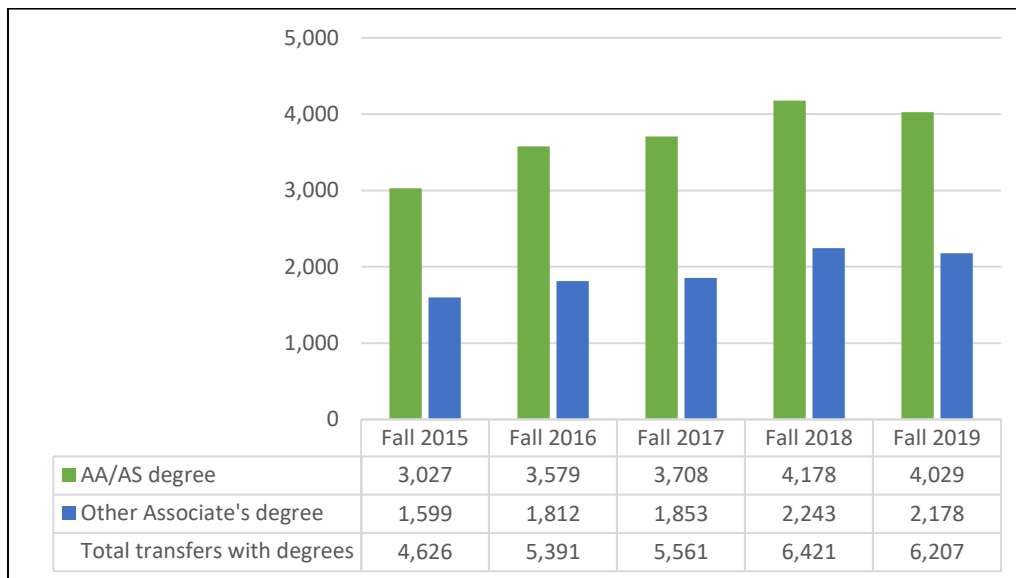
New NCCCS Student Enrollment in UNC System Institutions



Note: Data within Figure 1 include the most current information posted on the UNC public dashboards and may differ slightly from previously reported information.

Figure 2

NCCCS Student Transfers with Completed Associate Degree



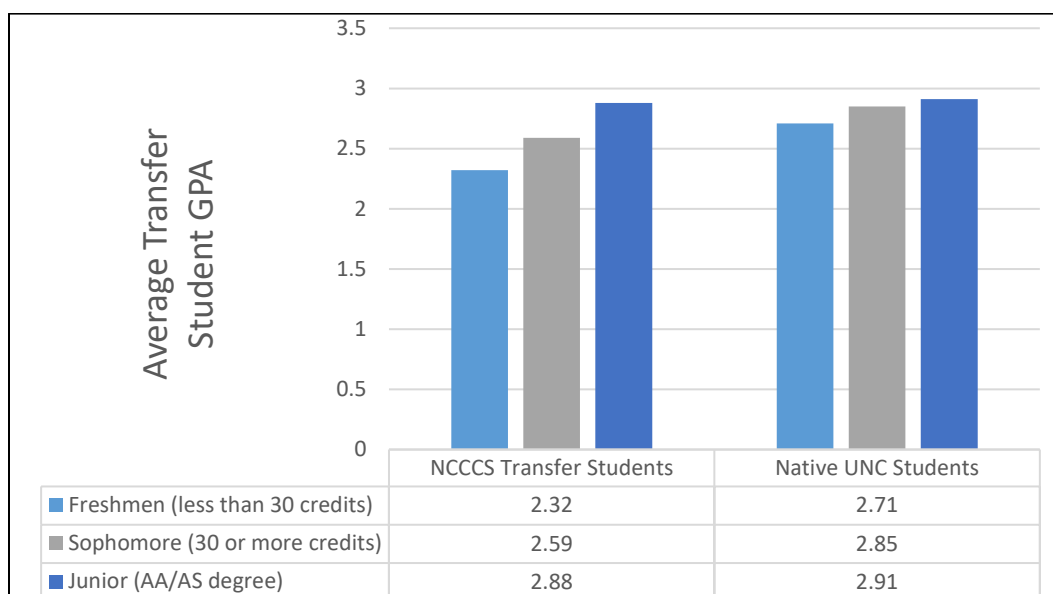
Note: Data within Figure 2 include the most current information posted on the UNC public dashboards and may differ slightly from previously reported information.

Transfer Performance Data

The most recent data on transfer student performance (2019-2020 data for students who transferred in fall 2018) continue to indicate a strong correlation between degree and credit-hour completion prior to transfer and academic performance at the university (see Figure 3). With regard to first-year performance, students who transfer from an NCCCS institution into a UNC System institution with fewer than 30 completed credit hours significantly lag behind those who started at a university as freshmen. This is also true of students who transfer before completing an associate degree but have more than 30 credit hours of transferable coursework: The overall first-year student GPA of non-degree-earning transfer students with more than 30 completed hours is lower compared to their native UNC System sophomore counterparts. Students who complete the associate degree prior to transfer and matriculate as juniors, however, perform comparably with native UNC System juniors. These results confirm the foundational principle of the CAA that transfer students who complete the associate degree prior to transfer will perform as well as students who began their higher education journeys at UNC System institutions.

Figure 3

2019 Transfer Student Performance Grade Point Average After First Year



Note: Data indicated in Figure 3 are reflective of first-year performance at UNC institutions for transfer students. This measurement was taken during fall 2019 to spring 2020 for the cohort entering in fall 2018.

Campus Compliance Site Visits

In January 2016, the Transfer Advisory Committee (TAC) established a process for reviewing the institutional transfer credit policies and procedures of UNC System institutions once every two years to ensure compliance with the CAA. (The North Carolina School of the Arts is not included in the compliance visits because it has very few transfer students). The TAC completed its first round of reviews for the 15 UNC System institutions in November 2017 (see Table 1). The second round of reviews began in October 2018 and was completed in November 2019. The third round of reviews began in March 2020 and is projected to be completed in fall 2021. To date, each institution has been found in compliance with the CAA after each site visit review of its policies.

Table 1

Dates of TAC Site Visits to each UNC System Institution

Institution	First-round Visit	Second-round Visit	Third-round Visit
Appalachian State University	07/25/2016	10/18/2018	04/24/2020
East Carolina University	09/15/2016	10/11/2018	Fall 2020 TBD
Elizabeth City State University	09/16/2016	10/12/2018	Fall 2020 TBD
Fayetteville State University	10/18/2017	10/29/2019	Fall 2021 TBD
North Carolina A&T University	03/29/2017	04/30/2019	Spring 2021 TBD
North Carolina Central University	11/17/2016	11/28/2018	Fall 2020 TBD
North Carolina State University	11/16/2016	11/07/2018	Fall 2020 TBD
UNC Asheville	04/17/2017	04/17/2019	Spring 2021 TBD
UNC-Chapel Hill	04/05/2017	05/01/2019	Spring 2021 TBD
UNC Charlotte	04/13/2016	10/16/2018	04/08/2020
UNC Greensboro	04/14/2016	10/18/2018	03/10/2020
UNC Pembroke	10/18/2017	10/28/2019	Fall 2021 TBD
UNC Wilmington	10/20/2017	10/17/2019	Fall 2021 TBD
Western Carolina University	04/19/2017	03/28/2019	Spring 2021 TBD
Winston-Salem State University	06/23/2016	11/16/2018	05/27/2020

TAC/CAA Campus Site Visit Process and Compliance Feedback Reports

The UNC System sends a CAA Review Form to each of the universities at least one month prior to the scheduled site visit. The TAC continued to refine this form in the past year to make it more useful to the institution under review and to the TAC site visit team. Accompanying this form, the UNC System Office forwards data concerning transfer statistics and asks the university to reflect on their observations from these data on the CAA Review Form. A site visit team consisting of one TAC representative from the NCCCS and one from the UNC System reviews the forms along with other information from the Data Dashboard and the institution's website to assess transfer student admissions and performance data, completion rates, transfer credits accepted, total credits accumulated upon baccalaureate degree completion, most popular transfer student majors, top feeder community colleges, currency of baccalaureate degree plans (BDPs), and institutional practices. The TAC site visit team then interviews key transfer personnel at the UNC System institution and meets with NCCCS transfer students to hear about their transition experience. (Due to rather low attendance on previous occasions and the advent of the COVID-19 pandemic, the TAC site visit teams decided to cancel the scheduled open forums for all campus personnel during the site visits held during spring 2020.)

Upon completion of the compliance visit, the site visit team submits feedback reports to the entire TAC for review and approval. The UNC System Office then sends the approved reports to each university provost for distribution to appropriate university personnel. To date, all UNC System institutions have been found to be in compliance with the provisions and guidelines of the CAA. TAC members continue to observe a growing familiarity with the tenets and provisions of the CAA now that the third round of site visits have begun. Furthermore, many UNC System institutions have implemented additional practices to form stronger partnerships with their community college neighbors. For example, several UNC System institutions have developed co-admission or provisional admission programs that allow university advisors the opportunity to work more closely with prospective transfer students. Additionally, several community colleges are offering dedicated space on their campuses for UNC System institution advisors to visit and work with students to be sure they are on a seamless path to transfer.

COVID-19 Impacts

As with so many other institutions and processes, the work of the TAC was disrupted, but not impeded, by the worldwide COVID-19 pandemic. Three site visits that were initially scheduled to occur in person during the spring 2020 semester, had to be modified for virtual visits instead. Furthermore, all four site visits planned for the fall 2020 semester will be conducted virtually, and it is likely that spring 2021 site visits will be scheduled in that same manner as well. The main difference between these virtual visits and the traditional in-person visits has been the reduction in time spent with university representatives and the lack of student interaction. Fortunately, as university personnel are becoming more familiar with the CAA, the time required to address concerns and to hear of successes is not as great as in the initial rounds of visits. However, the lack of interaction with NCCCS transfer students is not ideal, and concerted efforts to meet with these students will be undertaken with the resumption of site visits in fall 2020.

The main challenges mentioned by UNC System institutions regarding COVID-19 were the difficulty in predicting enrollment trends with both transfer and traditional student populations and the implementation of grading systems that were fair to students during the unprecedented times faced in

spring 2020. Understandably, universities were unsure how students and families would react to the worldwide pandemic as regards to their enrollment in higher education. This made it difficult to plan accordingly for fall 2020. Additionally, decisions regarding the nature of grading (a traditional grading scale versus a pass/fail scale) and its relationship to transferring students were difficult to make. Fortunately, most, if not all, universities decided to hold students harmless for grades earned during the spring 2020 semester, regardless of whether they were traditional or transfer students.

Transfer Credit Appeal Procedure

Students who believe the terms of the CAA have not been adhered to by universities to which they are admitted may appeal by following the Transfer Credit Appeal provision in Appendix E of the CAA. Student awareness and use of the appeal process remain quite limited though, with no formal appeals having been filed to date. When faculty and staff advisors at NCCCS institutions have conveyed concerns about CAA adherence to the TAC, the issues have been resolved through conversations between TAC members and UNC System Office personnel. This process has worked well for situations of which college and university personnel have been made aware and given the opportunity to make satisfactory resolutions or explanations; however, there may be other undocumented cases whereby students are being deprived of the guarantees of the CAA but are also unaware of their options for recourse. Thus, the TAC is examining ways to encourage the appeals process, thereby creating a history of documented issues and their eventual resolutions. This would create greater transparency in the appeals process, strongly advocate for transfer student rights, and provide a record of issues and associated resolutions should those issues arise again in the future at a different institution. The TAC continues to promote greater awareness of the Transfer Credit Appeal provision among transfer students by recommending it be a required topic in the ACA 122 – College Transfer Success courses taken at NCCCS institutions.

Baccalaureate Degree Plans

The 2014 CAA requires UNC System institutions to develop and maintain baccalaureate degree plans (BDPs) to outline community college and university courses that lead to timely baccalaureate degree completion for each major plan of study that the university offers. While there remain varied approaches for maintaining these BDPs, more institutions are centralizing the responsibility for BDP maintenance in hopes of creating consistent and accurate BDPs while also being able to respond to course and program updates in a timely manner. The TAC continues to share best practices for BDP maintenance with UNC System institutions during site visits.

CAA Revisions

In August 2020, the TAC made minor modifications to phrasing and references to names in the most recent version of the 2014 CAA. The most substantial update added references to other commonly recognized exams besides Advanced Placement exams in section V.A.10. This year, no new courses were added to the Universal General Education Transfer Component or other General Education lists. However, multiple foreign language courses in Irish were added to the list of Pre-major/Elective courses. All changes to the CAA were presented to appropriate personnel in both systems, with the expectation that BDPs will continue to be updated to reflect these changes in the next academic term. The latest version of the CAA has been presented to both the State Board of Community Colleges and the UNC Board of Governors.

Data Improvements

At the request of TAC, the UNC System Data and Analytics team has been able to provide more detailed information on their data dashboard. Specifically, they have been able to break out the category previously labeled as “other associate degrees” into more specific degrees (e.g., AAS, AE, AGE, etc.). Additionally, each semester, this team has begun to provide the TAC with updated data on transfer performance and completion metrics for each state university. To complement this work, the NCCCS Analytics and Reporting team has also begun instituting detailed data dashboards to provide relevant transfer information from the NCCCS institutions. Fortunately, a strong partnership and collaborative spirit has developed between these two teams so that they can provide more cohesive data that informs relevant stakeholders concerning the effectiveness of a variety of educational initiatives including, but not limited to, transfer.

UNC System Director of Community College Partnerships

The UNC System has experienced regular turnover in their Director of Community College Partnerships position (established in 2017). The most recent director was appointed in March 2019 but left the position (due to a promotion) after only one year in the role. This director brought a significant understanding of institutional practices and capacity at both the community college and university levels and was very well aware of transfer student needs. Thus, the director instituted many new initiatives to enhance the transfer process. These initiatives resulted in greater and more regular communication between the TAC and the information technology and data analysts employed by the UNC System Office to assist in the improvement of the UNC System data dashboard, the creation of transfer equivalency tools for more consistent credit evaluation, the collection of advising resources in an electronic *Transfer Toolbox* (see “Communication” below), and regular monthly communication about all things transfer-related with both community college and university transfer personnel. While the role of Director of Community College Partnerships currently remains unfilled, it is imperative that another passionate professional be appointed soon so as to promote the continued successful implementation of the CAA.

Communication

The dissemination of transfer information to appropriate personnel in a timely manner can create challenges for both NCCCS and UNC System institutions. Up-to-date adjustments to the CAA as approved by the TAC, advising information, and a clearinghouse of best practices are invaluable resources to transfer advisors and administrators. In addition, the TAC strives for transparency and public accessibility in its work. To these ends, two platforms for enhanced communication among constituents were launched during fall 2019 to promote a smoother flow of information across both the NCCCS and the UNC System, as well as to the public at large. A Transfer Toolbox – Advisor Resource website now houses information about policy changes, CAA updates, advising tools, best practices, and opportunities for connections (e.g., transfer conferences) such that advisors can obtain needed information in one location. The Transfer Advisory Committee website provides the public with details regarding membership, meetings, and current policy. This website curates information about the work of the TAC that was previously split between websites belonging to both the NCCCS and the UNC System. It also serves a workspace for TAC members to participate in ongoing discussions and committee work.

The immediate past Director of Community College Partnerships also instituted a monthly series of Transfer Talk webinars designed to promote enhanced communication and collaboration for successful

student transitions between the two systems. Separate webinar series were launched for university advising personnel and for community college advising personnel. Participants discuss relevant information about the CAA and the work of the TAC, and group facilitators collect concerns from individuals who work most directly with transfer students in both systems to share with TAC members so that they are aware of challenges that exist in the field. Unfortunately, because the position of Director of Community College Partnerships remains unfilled and because the COVID-19 pandemic has led to a focus in other more pressing areas, the webinars were temporarily halted during spring 2020. They remain in hiatus for the time being but are scheduled to reemerge once the appropriate personnel can be put in place at the UNC System Office.

Collaborative Efforts and Initiatives

The TAC participated in a Transfer Data Convening for leaders from the NCCCS Office, the UNC System Office, the North Carolina Independent Colleges and Universities, myFutureNC, North Carolina State University's Belk Center, and researchers from the University of North Carolina at Charlotte. They met on July 13, 2020, to discuss opportunities for collaboration to better support transfer student success across the state. Following the meeting, attendees agreed to form working groups to focus on Policy Implementation, Policy Analysis, and Research & Evaluation. These working groups began meeting in September 2020 and will identify action steps for the 2020-2021 academic year. The Research & Evaluation group is using recent TAC Legislative Reports (including this one) to guide the focus of the needed research and evaluation action steps.

Funding for TAC

Since its inception, the TAC has relied upon the home institutions of its members to fund member participation in TAC meetings, compliance site visits, and presentations at professional conferences or workshops. The TAC is intentionally comprised of members from across the state from both urban and rural areas and representing both large and small institutions. Unfortunately, the travel costs associated with the duties and responsibilities of membership place an additional financial obligation on institutions that have already existing significant constraints and limitations on their spending. The NCCCS and the UNC System Offices both strongly advise that funding be allocated to provide for travel to TAC meetings, site visits, and professional presentations – all of which support the mission of increased transfer efficiency and effectiveness – for each of the members of the TAC. While the need for funding has been lessened this year due to the COVID-19 pandemic, we anticipate an increase in funding needs to meet the new reality in the aftermath of the COVID-19 pandemic.

Conclusion and TAC Recommendations

In the past six years, NCCCS and UNC System institutions have made steady progress toward seamless transfer. They continue to perfect and improve their partnerships to provide more effective advising, clear and consistent communication, and ongoing support to transfer students. As awareness and execution of the 2014 *Comprehensive Articulation Agreement* increase in North Carolina, more students are completing associate degrees at community colleges and transferring to UNC System institutions. Upon transfer, these degree-completers are performing comparably with students who started as freshmen at those same universities. The data provided in this report demonstrate that UNC System institutions are not only meeting the expectations set out in the CAA, but they are finding creative ways

to enhance the transfer process and to champion transfer student success. In light of this positive momentum, the TAC continues to promote ongoing support of the following efforts:

- The swift hiring of a Director of Community College Partnerships at the UNC System Office, a role critical to the success of the work of the TAC and beneficial to transfer students statewide;
- Technological and operational solutions that create greater continuity, clarity, accessibility, and transparency for advising and the processing of transfer students and informing course, program, and institution selection (e.g., a common course-numbering or common course-equivalency system, the electronic transfer of transcripts, etc.) among the NCCCS and UNC System institutions;
- An examination of policies and procedures as they relate to issues involving diversity, equity, and inclusivity among NCCCS and UNC System transfer students, with the objective of promoting equitable outcomes and ameliorating any discovered inequities;
- Co-admission initiatives and UNC System advisor residency on community college campuses to guide students toward completion of appropriate courses, programs, and institutions earlier in the transfer process; and
- Development and growth of collaborations with other key partners (e.g., NCSU's Belk Center for Community College Leadership and Research, myFutureNC, North Carolina Independent Colleges and Universities, etc.) in the work of transfer success.

Outcomes of NC Medical School Graduates: How Many Stay in Practice in NC, in Primary Care, and in High Needs Areas?

October 9, 2020

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Submitted by the University of
North Carolina Board of Governors in response to General Statute 143-613 as
amended by Chapter 507 of the 1995 Session Laws (House Bill 230) of the
North Carolina General Assembly

Outcomes of NC Medical School Graduates: How Many Stay in Practice in NC, in Primary Care, and in High Needs Areas?

EXECUTIVE SUMMARY

In 1993, the General Assembly mandated an annual report on the progress of medical school graduates going into primary care. North Carolina AHEC and the Sheps Center produce this report each year using state licensure databases as well as national databases.

North Carolina is a national model for tracking annual workforce outcomes of its medical school graduates. Increasingly, the North Carolina General Assembly has been interested in knowing the workforce outcomes of medical schools and residency programs to better evaluate return on investment of state funds.

New analyses were conducted for this year's report that were not conducted in prior reports. The new analyses included tracking:

- NC medical school graduates with a primary practice location in a NC DHHS safety net setting, where a significant proportion of care is delivered to uninsured, Medicaid and other vulnerable populations
- NC medical school graduates with a primary practice location in a most economically distressed neighborhood, as determined by the Area Deprivation Index, a national metric of socio-economic distress at the census block level
- Outcomes of NC medical school graduates at ten years post-graduation, which better measures specialty after fellowship training is completed and likely permanent geographic practice location. Historically, we have looked at five years post-graduation only, while this report assesses outcomes at both five- and ten-years post-graduation.

The data show:

- Of the 446 NC medical school graduates from the class of 2014, 54 (12%) were in practice in primary care in NC in 2019, 12 (3%) of whom practice in a rural NC county.
- Five-year outcome data have been consistent for the cohorts from 2008-2014, with ECU tending to retain the largest proportion of graduates in practice in NC, followed by UNC, Wake Forest, and Duke.
- For the class of 2014, a greater percentage of public medical school graduates were practicing in primary care in-state five years after graduating (ECU: 27%, n=21; UNC: 14%, n=22), compared to private medical school graduates (Wake Forest: 7%, n=8; Duke: 3%, n=3).
- Six graduates (1%) from the class of 2014 were in practice in safety net settings in NC in 2019, including four UNC graduates, and one ECU graduate, and one Wake Forest graduate.
- Compared to the private medical school graduates in the class of 2014, a greater proportion of public medical school graduates reporting a practice location in a most economically distressed neighborhood in 2019. 23% (n=7/31) ECU graduates, 13% (n=9/67) UNC graduates, 7% (n=1/15) of Duke graduates, and 3% (n=1/31) of Wake Forest graduates practiced in a most economically distressed neighborhood.
- For the graduating cohorts of 2008-2014, in-state primary care retention was highest for family medicine physicians, with 60% (n=178/296) of family medicine graduates practicing in-state five years later. Family medicine physicians are less likely than other physicians to subspecialize.

- Findings for the 2008 NC medical school graduating class (n=420) at 10-years post-graduation showed that 16% (n=66) were in primary care in NC, with 3% (n=13) in rural primary care.
- Eight 2008 graduates (2%) were practicing in rural safety net settings in 2018, four of whom in specialties other than primary care.
- Twenty-eight percent (44/156) of the 2008 graduates practicing in NC in 2018 reported a practice location in a least economically distressed neighborhoods, while 13% (n=20/156) worked in a most economically distressed neighborhood.
- Thirteen percent (n=53/420) of the 2008 NC medical school graduate cohort matched to a general surgery residency, but only 1% (n=5) were in practice in general surgery in NC ten years later.
- For the class of 2014, two physicians who reported a primary practice address in an urban county in 2019 reported a secondary practice address in a rural county. Similarly, for the class of 2008, three physicians reported a primary practice address in an urban county in 2018 and reported a secondary practice address in a rural county. These data suggest that few NC medical school graduates who primarily practice in an urban county are also practicing part time in a rural county. Notably, these data are based on self-reported practice location and are not based on billing information.

With a new school of medicine (Campbell) now graduating students annually, increased attention to GME expansion in rural areas, and the implementation of the Medicaid 1115 waiver, it will be important to continue collecting and tracking data on NC medical education outcomes so that the state can monitor trends and identify best practices. GME is an important component of health workforce development but to develop and sustain access to care, GME should be partnered with loan repayment, continuous professional and practice support, technology and other investments. It is unclear what the effects of the coronavirus pandemic will be on the health care system, on medical education, and on physician practice patterns.

BACKGROUND

In 1993, the North Carolina General Assembly expressed interest in expanding the pool of generalist physicians for the state. In N.C.S.L.1993-321, the General Assembly required each of the state's four medical schools to develop a plan to expand the percent of medical school graduates choosing residency positions in primary care. Primary care was defined as family practice, general internal medicine, general pediatric medicine, internal medicine-pediatrics, and obstetrics-gynecology. It set the goal for the East Carolina University (ECU) and UNC Schools of Medicine at 60% of graduates entering primary care. For the Wake Forest University and Duke University Schools of Medicine, it set the goal at 50%. Campbell University School of Osteopathic Medicine graduated its first class in 2017 and was therefore not included. Since 1994, the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill ("Sheps Center") and the NC Area Health Education Centers program (AHEC) have collaborated to produce this report. This annual report is the primary method that the state uses to track workforce outcomes for NC medical schools. As a result of the legislative mandate, NC is a national model for tracking medical student outcomes. Data from this report were featured in the New England Journal of Medicine as an example of how to track these outcomes in John Iglehart's 2018 article on "The challenging quest to improve rural health care."¹

While the original legislation ensured that the report is conducted annually, the legislative language lacked some needed specificity. It required tracking medical school graduates that practice in primary care, but made no mention of practice in North Carolina, in rural areas, or in underserved areas. The focus on primary care ignored the specialties of psychiatry and general surgery, which are also high needs specialties in NC. While not required in the legislation, the Sheps Center and AHEC has modified the annual report to address the need for this information. As in prior years, this report tracks NC medical school graduate outcomes for physicians who practice in NC and in rural NC counties. However, previous reports focused primarily on practice in rural areas and did not examine whether NC medical school graduates served high needs populations outside of rural counties. In response, this year's report includes two new analyses: A) practice in NC safety net settings² that deliver care to uninsured, Medicaid, and vulnerable populations, and B) practice in socioeconomically disadvantaged neighborhoods, as defined by the Area Deprivation Index (ADI).³

Given the national trend of increasing physician specialization, it is unrealistic to expect that the schools will meet the goals set in 1993 of 50%-60% of graduates entering primary care specialties. ECU met the NCGA's goal five times since the inception of the report, most recently for the class of 2005 (when 59% of that year's graduates reported practicing in primary care specialties in 2010). Since then, no medical school has reached the legislated benchmark.

Historically, this has report examined NC medical school graduates at five years following graduation per the legislative mandate. However, this period is not ideal given the timing to complete residency (3-6 years). In particular, at five-years post-graduation from medical school, physicians in psychiatry, obstetrics & gynecology (ob/gyn), surgery, medicine/pediatrics are just completing residency, may be in

¹ Iglehart J. The challenging quest to improve rural health care. NEJM, 2018. 378(5):473-479.
<https://www.nejm.org/doi/full/10.1056/NEJMp1707176>

² NC DHHS Office of Rural Health. Safety Net Resources website. Accessed September 15, 2020.
<https://www.ncdhhs.gov/divisions/office-rural-health/safety-net-resources>

³ University of Wisconsin School of Medicine Public Health. 2015 Area Deprivation Index v2.0. Downloaded from <https://www.neighborhoodatlas.medicine.wisc.edu/> September 15, 2020.

fellowship/specialty training, and may not have settled in a permanent practice location. This is typically the case for general surgeons, whose standard training period is five years, and for ob/gyns, psychiatrists and medicine/pediatrics residents who often do a fellowship after a four-year residency. Ten years following graduation from medical school is a more reasonable timeframe for outcomes tracking, as it allows for fellowship training following residency. In addition to tracking outcomes for the 2014 cohort, this year's report also includes outcomes for the 2008 cohort at ten years post-graduation from an NC medical school.

DATA SOURCES AND METHODS

Data Sources

Data included in this report come from several sources:

- North Carolina Medical Board's annual licensure file, maintained by the NC Health Professions Data System
- GMETrack, the graduate medical education tracking file of Association of American Medical Colleges (AAMC)
- Physician Masterfile of the American Medical Association (AMA), available only for the 2008 graduating cohort
- Data from the alumni and student affairs offices from Duke University School of Medicine, the Brody School of Medicine at East Carolina University, the University of North Carolina at Chapel Hill School of Medicine, and Wake Forest University School of Medicine
- the Federal Office of Management and Budget for population and core based statistical area data, which are used to determine which counties in NC are classified as metropolitan (urban) or non-metropolitan (rural)
- NC Department of Health and Human Services (DHHS) list of safety net sites, updated March 16, 2020
- The University of Wisconsin School of Medicine and Public Health 2015 Area Deprivation Index, which ranks census block groups based on income, education, employment, and housing quality on a scale of (1) least disadvantaged to (10) most disadvantaged

This year is the first year we are including outcomes of NC medical school graduates at ten years post-graduation from medical school, in addition to outcomes at five years post-graduation. The reason 2008 data were used for the ten-year analysis instead of 2009 data was due to data availability. The data are released annually by the AAMC in early to mid-September. This report is due to the UNC BOG annually in early October. Because of the time required for data cleaning and analysis, we are unable to complete both the 5-year and 10-year post-graduation analyses in a single month.

Campbell University School of Osteopathic Medicine (Campbell) is not mandated to provide data for this report, as the school did not exist when the 1993 legislation was passed. Campbell's first class graduated in 2017. In prior years, this report has not emphasized initial residency match data, as some physicians change residency specialties or locations over the course of their GME training. Outcomes are better measured after graduation from residency. However, given that workforce outcomes five years following graduation will only be available for Campbell starting in 2022, we began reporting initial match data in the 2017 report.

Methods

The format for the information on medical students is consistent with and comparable to the baseline information provided in the May 1994 report “Expanding the Pool of Generalist Physicians for North Carolina.”

GMETrack data from the AAMC were merged with the NCMB annual licensure file to determine physician practice outcomes at five- or ten-years post-graduation from medical school. We conducted descriptive statistics to determine where physicians were practicing and in which specialties.

This is the first year of this report in which we have reported on practice in safety net settings. Safety net providers are defined as health care facilities that provide a significant level of health care and other health-related services to uninsured, Medicaid and other vulnerable populations. To conduct this analysis, we geocoded the file for physicians who reported a practice address in North Carolina. All but 13 cases matched to a specific street address. For the 13 misses, practice coordinates were resolved via manual lookups. We used the NC Office of Rural Health list of safety net sites to identify which physician practiced in a safety net setting.

To determine whether physicians practiced in a geographic setting that was economically disadvantaged, we used the state level scores for the Area Deprivation Index (ADI) for North Carolina. The ADI scores are maintained by the University of Wisconsin School of Medicine and Public Health, and are based on 2011-2015 American Community Survey data. The ADI scores categorize census block groups, or neighborhoods, based on income, education, employment, and housing quality, ranking each neighborhood on a scale of 1 (least distressed) to 10 (most distressed). We used the geocoded practice locations from the NC Board of Medicine data to assign physician practice location to an ADI score.

One methodological issue over the past decade has been the dramatic increase of physicians choosing full time hospitalist practice, which decreases the proportion of primary care physicians in general internal medicine and, increasingly, other specialties. Hospitalists are included in primary care counts in the findings presented in this report because we do not have a way to systematically identify them in the dataset; this is likely a substantial issue for counts of internal medicine physicians.

Data Limitations in 2020

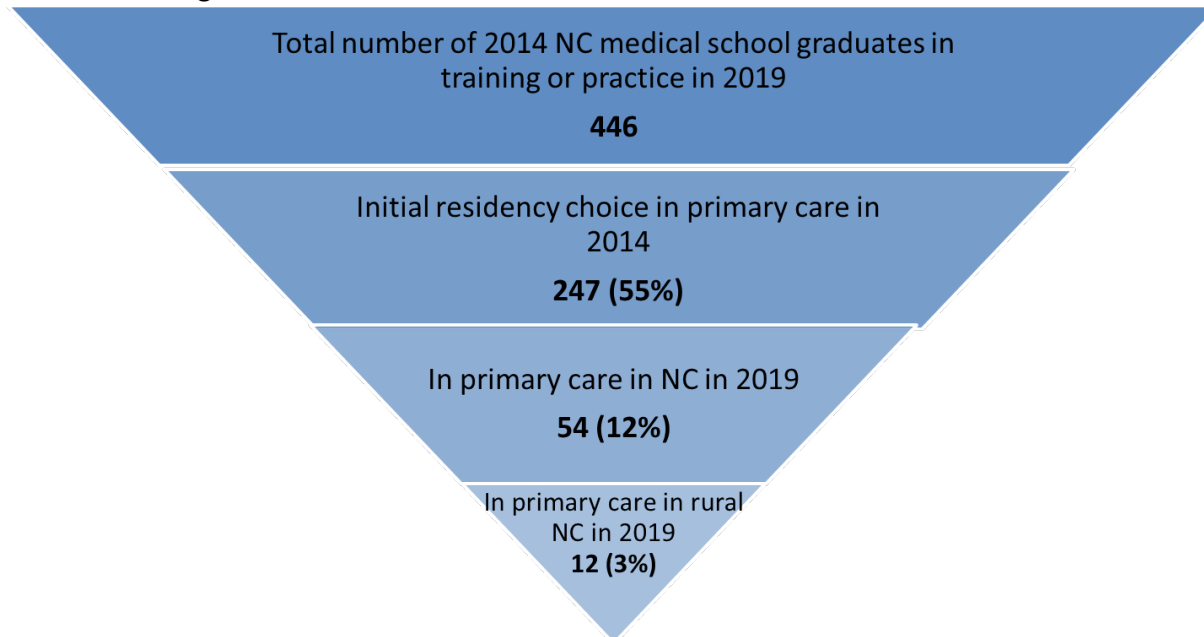
In all prior years of this report, we have reported the number and percent of NC medical school grads in training or practice in primary care, whether or not they were located in NC. These findings were possible because AAMC was able to match their data on medical school graduates to AMA physician Masterfile data on physician practice locations and specialties across the U.S. However, in 2020, the AAMC and AMA legal teams renegotiated their data use agreement for the AMA Masterfile. Per the terms of the new agreement, AAMC is no longer able to match and share AMA Masterfile data with the Sheps Center. We were made aware of this change in early September 2020. The lack of AMA Masterfile data also limits our ability to triangulate the NCMB data with AMA Masterfile data. In the past, we have used AMA data to identify physicians who had died or were no longer in practice. In addition, we compared names of physicians who practiced in NC per AMA data with the NCMB physician roster, to determine whether we were missing NC physicians due to name changes. In both cases, the corrections were small—but we were unable to make similar corrections for the graduating 2014 cohort. Our match rates for the 2014 cohort to the NCMB licensure file were in line with prior years, but it is possible that we are missing a few physicians that we would have been able to identify with the Masterfile data.

FINDINGS

Retention of Graduates in Primary Care: Class of 2014

The most valuable measure of the choice of primary care careers is retention of graduates in clinical primary care after residency. **Table 1 (page 20)** shows the graduates and the percentage that remained in primary care in NC and in rural NC five years after graduation (in 2019).

Figure 1: 2014 NC Medical School Graduates: Retention in Primary Care in NC's Rural Areas Five Years After Graduating



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the Association of American Medical Colleges, and the NC Medical Board, 2019. Rural source: US Census Bureau and Office of Management and Budget, July 2017. "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.

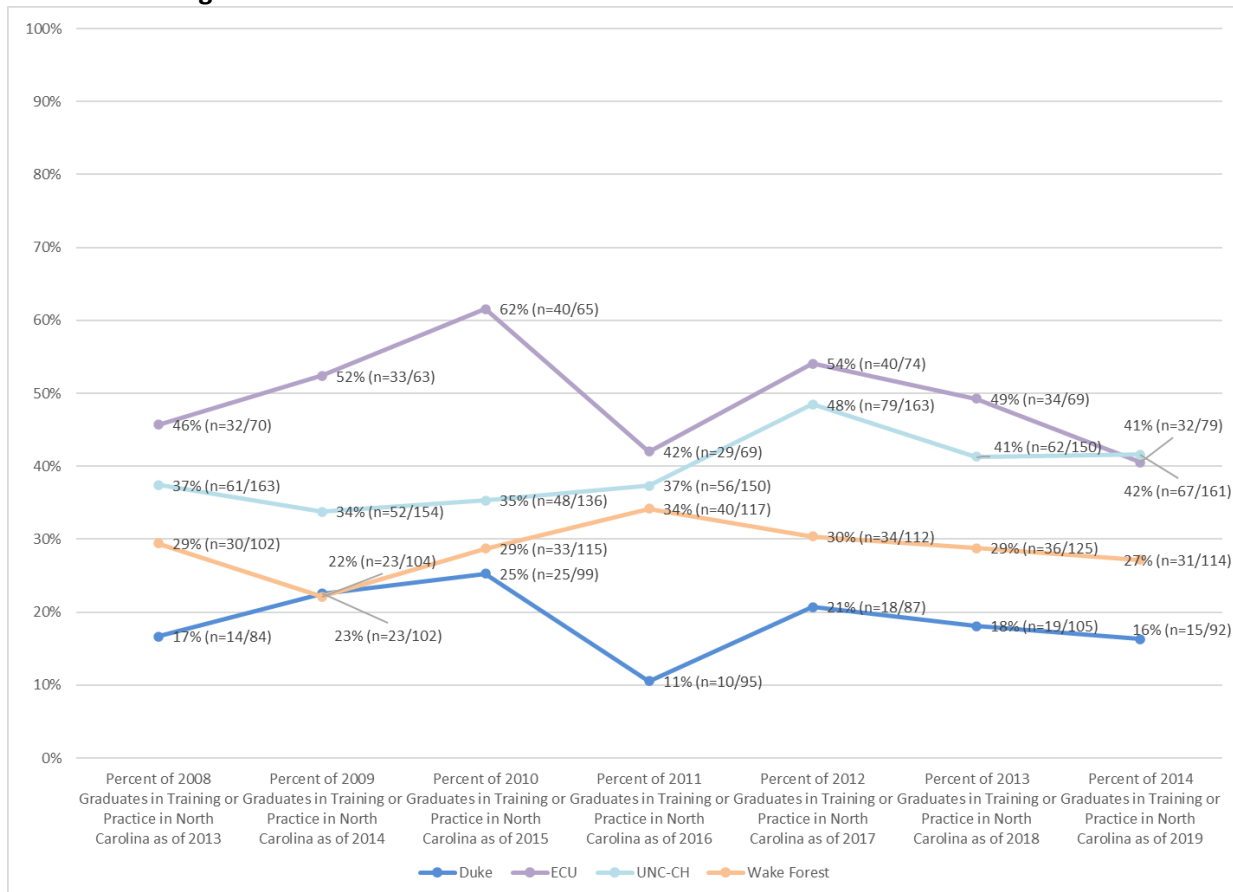
Per the 1993 legislation mandating this analysis, these primary care specialties include family medicine, general internal medicine, general pediatrics, obstetrics & gynecology, and internal medicine-pediatrics. Out of the 446 medical school graduates in 2014, 54 (12%) were in training or practice in primary care in NC as in 2019 (**Figure 1**). For purposes of comparison, between 14% and 17% of the five previous graduating cohorts (the classes of 2009-2013), were in training or practice in primary care in NC five years after graduating, and the 2014 cohort is slightly below those percentages. Three percent (n=12) of the 2014 cohort was in primary care in a rural NC county: 6 ECU graduates, 5 UNC graduates, and 1 Wake Forest graduate. This percentage is in line with prior trends. Between 1% and 3% of NC medical school graduates tend to practice in primary care in rural NC.

Retention of Graduates in North Carolina and in Rural Counties

A greater percentage of graduates from the state's public medical schools are retained in NC five years after graduating, compared to the state's private medical schools (**Figure 2**). ECU tends to retain the greatest percentage of its graduates in state five years post-graduation, followed by UNC, Wake Forest,

and Duke. For the graduating class of 2014, UNC for the first time had an in-state retention rate that was higher than ECU's—but given that the rates were within one percentage point of one another, we caution against reading too much into this finding. It is too early to determine if this is a meaningful trend.

Figure 2: Percent of NC Medical School Graduates in Training or Practice in North Carolina Five Years After Graduating



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the Association of American Medical Colleges, and the NC Medical Board, 2019.

Table 2 (page 22) describes medical school graduates remaining in North Carolina. Thirty-four percent (n=145/446) of 2014 graduates from all four medical schools remained in NC five years after graduation. This percentage is right at the average for the past five years. In-state retention for the prior five medical school graduating cohorts ranged from 31% to 39%. Out of 145 graduates from the 2014 cohort practicing in NC in 2019, 16 practiced in rural counties, 4% of the total number of NC graduates and 11% of those who were in practice in NC. These numbers include physicians from all specialties, not just primary care. NC has 54 rural (or non-metropolitan) counties based on the 2017 Office of Management and Budget Core Based Statistical Area definition.

In response to questions raised by education subcommittee members at the UNC Board of Governor's meeting in 2018, we examined hours worked by week for physicians who reported a secondary practice location in a rural county and primary location in a metropolitan county. For the 2014 cohort, we

identified only two physicians for whom this was the case: an emergency medicine physician who spent one day per week in a rural county, and an oral surgeon (DDS/MD) who worked close to half-time in an oral surgery/dental implant site in a rural county (see **Table A**, below). Similarly, with the 2013 cohort, we found that only three physicians practicing in an urban area also worked in a rural practice site in 2018, all of whom spent a day per week (or fewer) in a rural practice site. These numbers are based on self-reported practice location and are not based on billing information.

Table A: Hours Worked Per Week in a Secondary Practice Location in a Rural NC County for Physicians Who Graduated from an NC Medical School in 2014 and Reported a Primary Practice Location in a Metropolitan NC County in 2019

Medical School	Primary Area of Practice	Secondary Location Hours Per Week
Duke	Emergency Medicine	8
UNC	Oral Maxillofacial Surgery (DDS/MD)	18

Practice in Safety Net Settings and Most Economically Distressed Neighborhoods

Safety net providers are defined as health care facilities that provide a significant level of health care and other health-related services to uninsured, Medicaid and other vulnerable populations. **Table B** (below) shows outcomes for 2014 graduates who were practicing in safety net settings in 2019. One percent (n=6/446) of the 2014 graduates were practicing at a safety net setting in NC five-years post-graduation: Four UNC graduates, one ECU graduate, and one Wake Forest graduate. Half (n=3/6) of the safety net settings were in a rural county and half were in an urban county. Of note is the finding that five of the physicians who practiced in these settings were in family medicine, and one was a general internist. Of the 16 graduates from the class of 2014 practicing in rural counties in 2019, three were in safety net settings in those counties.

Table B: Medical School, Primary Area of Practice, and Facility Type for Physicians Who Graduated from an NC Medical School in 2014 and Reported a Primary Practice Location in a Safety Net Setting in 2019

Medical School Primary Area of Practice	Number	Safety Net Facility Type	Rural County
ECU	1		
<i>Family Medicine</i>	1	<i>Federal CMS Certified Rural Health Clinic</i>	<i>Yes</i>
UNC-CH	4		
<i>Family Medicine</i>	1	<i>Federal CMS Certified Rural Health Clinic</i>	<i>Yes</i>
<i>Family Medicine</i>	2	<i>Federally Qualified Health Center</i>	<i>No</i>
<i>Internal Medicine</i>	1	<i>Federally Qualified Health Center</i>	<i>No</i>
Wake Forest	1		
<i>Family Medicine</i>	1	<i>Small Rural Hospital</i>	<i>Yes</i>

Figure 3 compares the Area Deprivation Index (ADI) of the neighborhoods where physicians report their primary practice location. The ADI is based on factors related to income, education, employment, and housing quality in a census block, which is the geographic equivalent of a neighborhood. Low scores indicate low levels of economic distress, and high scores indicate high levels of economic distress. ADI scores are not assigned for census block groups dominated by hospitals. ADI was not available for roughly a third (37%, n=53/144) of the graduating class of 2014 due to a primary practice location at a large hospital, which makes sense as many of these physicians are likely still in training.

Fifteen percent (n=22/144) of the class of 2014 worked in a practice location in a most economically distressed neighborhood five years after graduation. ECU had the highest proportion of 2014 graduates working in most economically distressed neighborhood in NC in 2019, with 34% (n=11/31). Thirteen percent (n=9/67) of UNC graduates, 7% (n=1/15) of Duke graduates, and 3% (n=1/31) of Wake Forest graduates practiced in most distressed neighborhoods in 2019.

Figure 3: Neighborhood Disadvantage Status of the 2019 Primary Practice Setting for Physicians Who Graduated from an NC Medical School in 2014



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the Association of American Medical Colleges, and the NC Medical Board, 2019. ADI Score obtained from the University of Wisconsin School of Medicine Public Health. 2015 Area Deprivation Index v2.0. Downloaded from <https://www.neighborhoodatlas.medicine.wisc.edu/> September 15, 2020.

Retention in Psychiatry

Table 3 (page 24) shows the retention of the 2014 graduates in psychiatry. Eleven of the 2014 NC medical school graduates matched to a psychiatry residency, and four of them remained in practice in psychiatry in NC in 2019. There were eight graduates who graduated from NC medical schools in 2013 in practice in psychiatry in North Carolina in 2018, all four of whom graduated from UNC.

Differences in Retention by Practice Specialty

To determine overall retention by practice specialty, we consolidated data for all NC medical schools in **Table 4 (page 25)**. For the 2014 cohort, 55% (n=24/44) of physicians who initially matched to family medicine remained in clinical family medicine in NC five years post-graduation, with 16% (n=7/44) practicing in rural NC counties. Comparatively, 5-year retention of general internal medicine physicians was lowest of all five primary care specialties, with 8% (n=7/124) of 2014 NC med school grads who initially matched to Internal Medicine programs remaining in generalist practice in NC, and zero retained in rural counties. It is important to understand that initial internal medicine match numbers are imprecise, both inflated since they include physicians who do a preliminary year before moving on to a different residency specialty and deflated because they likely include a sizable percentage of hospitalists. Some graduates completed an internal medicine residency, completed specialty training, and remained in NC. Specialists who branched off internal medicine residencies are not included in this count of general internal medicine physicians.

Retention by Practice Specialty Combined for Multiple Graduating Class Years

Looking across NC medical schools by initial match specialty over time, some specialties result in a greater percent of graduates practicing in NC five years later than others do (see **Table C**, below). Family medicine leads in this category, with 60% (n=178/296) of graduates who match to family medicine practicing in state five years later for the graduating classes of 2008-2014. In some cases, the lack of retention is because physicians tend to subspecialize, which is one explanation for why the overall retention for general internal medicine physicians in NC was lower than other specialties, (9%, n=74/785).

Table C: NC Medical School Graduates in Primary Care or Psychiatry in North Carolina Five Years After Graduating by Initial Residency Specialty, Graduating Classes of 2008-2014

Initial Residency Specialty	Number Initially Matched to Specialty	Number in Practice in Specialty Five Years After Graduating	Percent in Practice in Specialty Five Years After Graduating
Family Medicine	296	178	60%
Internal Medicine	785	74	9%
Pediatrics	372	92	25%
IM/ Peds	86	36	42%
OBGYN	185	63	34%
Psychiatry	109	41	38%

Source: Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research, with data derived from annual medical student tracking reports, 2013-2019.

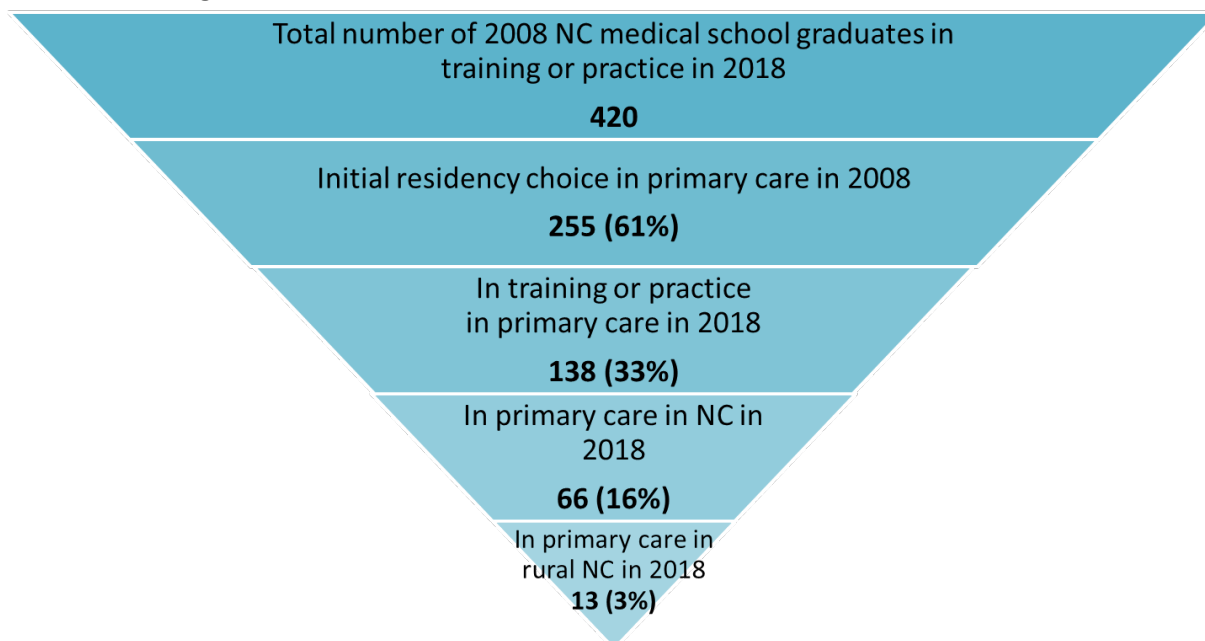
Class of 2008 Outcomes

We conducted analyses on the 2008 graduates of NC medical schools to determine where graduates were ten years following graduation from medical school. As noted previously, ten years post-graduation from medical school allows time for physicians to complete residency and fellowship training. We used data from the 2008 graduating cohort that was matched to the 2018 NCMB licensure file.

Table 5 (page 26) shows the class of 2008's initial matches to primary care residencies. **Table 6 (page 28)** shows the graduates from the class of 2008, retention in NC, in primary care in NC, and in primary care in rural NC ten years after graduation (in 2018).

Primary care specialties include family medicine, general internal medicine, general pediatrics, obstetrics/gynecology, and internal medicine-pediatrics. Out of the 420 medical school graduates from the 2008 cohort, 66 (16%) were in training or practice in primary care in NC as in 2018 (**Figure 4**). Three percent (n=13) of the 2008 cohort were practicing in primary care in a rural NC county: 8 ECU graduates and 5 UNC graduates.

Figure 4: 2008 NC Medical School Graduates: Retention in Primary Care in NC's Rural Areas Ten Years After Graduating



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the Association of American Medical Colleges, and the NC Medical Board, 2018. Rural source: US Census Bureau and Office of Management and Budget, July 2017. "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.

Retention of Graduates in North Carolina and in Rural Counties

Retention of the class of 2008 in NC and in rural NC is shown in **Table 7 (page 30)**. Close to one-third (37%, n=156/420) of the class of 2008 was in practice in NC ten years after graduation. By school, this included 55% (n=39/71) of ECU graduates, 45% (n=73/163) of UNC graduates, 31% (n=32/103) of Wake

Forest graduates, and 14% (n=12/83) of Duke graduates. Twenty-six graduates (6%) from the 2008 cohort practiced in rural NC in 2008: 14% (n=10/39) of ECU graduates, 7% (n=11/73) of UNC graduates, 4% (n=4/103) Wake Forest graduates, and 1% (n=1/83) of Duke graduates.

We examined hours worked by week for physicians who reported a secondary practice location in a rural county and primary location in a metropolitan county. For the 2008 cohort, we identified three physicians for whom this was the case: a hematology/ oncology physician who spent 10 hours per week in a rural county, and an emergency medicine physician and a pediatrician who appeared to spend few hours weekly in rural settings (five hours and one hour, respectively) (see **Table D**, below).

Table D: Hours Worked Per Week in a Secondary Practice Location in a Rural NC County for Physicians Who Graduated from an NC Medical School in 2008 and Reported a Primary Practice Location in a Metropolitan NC County in 2018

Medical School	Primary Area of Practice	Secondary Location Hours Per Week
ECU	Hematology/ Oncology	10
UNC	Emergency Medicine	5
UNC	Pediatrics	1

Practice in Safety Net Settings and Most Economically Distressed Neighborhoods

Table E (below) shows outcomes for 2008 graduates who were practicing in safety net settings in 2008. Eight of the class of 2008 graduates (2%) were practicing at a safety net setting in NC ten-years post-graduation, including four ECU graduates, three UNC graduates, and one Wake Forest graduate. All eight safety net settings were in a rural county. Of note is the finding that four of the physicians who practiced in these settings were in non-primary care specialties: psychiatry, anesthesiology, emergency medicine, and critical care medicine.

Table E: Medical School, Primary Area of Practice, and Facility Type for Physicians Who Graduated from an NC Medical School in 2008 and Reported a Primary Practice Location in a Safety Net Setting in 2018

Medical School	Number	Safety Net Facility Type
<i>Primary Area of Practice</i>		
ECU	4	
Family Medicine	2	Federal CMS Certified Rural Health Clinic
IM/ Peds	1	Small Rural Hospital
Psychiatry	1	Small Rural Hospital
UNC-CH	3	
Family Medicine	1	Federal CMS Certified Rural Health Clinic
Anesthesiology	1	Small Rural Hospital
Emergency Medicine	1	Small Rural Hospital
Wake Forest	1	
Critical Care Medicine	1	ORH Supported Rural Health Center

Figure 5 compares the Area Deprivation Index (ADI) of the neighborhoods where physicians report their primary practice location.

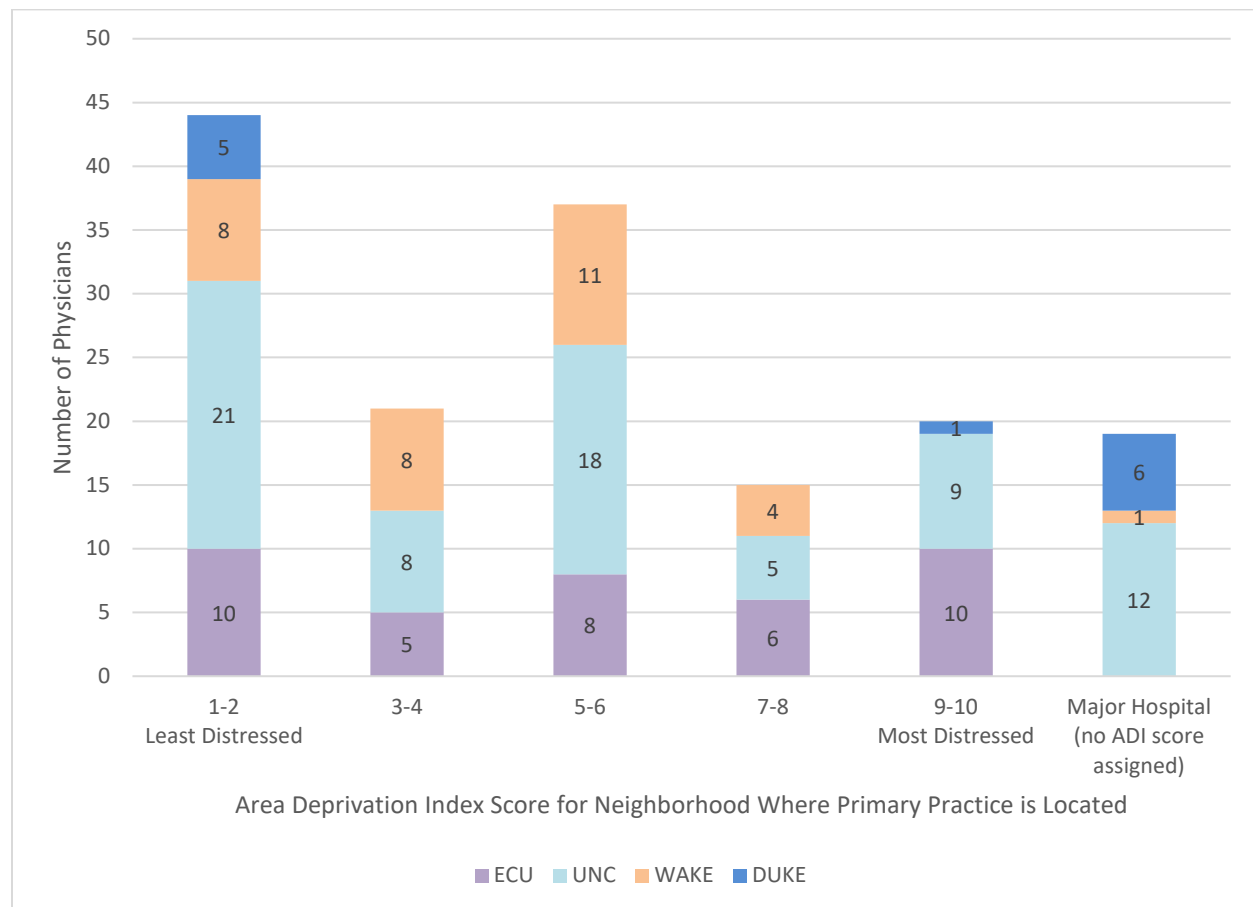
Twenty-eight percent (44/156) of the 2008 graduates practicing in NC in 2018 reported a practice location in a least economically distressed neighborhoods, while 13% (n=20/156) worked in a most economically distressed neighborhood.

None of the 2008 ECU graduates working in NC in 2018 reported a practice location in a neighborhood dominated by a major hospital. ECU graduates were spread out relatively evenly across census blocks with different levels of economic distress, with 26% (n=10/39) practicing in the most distressed neighborhoods and 26% (n=10/39) practicing in the least distressed neighborhoods.

Twenty-nine percent (n=21/73) of the 2008 UNC grads practicing in NC in 2018 worked in least distressed neighborhoods, while 12% (9/73) worked in most distressed neighborhoods. Sixteen percent (n=12/73) were working in a major hospital in a neighborhood without an assigned ADI score.

Half (50%, n=6/12) of the 2008 Duke graduates practicing in NC in 2018 worked in major hospitals, 42% (n=5/6) worked in the least distressed neighborhoods, with one graduate (8%) practicing in one of the most distressed neighborhoods.

Figure 5: Neighborhood Disadvantage Status of the 2018 Primary Practice Setting for Physicians Who Graduated from an NC Medical School in 2008



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the Association of American Medical Colleges, and the NC Medical Board, 2018. ADI Score obtained from the University of Wisconsin School of Medicine Public Health. 2015 Area Deprivation Index v2.0. Downloaded from <https://www.neighborhoodatlas.medicine.wisc.edu/> September 15, 2020.

Retention in Psychiatry

Outcomes for 2008 graduates who matched to psychiatry residencies are shown in **Table 8 (page 31)**. Psychiatrist counts include physicians who report practicing in the following specialties: Psychiatry, Child and Adolescent Psychiatry, Psychoanalysis, Forensic Psychiatry, Psychosomatic Medicine, Psychiatry/Geriatric, Family Medicine-Psychiatry, Internal Medicine-Psychiatry, and Pediatrics-Psychiatry. In the 2008 cohort, 19 graduates (5%) initially matched to a psychiatry residency.

Table 9 (page 32) shows the workforce outcomes of the 2008 graduates who became psychiatrists ten-years post-graduation. Five remained in practice in NC: four ECU graduates and one Duke graduate. Two of the ECU graduates practiced in a rural county.

Retention in General Surgery

We have refrained on reporting on general surgery outcomes in the five-year post-graduation analyses because general surgery residencies typically last five years, and many general surgeons complete a sub-specialty fellowship afterwards. For this reason, reporting on general surgery practice outcomes at five-years post-graduation may be misleading. Findings at ten-years post-graduation allows us to evaluate practice outcomes for general surgeons.

In this study, physicians are considered general surgeons if they practice in the specialties of General Surgery, Abdominal Surgery, Colon & Rectal Surgery, Critical Care Surgery, Head and Neck Surgery, Oncology Surgery, Pediatric Surgery, Transplant Surgery, Trauma Surgery, or Vascular Surgery. **Table 10 (page 33)** shows that 13% (n=53/420) of the 2008 NC medical school graduate cohort matched to a general surgery residency. **Table 11 (page 34)** shows that ten years after medical school graduation, five graduates (1%) were in practice in general surgery in NC, including four graduates from UNC and one from Duke. None of these general surgeons had a primary practice location in a rural county.

Differences in Retention by Practice Specialty

When data are combined across all NC medical schools for the class of 2008 (**Table 12, page 35**), findings emerge in retention by specialty.

In the class of 2008, 41 graduates initially matched to a family medicine residency. Later, two physicians who initially matched to different specialties switched to family medicine and remained in practice in family medicine at ten-years post-graduation. All 41 graduates who initially matched to family medicine plus the two who switched residencies into family medicine were practicing family medicine in 2018, and 23 of them (56%) were practicing in NC. Eight of the family medicine physicians (20%) were practicing in rural NC ten years post-graduation. Similarly, more than half of the cohort who matched to obstetrics and gynecology (57%, n=17/30) remained in generalist practice in NC in 2018, although none of those OBGYNs practiced in rural NC. Twenty-nine percent (n=14/48) of the 2008 graduates who matched to pediatrics were practicing as generalists in NC in 2018, 8% (n=4) of whom were in rural areas. In contrast, just 5% (n=6/119) of the 2008 graduates who initially matched to internal medicine were practicing as general internists in NC in 2018, none of whom reported a primary practice location in a rural county.

Initial Match Data: 2019 Graduating Cohort

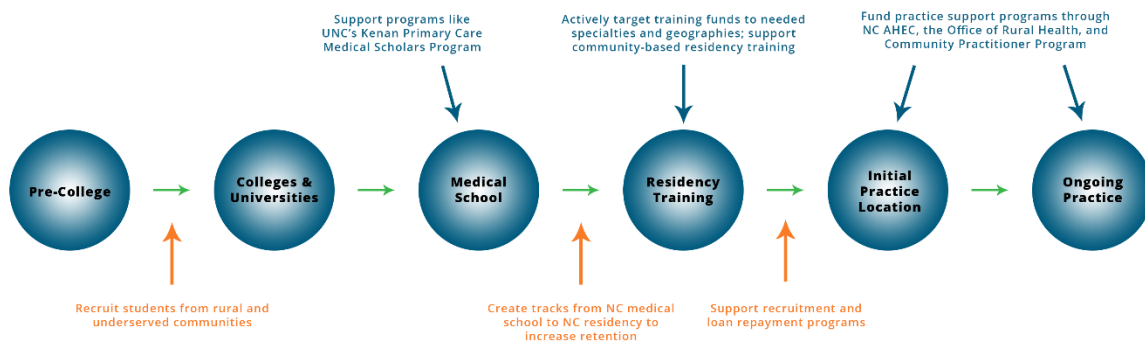
As mentioned earlier, we do not emphasize initial match data from the NC medical schools. Residents sometimes switch specialties or residency programs throughout the course of their training, and many subspecialize. However, Campbell has graduated four classes of medical students and initial match counts are the only data available thus far on Campbell's workforce outcomes. We offer a note of caution when interpreting these data and a reminder that the five-year and ten-year outcome data are more accurate in estimating the workforce outcomes for each medical school. Matches to "primary care" specialties (Family Medicine, Internal Medicine, Pediatrics, Internal Medicine-Pediatrics, and Obstetrics & Gynecology) are inflated compared to the number of graduates eventually expected to practice in those fields. We also track two other needed specialties in NC: psychiatry and general surgery. Prior trends indicate that many NC graduates, including most of those who match to Internal Medicine and General Surgery, will go on to complete fellowship training and eventually practice in a sub-specialty field. Family Medicine is an exception to this trend.

Table 13 (page 36) shows that in 2020, the public medical schools (ECU and UNC) had the highest percentage of graduates matched to an NC residency (39%, n=28/72; 39%, n=66/169 respectively), followed by Wake Forest (31%, n=35/114), Duke (29%, 32/112), and Campbell (22%, n=33/153). The highest percent of matches to a primary care, psychiatry, or general surgery residency in NC were for ECU (31%, n=22/72), UNC (25%, n=43/169), Duke (16%, n=18/112), Campbell (14%, 22/153), and Wake Forest (13%, 15/114).

DISCUSSION

While most people interact with the health system at some point in their lives and have a general understanding of the work physicians do, the majority are unaware of the specifics related to physician training—for example, the difference between a medical student and a resident. Legislators⁴ and other influential stakeholders, many of whom may be able to directly influence the health system, often come from career paths outside of healthcare. When concerns about the availability of physicians to meet the demand for healthcare arise, expanding medical education is a logical first impulse for those unfamiliar with physician training pathways. Medical school is one of multiple points along a physician's career trajectory where stakeholders can intervene to encourage practice in needed specialties and geographies (**Figure 6**).

Figure 6: Intervention Points in a Physician's Career Trajectory



Because of the legislation the NCGA passed in the early 1990's, NC has annual reports and data that indicate the trends of NC medical school graduates over decades. Data from this annual report points to the stabilization of practice patterns in primary care and in rural settings at a level that is much lower than the targets set by the NC legislature. The annual reports show the consistently small percentage of NC medical graduates that go into primary care practice in rural areas—typically between 1% and 3% annually. Knowing that this is the starting point, the state can then look to other strategies if it seeks to boost the primary care physician supply in these areas.

The new analyses added in this year's report tell an important and previously untold story about the contribution of NC medical schools to the NC physician workforce. Overall, a small percentage of the graduating cohorts were working in safety net settings. The data on practice in safety net settings for the class of 2014 show that half (n=3/6) of the NC medical school graduates working in safety net

⁴ Spero JC, Fraher EP, Ricketts TC, Rockey PH. GME in the United States: A Review of State Initiatives. Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill. September 2013.

settings at five-years post-graduation were working in urban areas. The data for the class of 2008 show that half (n=4/8) of the NC medical school graduates working in safety net settings were not in traditional primary care specialties. These analyses demonstrate that NC medical schools are contributing to the workforce serving underserved and high needs populations. To address state workforce needs, we need to think broadly about both where those populations are geographically located—not all of them are in rural areas—and we also need to think broadly about which types of physicians serve those populations, as many work in specialties other than primary care.

There is no question that all of NC's medical schools, whether private or public, bring substantial benefits to the state in terms of nationally lauded healthcare, jobs, research dollars, etc. The findings from this report show that public medical school graduates, particularly those from ECU, more often practice in-state, in primary care specialties, in most economically distressed neighborhoods, and in rural counties than do private medical school graduates. This finding is not surprising, as ECU: A) only admits NC residents, and B) producing physicians to serve state needs is part of its mission.⁵ This project has also demonstrated that NC graduates who match to Family Medicine are more likely to be in practice in NC as generalists compared to those who match to other specialties.

While this report tracks outcomes from NC medical schools, it does not track outcomes of NC residency programs, and there is no legislative mandate to track NC residency program outcomes. While some NC medical school graduates also complete an NC residency, many residents in NC residency programs completed medical school out-of-state. It would be valuable to track the outcomes of NC residency programs for two key reasons: A) residency placement is correlated with eventual practice location, and B) NC residency programs receive financial support via Medicaid and AHEC, and it would be prudent to measure the return on investment for those dollars. Tracking NC residency program outcomes would provide information to make decisions about how to target state funds most effectively. The Sheps Center, in collaboration with AHEC, is a national leader in tracking the workforce outcomes for medical schools and GME programs at the program level. In short, there are resources within the state that can accomplish this work if legislation is passed that requires a study of NC residency outcomes.

The Role of AHEC Residencies in Primary Care

A key driver of retention of primary care physicians in North Carolina is the availability of community based primary care residencies in the state. Medical students must go through at least three years of training before being able to practice independently, and many physicians practice close to their residencies for the remainder of their careers.^{6,7,8}

AHEC primary care residencies have a better track record of keeping physicians in the state. Data from the American Medical Association physician master file demonstrate that 53% of active physicians who completed an NC AHEC residency between 1997-2017 remained in practice in NC, compared to 41%

⁵ UNC and Campbell also have a mission to serve the state.

⁶ Dorner FH, Burr RM, Tucker SL. The geographic relationships between physicians' residency sites and the locations of their first practices. *Acad Med.* 1991;66(9):540–4

⁷ Seifer SD, Vranizan K, Grumbach K. Graduate medical education and physician practice location. *JAMA.* 1995;274(9):685–91.

⁸ Fagan EB, et. al. Family medicine graduate proximity to their site of training: policy options for improving the distribution of primary care access. *Fam Med.* 2015;47(2):124-30.

who completed a non-AHEC residency.⁹ AHEC residencies, however, have grown only minimally over the last decade, and most new residency positions have been devoted to subspecialty physicians in large hospitals—often because these positions are self-funded by the hospitals themselves. In recent years, federal and philanthropic support has focused on building primary care capacity, with support for new residencies or expansions of residencies in community health center settings (Hendersonville, Greensboro, Prospect Hill and New Hanover). The legislature has supported new residencies at MAHEC and Southern Regional AHEC and has planned for residencies in the East associated with Brody School of Medicine. The Department of Health and Human Services has developed a plan for a substantial expansion of rural residencies in needed specialties and included an emphasis on creating the workforce for Medicaid in the 1115 Medicaid reform waiver.

Changes in the NC Health Care Landscape

Several contextual issues in North Carolina are important to underscore. First, hospitals and health care systems have increasingly consolidated over the last several years. This consolidation includes the increased employment of physicians. Second, in terms of the pipeline of primary care providers, the Campbell School of Medicine and many new Nurse Practitioner and Physician Assistant programs have opened over the last decade. Many of these graduates are potentially available for primary care or other needed specialties. Third, the past few years have seen a lack of certainty about the Affordable Care Act, while at the same time NC is implementing changes to the Medicaid program with the 1115 waiver. The health policy environment within the state is shifting and it is unclear what the ultimate effect will be on the supply of physicians and other health professionals. Fourth, GME alone will not ensure a sufficient volume of health professionals, especially in rural and under-resourced communities. Developing and sustaining that workforce will require a series of coordinated investments in addition to GME. Finally, the coronavirus pandemic of 2020 has upended health care delivery and medical education. One example is the increased use of telehealth to provide access to care. At the time of this report, there is no way of knowing the pandemic's long-term effects—but no doubt COVID-19 will lead to substantial changes across the health care arena.

⁹ Spero J. Compared to Non-AHEC Residents, a Higher Percentage of NC AHEC Residents are Practicing in NC. Sheps Health Workforce NC Blog, 18 March 2019. Accessed 10/8/19 at: https://nhealthworkforce.unc.edu/ahec_resident_outcomes_2017/

APPENDIX I TABLE 1

North Carolina Medical Students - Retention in Primary Care Five Years After Graduation 2014 Graduates

School Primary Care* Residency Specialty	Total Number of 2014 Graduates	Number of 2014 Graduates in Training or Practice in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in North Carolina as of 2019	Number of 2014 Graduates in Training or Practice with an Initial Residency Choice of Primary Care*	Percent of 2014 Graduates in Training or Practice with an Initial Residency Choice of Primary Care*	Number of 2014 Graduates in Training or Practice in Primary Care** in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in Primary Care** in North Carolina as of 2019	Number of 2014 Graduates in Training or Practice in Primary Care** in Rural*** Counties in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in Primary Care** in Rural*** Counties North Carolina as of 2019
Duke	92	15	16%	43	47%	3	3%	0	0%
Family Medicine				0	0%	0	0%	0	0%
Internal Medicine				36	39%	3	3%	0	0%
Pediatrics				4	4%	0	0%	0	0%
IM/ Peds				0	0%	0	0%	0	0%
OBGYN				3	3%	0	0%	0	0%
ECU	79	32	41%	49	62%	21	27%	6	8%
Family Medicine				15	19%	8	10%	3	4%
Internal Medicine				10	13%	2	3%	0	0%
Pediatrics				13	16%	6	8%	2	3%
IM/ Peds				5	6%	1	1%	0	0%
OBGYN				6	8%	4	5%	1	1%
UNC-CH	161	67	42%	94	58%	22	14%	5	3%
Family Medicine				16	10%	9	6%	3	2%
Internal Medicine				45	28%	5	3%	0	0%
Pediatrics				18	11%	4	2%	1	1%
IM/ Peds				7	4%	3	2%	0	0%
OBGYN				8	5%	1	1%	1	1%
Wake Forest	114	31	27%	61	54%	8	7%	1	1%
Family Medicine				13	11%	7	6%	1	1%
Internal Medicine				33	29%	0	0%	0	0%
Pediatrics				11	10%	1	1%	0	0%
IM/ Peds				0	0%	0	0%	0	0%
OBGYN				4	4%	0	0%	0	0%
Total	446	145	33%	247	55%	54	12%	12	3%
Family Medicine				44	10%	24	5%	7	2%
Internal Medicine				124	28%	10	2%	0	0%
Pediatrics				46	10%	11	2%	3	1%
IM/ Peds				12	3%	4	1%	0	0%
OBGYN				21	5%	5	1%	2	0%

APPENDIX I

*2014 Primary Care Residency Specialty includes Family Medicine, General Pediatric Medicine, General Internal Medicine, Internal Medicine/Pediatrics, and Obstetrics/Gynecology. Source: Association of American Medical Colleges (AAMC). Internal medicine in this case also includes "medicine - preliminary," which likely overestimates the initial primary care figures.

** As of 2017, primary care definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Family Medicine (Family Medicine, Family Medicine-Adolescent Medicine, Family Medicine-Geriatric, Family Medicine-Sports Medicine, General Practice; Internal Medicine (Internal Medicine (Internal Medicine-Geriatric); Pediatrics (Pediatrics, Pediatrics-Adolescent, Pediatric-Sports Medicine); Internal Medicine-Pediatrics (Internal Medicine-Pediatrics, Internal Medicine-Adolescent Medicine); OB/GYN (Obstetrics & Gynecology, Obstetrics, Gynecology).

***"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

Sources:

Association of American Medical Colleges

NC Medical Board

Compiled by

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

APPENDIX I
TABLE 2

North Carolina Medical Students-Retention in NC and in Rural NC
2014 Graduates

School <i>Primary Care*</i> <i>Residency Specialty</i>	Total Number of 2014 Graduates	Number of 2014 Graduates in Training or Practice in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in North Carolina as of 2019	Number of 2014 Graduates in Training or Practice in Rural*** Counties in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in Rural*** Counties in North Carolina as of 2019	Number of 2014 Graduates in Training or Practice in Primary Care** in Rural*** Counties in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in Primary Care** in Rural*** Counties North Carolina as of 2019
Duke	92	15	16%	0	0%	0	0%
<i>Family Medicine</i>						0	0%
<i>Internal Medicine</i>						0	0%
<i>Pediatrics</i>						0	0%
<i>IM/ Peds</i>						0	0%
<i>OBGYN</i>						0	0%
ECU	79	32	41%	7	9%	6	8%
<i>Family Medicine</i>						3	4%
<i>Internal Medicine</i>						0	0%
<i>Pediatrics</i>						2	3%
<i>IM/ Peds</i>						0	0%
<i>OBGYN</i>						1	1%
UNC-CH	161	67	42%	6	4%	5	3%
<i>Family Medicine</i>						3	2%
<i>Internal Medicine</i>						0	0%
<i>Pediatrics</i>						1	1%
<i>IM/ Peds</i>						0	0%
<i>OBGYN</i>						1	1%
Wake Forest	114	31	27%	3	3%	1	1%
<i>Family Medicine</i>						1	1%
<i>Internal Medicine</i>						0	0%
<i>Pediatrics</i>						0	0%
<i>IM/ Peds</i>						0	0%
<i>OBGYN</i>						0	0%
Total	446	145	33%	16	4%	12	3%
<i>Family Medicine</i>						7	1.6%
<i>Internal Medicine</i>						0	0%
<i>Pediatrics</i>						3	1%
<i>IM/ Peds</i>						0	0%
<i>OBGYN</i>						2	0.4%

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*2014 Primary Care Residency Specialty includes Family Medicine, General Pediatric Medicine, General Internal Medicine, Internal Medicine/Pediatrics, and Obstetrics/Gynecology. Source: Association of American Medical Colleges (AAMC). Internal medicine in this case also includes "medicine - preliminary," which likely overestimates the initial primary care figures.

** As of 2017, primary care definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Family Medicine (Family Medicine, Family Medicine-Adolescent Medicine, Family Medicine-Geriatric, Family Medicine-Sports Medicine, General Practice); Internal Medicine (Internal Medicine, Internal Medicine-Geriatric); Pediatrics (Pediatrics, Pediatrics-Adolescent, Pediatric-Sports Medicine); Internal Medicine-Pediatrics (Internal Medicine-Pediatrics, Internal Medicine-Adolescent Medicine); OBGYN (Obstetrics & Gynecology, Obstetrics, Gynecology).

***"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

				Sources:				
	Association of American Medical Colleges			NC Medical Board				
				Compiled by:				
NC AHEC Program								
Cecil G. Sheps Center for Health Services Research								

North Carolina Medical Students – Retention in Psychiatry 2014 Graduates

School	Total Number of 2014 Graduates	Number of 2014 Graduates in Training or Practice with an Initial Residency Choice of Psychiatry	Percent of 2014 Graduates in Training or Practice with an Initial Residency Choice of Psychiatry	Number of 2014 Graduates in Training or Practice in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in North Carolina as of 2019	Number of 2014 Graduates in Training or Practice in Psychiatry* in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in Psychiatry* in North Carolina as of 2019	Number of 2014 Graduates in Training or Practice in Psychiatry* in Rural** Counties in North Carolina as of 2019	Percent of 2014 Graduates in Training or Practice in Psychiatry* in Rural** Counties North Carolina as of 2019
Duke	92	3	3%	15	16%	0	0%	0	0%
Psychiatry						0	0%	0	0%
ECU	79	2	3%	32	41%	0	0%	0	0%
Psychiatry						0	0%	0	0%
UNC-CH	161	5	3%	67	42%	4	2%	0	0%
Psychiatry						2	1%	0	0%
Child & Adolescent Psychiatry						2	1%	0	0%
Wake Forest	114	1	1%	31	27%	0	0%	0	0%
Psychiatry						0	0%	0	0%
Total	446	11	2%	145	33%	4	1%	0	0%
Psychiatry						2	0%	0	0%
Child & Adolescent Psychiatry						2	0%	0	0%

*As of 2017, Psychiatry definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Psychiatry, Child and Adolescent Psychiatry, Psychoanalysis, Forensic Psychiatry, Psychosomatic Medicine, Psychiatry/Geriatric, Family Medicine-Psychiatry, Internal Medicine-Psychiatry, and Pediatrics-Psychiatry.

***"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

Sources:

Association of American Medical Colleges

NC Medical Board

Compiled by:

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

APPENDIX I

TABLE 4
North Carolina Medical Students – Retention by Medical Specialty in NC
2014 Graduates

	Physician Specialty					
	Family Medicine	Internal Medicine	Pediatrics	IM/ Peds	OBGYN	Psychiatry
Number of 2014 Graduates by Initial Specialty Match*	44	124	46	12	21	11
Number (Percent) of 2014 Graduates in Training or Practice as Generalist** in Specialty in North Carolina as of 2019	24 (55%)	7 (8%)	11 (24%)	4 (33%)	5 (24%)	4 (36%)
Number (Percent) of 2014 Graduates in Training or Practice As Generalist** in Specialty in Rural*** Counties in North Carolina as of 2019	7 (16%)	0 (0%)	3 (7%)	0 (0%)	2 (10%)	0 (0%)
<p>*2014 Data Source: Association of American Medical Colleges (AAMC). Internal medicine in this case also includes "medicine - preliminary," which likely overestimates the initial match to Internal Medicine.</p> <p>**Practice specialty definitions are based on NC Medical Board licensure data (for NC physicians) and include Family Medicine (Family Medicine, Family Medicine-Adolescent Medicine, Family Medicine-Geriatric, Family Medicine-Sports Medicine, General Practice; Internal Medicine (Internal Medicine, Internal Medicine-Geriatric); Pediatrics (Pediatrics, Pediatrics-Adolescent, Pediatric-Sports Medicine); Internal Medicine-Pediatrics (Internal Medicine-Pediatrics, Internal Medicine-Adolescent Medicine); OBGYN (Obstetrics & Gynecology, Obstetrics, Gynecology); General Surgery (General Surgery, Abdominal Surgery, Colon & Rectal Surgery, Critical Care Surgery, Head and Neck Surgery, Oncology Surgery, Pediatric Surgery, Transplant Surgery, Trauma Surgery, and Vascular Surgery); and Psychiatry (Psychiatry, Child and Adolescent Psychiatry, Psychoanalysis, Forensic Psychiatry, Psychosomatic Medicine, Psychiatry/Geriatric, Family Medicine-Psychiatry, Internal Medicine-Psychiatry, and Pediatrics-Psychiatry.)</p> <p>***"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.</p>						

APPENDIX I

TABLE 5
North Carolina Medical Students – Initial Choice of Primary Care Residency
2008 Graduates

School <i>Primary Care* Residency Specialty</i>	Total Number of 2008 Graduates	Number of 2008 Graduates not in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice with an Initial Residency Choice of Primary Care*	Percent of 2008 Graduates in Training or Practice with an Initial Residency Choice of Primary Care*
Duke	86	3	83	48	58%
<i>Family Medicine</i>				2	2%
<i>Internal Medicine</i>				35	42%
<i>Pediatrics</i>				6	7%
<i>IM/ Peds</i>				2	2%
<i>OBGYN</i>				3	4%
ECU	73	2	71	45	63%
<i>Family Medicine</i>				11	15%
<i>Internal Medicine</i>				13	18%
<i>Pediatrics</i>				9	13%
<i>IM/ Peds</i>				8	11%
<i>OBGYN</i>				4	6%
UNC-CH	164	1	163	101	62%
<i>Family Medicine</i>				20	12%
<i>Internal Medicine</i>				40	25%
<i>Pediatrics</i>				19	12%
<i>IM/ Peds</i>				7	4%
<i>OBGYN</i>				15	9%
Wake Forest	103	0	103	61	59%
<i>Family Medicine</i>				8	8%
<i>Internal Medicine</i>				31	30%
<i>Pediatrics</i>				14	14%
<i>IM/ Peds</i>				0	0%
<i>OBGYN</i>				8	8%
Total	426	6	420	255	61%
<i>Family Medicine</i>				41	10%
<i>Internal Medicine</i>				119	28%
<i>Pediatrics</i>				48	11%
<i>IM/ Peds</i>				17	4%
<i>OBGYN</i>				30	7%

APPENDIX I

*2008 Primary Care Residency Specialty includes Family Medicine, General Pediatric Medicine, General Internal Medicine, Internal Medicine/Pediatrics, and Obstetrics/Gynecology. Source: Association of American Medical Colleges (AAMC). Internal medicine in this case also includes "medicine - preliminary," which likely overestimates the initial primary care figures.

Sources:					
	Association of American Medical Colleges		NC Medical Board		
Compiled by:					
NC AHEC Program					
Cecil G. Sheps Center for Health Services Research					

APPENDIX I

TABLE 6
North Carolina Medical Students – Retention in Primary Care in NC 10 Years After Graduation
2008 Graduates

School <i>Primary Care*</i> <i>Residency Specialty</i>	Number of 2008 Graduates in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in Primary Care** in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in Primary Care** in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in Primary Care** in Rural*** Counties in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in Primary Care** in Rural*** Counties North Carolina as of 2018
Duke	83	12	14%	1	1%	0	0%
Family Medicine				0	0%	0	0%
Internal Medicine				0	0%	0	0%
Pediatrics				0	0%	0	0%
IM/ Peds				0	0%	0	0%
OBGYN				1	1%	0	0%
ECU	71	39	55%	20	28%	8	11%
Family Medicine				7	10%	4	6%
Internal Medicine				1	1%	0	0%
Pediatrics				5	7%	3	4%
IM/ Peds				4	6%	1	1%
OBGYN				3	4%	0	0%
UNC-CH	163	73	45%	32	20%	5	3%
Family Medicine				12	7%	4	2%
Internal Medicine				4	2%	0	0%
Pediatrics				6	4%	1	1%
IM/ Peds				2	1%	0	0%
OBGYN				8	5%	0	0%
Wake Forest	103	32	31%	13	13%	0	0%
Family Medicine				4	4%	0	0%
Internal Medicine				1	1%	0	0%
Pediatrics				3	3%	0	0%
IM/ Peds				0	0%	0	0%
OBGYN				5	5%	0	0%
Total	420	156	37%	66	16%	13	3%
Family Medicine				23	5%	8	2%
Internal Medicine				6	1%	0	0%
Pediatrics				14	3%	4	1%
IM/ Peds				6	1%	1	0%
OBGYN				17	4%	0	0%

APPENDIX I

*2008 Primary Care Residency Specialty includes Family Medicine, General Pediatric Medicine, General Internal Medicine, Internal Medicine/Pediatrics, and Obstetrics/Gynecology. Source: Association of American Medical Colleges (AAMC). Internal medicine in this case also includes "medicine - preliminary," which likely overestimates the initial primary care figures.

** As of 2017, primary care definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Family Medicine (Family Medicine, Family Medicine-Adolescent Medicine, Family Medicine-Geriatric, Family Medicine-Sports Medicine, General Practice; Internal Medicine (Internal Medicine, Internal Medicine-Geriatric); Pediatrics (Pediatrics, Pediatrics-Adolescent, Pediatric-Sports Medicine); Internal Medicine-Pediatrics (Internal Medicine-Pediatrics, Internal Medicine-Adolescent Medicine); OBGYN (Obstetrics & Gynecology, Obstetrics, Gynecology).

***"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

Note: In all cases, 2018 counts include physicians who branched in from other specialties, even if those physicians are not included in counts of initial residency matches. In the class of 2008, one UNC graduate initially matched to internal medicine and switched to a family medicine residency, and another UNC graduate matched to a physical medicine and rehabilitation residency, later completeing a family medicine/sports medicine residency.

Sources:

Association of American Medical Colleges				NC Medical Board		

Compiled by:

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

APPENDIX I TABLE 7

North Carolina Medical Students-Retention in NC and in Rural NC 2008 Graduates

School Primary Care* Residency Specialty	Number of 2008 Graduates in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in Rural*** Counties as of 2018	Percent of 2008 Graduates in Training or Practice in Rural*** Counties as of 2018	Number of 2008 Graduates in Training or Practice in Rural*** Counties in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in Rural*** Counties in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in Primary Care** in Rural*** Counties in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in Primary Care** in Rural*** Counties North Carolina as of 2018
Duke	83	12	14%	1	1%	0	0%	0	0%
Family Medicine								0	0%
Internal Medicine								0	0%
Pediatrics								0	0%
IM/ Peds								0	0%
OBGYN								0	0%
ECU	71	39	55%	10	14%	9	13%	8	11%
Family Medicine								4	6%
Internal Medicine								0	0%
Pediatrics								3	4%
IM/ Peds								1	1%
OBGYN								0	0%
UNC-CH	163	73	45%	11	7%	7	4%	5	3%
Family Medicine								4	2%
Internal Medicine								0	0%
Pediatrics								1	1%
IM/ Peds								0	0%
OBGYN								0	0%
Wake Forest	103	32	31%	4	4%	2	2%	0	0%
Family Medicine								0	0%
Internal Medicine								0	0%
Pediatrics								0	0%
IM/ Peds								0	0%
OBGYN								0	0%
Total	420	156	37%	26	6%	18	4%	13	3%
Family Medicine								8	1.9%
Internal Medicine								0	0%
Pediatrics								4	1%
IM/ Peds								1	0%
OBGYN								0	0.0%

*2008 Primary Care Residency Specialty includes Family Medicine, General Pediatric Medicine, General Internal Medicine, Internal Medicine/Pediatrics, and Obstetrics/Gynecology. Source: Association of American Medical Colleges (AAMC). Internal medicine in this case also includes "medicine - preliminary," which likely overestimates the initial primary care figures.

** As of 2017, primary care definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Family Medicine (Family Medicine, Family Medicine-Adolescent Medicine, Family Medicine-Geriatric, Family Medicine-Sports Medicine, General Practice; Internal Medicine (Internal Medicine, Internal Medicine-Geriatric); Pediatrics (Pediatrics, Pediatrics-Adolescent, Pediatric-Sports Medicine); Internal Medicine-Pediatrics (Internal Medicine-Pediatrics, Internal Medicine-Adolescent Medicine); OBGYN (Obstetrics & Gynecology, Obstetrics, Gynecology).

***"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

Sources:

Association of American Medical Colleges

NC Medical Board

Compiled by:

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

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TABLE 8
North Carolina Medical Students – Initial Choice of Psychiatry Residency
2008 Graduates

School	Number of 2008 Graduates in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice with an Initial Residency Choice of Psychiatry	Percent of 2008 Graduates in Training or Practice with an Initial Residency Choice of Psychiatry	Number of 2008 Graduates in Training or Practice in Psychiatry* as of 2018	Percent of 2008 Graduates in Training or Practice in Psychiatry* as of 2018
Duke	83	5	6%	5	6%
<i>Psychiatry</i>				2	2%
<i>Child & Adolescent Psychiatry</i>				3	4%
ECU	71	6	8%	4	6%
<i>Psychiatry</i>				2	3%
<i>Child & Adolescent Psychiatry</i>				1	1%
<i>Internal Medicine-Psychiatry</i>				1	1%
UNC-CH	163	6	4%	6	4%
<i>Psychiatry</i>				5	3%
<i>Child & Adolescent Psychiatry</i>				1	1%
Wake Forest	103	2	2%	3	3%
<i>Psychiatry</i>				2	2%
<i>Child & Adolescent Psychiatry</i>				1	1%
Total	420	19	5%	18	4%
<i>Psychiatry</i>				11	3%
<i>Child & Adolescent Psychiatry</i>				6	1%
<i>Internal Medicine-Psychiatry</i>				1	0%

*As of 2017, Psychiatry definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Psychiatry, Child and Adolescent Psychiatry, Psychoanalysis, Forensic Psychiatry, Psychosomatic Medicine, Psychiatry/Geriatric, Family Medicine-Psychiatry, Internal Medicine-Psychiatry, and Pediatrics-Psychiatry.

Sources:

Association of American Medical Colleges

NC Medical Board

Compiled by:

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

APPENDIX I

TABLE 9
North Carolina Medical Students – Retention in Psychiatry in NC 10 Years After Graduation
2008 Graduates

School	Number of 2013 Graduates in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in Psychiatry* in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in Psychiatry* in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in Psychiatry* in Rural** Counties in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in Psychiatry* in Rural** Counties North Carolina as of 2018
Duke	83	12	14%	1	1%	0	0%
<i>Psychiatry</i>				1	1%	0	0%
<i>Child & Adolescent Psychiatry</i>				0	0%	0	0%
ECU	71	39	55%	4	6%	2	3%
<i>Psychiatry</i>				2	3%	1	0%
<i>Child & Adolescent Psychiatry</i>				1	1%	0	0%
<i>Internal Medicine-Psychiatry</i>				1	1%	1	0%
UNC-CH	163	73	45%	0	0%	0	0%
<i>Psychiatry</i>				0	0%	0	0%
<i>Child & Adolescent Psychiatry</i>				0	0%	0	0%
Wake Forest	103	32	31%	0	0%	0	0%
<i>Psychiatry</i>				0	0%	0	0%
<i>Child & Adolescent Psychiatry</i>				0	0%	0	0%
Total	420	156	37%	5	1%	2	0.5%
<i>Psychiatry</i>				3	1%	1	0%
<i>Child & Adolescent Psychiatry</i>				1	0%	0	0%
<i>Internal Medicine-Psychiatry</i>				1	0%	1	0%

*As of 2017, Psychiatry definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Psychiatry, Child and Adolescent Psychiatry, Psychoanalysis, Forensic Psychiatry, Psychosomatic Medicine, Psychiatry/Geriatric, Family Medicine-Psychiatry, Internal Medicine-Psychiatry, and Pediatrics-Psychiatry.

**"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

Sources:

Association of American Medical Colleges

NC Medical Board

Compiled by:

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

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TABLE 10
North Carolina Medical Students – Initial Choice of General Surgery Residency
2008 Graduates

School	Number of 2008 Graduates in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice with an Initial Residency Choice of General Surgery	Percent of 2008 Graduates in Training or Practice with an Initial Residency Choice of General Surgery	Number of 2008 Graduates in Training or Practice in General Surgery* as of 2018	Percent of 2008 Graduates in Training or Practice in General Surgery* as of 2018
Duke	83	12	14%	4	5%
<i>Critical Care Surgery</i>				1	1%
<i>Pediatric Surgery</i>				1	1%
<i>Surgical Oncology</i>				1	1%
<i>Vascular Surgery</i>				1	1%
ECU	71	4	6%	3	4%
<i>General Surgery</i>				1	1%
<i>Critical Care Surgery</i>				2	3%
UNC-CH	163	22	13%	11	7%
<i>General Surgery</i>				7	4%
<i>Critical Care Surgery</i>				2	1%
<i>Vascular Surgery</i>				2	1%
Wake Forest	103	15	15%	4	4%
<i>General Surgery</i>				1	1%
<i>Critical Care Surgery</i>				2	2%
<i>Pediatric Surgery</i>				1	1%
Total	420	53	13%	22	5%
<i>General Surgery</i>				9	2%
<i>Critical Care Surgery</i>				7	2%
<i>Pediatric Surgery</i>				2	0%
<i>Surgical Oncology</i>				1	0%
<i>Vascular Surgery</i>				3	1%

*As of 2014, General Surgery definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include General Surgery, Abdominal Surgery, Colon & Rectal Surgery, Critical Care Surgery, Head and Neck Surgery, Oncology Surgery, Pediatric Surgery, Transplant Surgery, Trauma Surgery, and Vascular Surgery.

Sources:

Association of American Medical Colleges

NC Medical Board

Compiled by:

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

APPENDIX I

TABLE 11
North Carolina Medical Students – Retention in General Surgery in NC 10 Years After Graduation
2008 Graduates

School	Number of 2008 Graduates in Training or Practice as of 2018	Number of 2008 Graduates in Training or Practice in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in General Surgery* in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in General Surgery* in North Carolina as of 2018	Number of 2008 Graduates in Training or Practice in General Surgery* in Rural** Counties in North Carolina as of 2018	Percent of 2008 Graduates in Training or Practice in General Surgery* in Rural** Counties North Carolina as of 2018
Duke	83	12	14%	1	1%	0	0%
Critical Care Surgery				0	0%	0	0%
Pediatric Surgery				0	0%	0	0%
Surgical Oncology				1	1%	0	0%
Vascular Surgery				0	0%	0	0%
ECU	71	39	55%	0	0%	0	0%
General Surgery				0	0%	0	0%
Critical Care Surgery				0	0%	0	0%
UNC-CH	163	73	45%	4	2%	0	0%
General Surgery				1	1%	0	0%
Critical Care Surgery				1	1%	0	0%
Vascular Surgery				2	1%	0	0%
Wake Forest	103	32	31%	0	0%	0	0%
General Surgery				0	0%	0	0%
Critical Care Surgery				0	0%	0	0%
Pediatric Surgery				0	0%	0	0%
Total	420	156	37%	5	1%	0	0%
General Surgery				1	0%	0	0%
Critical Care Surgery				1	0%	0	0%
Pediatric Surgery				0	0%	0	0%
Surgical Oncology				1	0%	0	0%
Vascular Surgery				2	0%	0	0%

* As of 2014, General Surgery definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include General Surgery, Abdominal Surgery, Colon & Rectal Surgery, Critical Care Surgery, Head and Neck Surgery, Oncology Surgery, Pediatric Surgery, Transplant Surgery, Trauma Surgery, and Vascular Surgery.

**"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

Sources:

Association of American Medical Colleges

NC Medical Board

Compiled by:

NC AHEC Program

Cecil G. Sheps Center for Health Services Research

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TABLE 12
North Carolina Medical Students – Retention by Medical Specialty in NC
2008 Graduates

	Physician Specialty						
	Family Medicine	Internal Medicine	Pediatrics	IM/ Peds	OBGYN	General Surgery	Psychiatry
Number of 2008 Graduates by Initial Specialty Match*	41	119	48	17	30	53	19
Number (Percent) of 2008 Graduates in Training or Practice as Generalist** in Specialty as of 2018	43 (105%)	23 (19%)	28 (58%)	14 (82%)	30 (100%)	22 (42%)	18 (95%)
Number (Percent) of 2008 Graduates in Training or Practice as Generalist** in Specialty in North Carolina as of 2018	23 (56%)	6 (5%)	14 (29%)	6 (35%)	17 (57%)	5 (9%)	5 (26%)
Number (Percent) of 2008 Graduates in Training or Practice As Generalist** in Specialty in Rural*** Counties in North Carolina as of 2018	8 (20%)	0 (0%)	4 (8%)	1 (6%)	0 (0%)	0 (0%)	2 (11%)

Note: In all cases, 2018 counts include physicians who branched in from other specialties, even though those physicians are not included in counts of initial residency matches.

*2008 Data Source: Association of American Medical Colleges (AAMC). Internal medicine in this case also includes "medicine - preliminary," which likely overestimates the initial match to Internal Medicine.

**Physicians who branch from primary care or general surgery specialties into subspecialty fields are not included in these counts, even if they remain in practice in NC. Practice specialty definitions are based on NC Medical Board licensure data (for NC physicians) and AAMC data (for non-NC physicians) and include Family Medicine (Family Medicine, Family Medicine-Adolescent Medicine, Family Medicine-Geriatric, Family Medicine-Sports Medicine, General Practice; Internal Medicine (Internal Medicine, Internal Medicine-Geriatric); Pediatrics (Pediatrics, Pediatrics-Adolescent, Pediatric-Sports Medicine); Internal Medicine-Pediatrics (Internal Medicine-Pediatrics, Internal Medicine-Adolescent Medicine); OBGYN (Obstetrics & Gynecology, Obstetrics, Gynecology); General Surgery (General Surgery, Abdominal Surgery, Colon & Rectal Surgery, Critical Care Surgery, Head and Neck Surgery, Oncology Surgery, Pediatric Surgery, Transplant Surgery, Trauma Surgery, and Vascular Surgery); and Psychiatry (Psychiatry, Child and Adolescent Psychiatry, Psychoanalysis, Forensic Psychiatry, Psychosomatic Medicine, Psychiatry/Geriatric, Family Medicine-Psychiatry, Internal Medicine-Psychiatry, and Pediatrics-Psychiatry.)

***"Rural" is based on 2017 Core-Based Statistical Area (CBSA) definitions, and includes counties that are "micropolitan" and "outside of CBSAs." Using this definition, NC has 54 rural counties.

APPENDIX I

TABLE 13
NC Medical School Graduates - Initial Residency Matches
Class of 2020

School Residency Specialty	Total Number of 2020 Graduates	Number of 2020 Graduates not in Training or Practice	Number of 2020 Graduates with an Initial Residency Match	Number of 2020 Graduates with an Initial Residency Match in NC (All Specialties)	Percent of 2020 Graduates with an Initial Residency Match in NC (All Specialties)	Number of 2020 Graduates with an Initial Residency Choice of Primary Care, Psychiatry, or General Surgery	Percent of 2020 Graduates with an Initial Residency Choice of Primary Care, Psychiatry, or General Surgery	Number of 2020 Graduates with an Initial Residency Choice of Primary Care, Psychiatry, or General Surgery in NC	Percent of 2020 Graduates with an Initial Residency Choice of Primary Care, Psychiatry, or General Surgery in NC
Campbell	153	0	153	33	22%	96	63%	22	14%
Family Medicine						26	17%	7	5%
Internal Medicine						34	22%	8	5%
Pediatrics						17	11%	3	2%
IM/ Peds						1	1%	0	0%
OBGYN						4	3%	0	0%
Psychiatry						8	5%	3	2%
General Surgery						6	4%	1	1%
Duke	112	0	112	32	29%	59	53%	18	16%
Family Medicine						4	4%	2	2%
Internal Medicine						27	24%	10	9%
Pediatrics						7	6%	1	1%
IM/ Peds						3	3%	2	2%
OBGYN						7	6%	2	2%
Psychiatry						6	5%	0	0%
General Surgery						5	4%	1	1%
ECU	73	1	72	28	39%	54	75%	22	31%
Family Medicine						9	13%	4	6%
Internal Medicine						12	17%	3	4%
Pediatrics						18	25%	9	13%
IM/ Peds						0	0%	0	0%
OBGYN						4	6%	4	6%
Psychiatry*						5	7%	2	3%
General Surgery						6	8%	0	0%
UNC-CH	170	1	169	66	39%	110	65%	43	25%
Family Medicine						16	9%	10	6%
Internal Medicine						38	22%	14	8%
Pediatrics						17	10%	8	5%
IM/ Peds						7	4%	3	2%
OBGYN						9	5%	1	1%
Psychiatry						9	5%	2	1%
General Surgery						14	8%	5	3%

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Wake Forest	114	0	114	35	31%	68	60%	15	13%
Family Medicine						7	6%	2	2%
Internal Medicine						21	18%	4	4%
Pediatrics						9	8%	2	2%
IM/ Peds						2	2%	0	0%
OBGYN						7	6%	1	1%
Psychiatry						12	11%	5	4%
General Surgery						10	9%	1	1%
Total	622	2	620	194	31%	387	62%	120	19%
Family Medicine						62	10%	25	4%
Internal Medicine						132	21%	39	6%
Pediatrics						68	11%	23	4%
IM/ Peds						13	2%	5	1%
OBGYN						31	5%	8	1%
Psychiatry						40	6%	12	2%
General Surgery						41	7%	8	1%

Sources: Nicole Allen, Associate Director of Student Affairs, Bowman Gray Center for Medical Education, Wake Forest University; Gaye Tennison, Associate Registrar, Brody School of Medicine, East Carolina University; Sheba Hall, Staff Assistant, Office of Student Affairs, Duke University School of Medicine; Tydal Jackson, Graduate Medical Education Coordinator, Campbell University Jerry M. Wallace School of Osteopathic Medicine; Elizabeth Steadman, Director, Office of Medical Education Student Affairs, University of North Carolina School of Medicine.

* Includes one student matched to a "triple certification" specialty in pediatrics/psychiatry/child psychiatry

Notes

Limitations: The information used in this analysis to determine a medical graduate's initial specialty choice for residency and to determine retention in primary care comes from different sources. When calculating retention in primary care five years after graduation, data from the AAMC are used to determine initial choice of residency. AAMC does not differentiate between internal medicine and medicine-preliminary, so the data may appear to be inflated for initial residency choice of primary care. Two data sources are used to determine current practice or training area. For physicians practicing in North Carolina, NC Medical Board (NCMB) data are used to determine the physician's current self-reported primary area of practice. For physicians practicing outside of North Carolina, AAMC data are used to determine current practice or training area.

Beginning with the class of 2014, Sheps no longer received AMA Masterfile data matched to AAMC GMETrack data as in prior years. This change was the result of a renegotiated data use agreement between AMA and AAMC that took effect in 2020. Without the AMA Masterfile data, it is not possible to track workforce outcomes for NC medical school graduates in practice or training outside of NC. In addition, Sheps no longer has access to variables from the AMA Masterfile indicating whether a physician is dead or has left active practice, and is unable to triangulate data when the AMA Masterfile indicates that a physician has an NC license but the NC licensure file does not include the physician, as sometimes happens due to a change in last name.

Beginning with the class of 2006 all MDs graduating in a year, regardless of month, are counted with that year's graduates.

Primary Care Tables: Primary care coding was revised in 2014 to reflect more accurate aggregation of AMA minor codes to AMA major codes. Primary care residency specialties are defined by legislation passed by the NC General Assembly in 1993 (Senate Bill 27/ House Bill 729) and include family medicine, general internal medicine, general pediatric medicine, internal medicine-pediatrics, and obstetrics and gynecology. Specialties included under the definitions of current practice specialties for primary care, psychiatry, and general surgery were revised in 2014 and reviewed by practicing clinicians for accuracy.

"Primary Care" is defined for both initial specialty of residency training (identified using AAMC data and denoted by the use of one asterisk) and for current practice or training area (identified using either NCMB data for physicians in NC and AAMC data for physicians practicing out of state and denoted by the use of two asterisks). More specialties are included under the definition of "primary care" for current practice or training area than for specialty of residency training because physicians may specialize within their primary care area of practice following training. For example, a physician who entered residency training in "pediatrics," and following completion of training reported a current practice area of "adolescent medicine" would be counted as a primary care physician.

General Surgery Tables: For tables calculating retention in general surgery five years after graduation, it is important to note that surgical residencies are currently a minimum of five years, and students who select an initial specialty of general surgery often transition to more specialized surgical training.

State-Supported Students at Duke and Wake Forest Medical Schools: Prior analysis tracked outcomes just for the subgroup of students that received the state IMEO funds (roughly 35% of the Wake Forest Students and 20% of the Duke students). Students were identified using data from NCSEAA. The IMEO grant program was repealed in 2009 legislation (see Senate Bill 202) and tracking for those students is no longer a component of this analysis.

Policy on Title IX Sexual Harassment

I. Purpose. The University of North Carolina (“UNC System”) and the constituent institutions and affiliates are committed to maintaining education programs and activities that are free of sex-based discrimination, including as defined in Title IX of the Education Amendments of 1972 (“Title IX”). This policy and accompanying regulation sets out the UNC System’s commitment to maintaining education programs and activities that are free of discrimination on the basis of sex in compliance with Title IX in a manner that ensures consistency across the UNC System.

II. Title IX Procedures. Each of the seventeen (17) constituent institutions of the University of North Carolina shall adopt policies and/or procedures that comply with Title IX, including applicable provisions of the Code of Federal Regulations, and other lawful authority.

III. Other Matters

A. Effective Date. The requirements of this policy shall be effective on the date of adoption by the Board of Governors.

B. Relation to Federal and State Laws. The foregoing policy as adopted by the Board of Governors is meant to supplement, and does not purport to supplant or modify, those statutory enactments that may govern or relate to the subject matter of this policy.

C. The president may issue regulations, guidelines, and directives as appropriate to clarify Title IX’s interaction with existing student and employee grievance or disciplinary processes, and other related University policies and regulations.



MEETING OF THE BOARD OF GOVERNORS
Committee on Educational Planning, Policies, and Programs
October 21, 2020

AGENDA ITEM

A-6. Comprehensive Articulation Agreement Technical Corrections..... David English

Situation: The revised *Comprehensive Articulation Agreement* (CAA) was signed by the University of North Carolina Board of Governors and the State Board of Community Colleges on February 21, 2014. The CAA was implemented in the Fall 2014 semester. The Transfer Advisory Committee (TAC) is charged with the authority to interpret CAA policy and is made up of four representatives of the North Carolina Community College System (NCCCS) and the University of North Carolina (UNC) System. The TAC is charged with maintaining the CAA, and adopting technical corrections as needed to remain current and accurate.

Background: This report summarizes ongoing efforts to implement and fulfill the CAA. The TAC is committed to providing students and institutions with information and strategies to support both associate degree and baccalaureate degree completion. Information is provided on NCCCS transfer student enrollment and academic performance, efforts to improve transfer efficiency and effectiveness, status of compliance visits, and recommendations for future actions.

Assessment: Technical changes to the CAA are indicated in the attached document. There are three categories of technical changes included this year. First, a number of formatting changes were made to ensure that fonts and spacing were consistent throughout the document. Second, members of the TAC and representatives of the University of North Carolina System Office and North Carolina Community College System Office were updated to reflect staffing changes. And finally, a note previously passed by the TAC encouraging institutions to apply the standard for Advanced Placement courses to other commonly recognized exams (e.g. IB, CLEP, DANTES, Cambridge).

Action: This item is for information only.

**COMPREHENSIVE ARTICULATION AGREEMENT
BETWEEN
THE UNIVERSITY OF NORTH CAROLINA SYSTEM
AND
THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM**

**Approved by the Board of Governors of The University of North Carolina System and
the State Board of The North Carolina Community College System**

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(This document, complete with appendices, is available at <https://www.nccommunitycolleges.edu/academic-programs/college-transferarticulation-agreements/comprehensive-articulation-agreement-caa>)

**COMPREHENSIVE ARTICULATION AGREEMENT (CAA)
BETWEEN THE UNIVERSITY OF NORTH CAROLINA SYSTEM
AND THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM**

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I. Legislative Overview

The Comprehensive Articulation Agreement fulfills the provisions of House Bill 739, Senate Bill 1161 (1995 Session of the General Assembly), and House Bill 903. The original legislation is provided in Appendix A. Section 1 of HB 739 instructed the Board of Governors of The University of North Carolina System and the State Board of Community Colleges to develop a plan for the transfer of credits between the institutions of the North Carolina Community College System, and between them and the constituent institutions of The University of North Carolina System. Section 3 of HB 739 instructed the State Board of Community Colleges to implement common course descriptions for all community college programs by June 1, 1997. Section 1 of SB 1161 directed The University of North Carolina System Board of Governors and the State Board of Community Colleges to develop a plan that ensures accurate and accessible academic counseling for students considering transfer between community colleges, and between community colleges and the constituent institutions of The University of North Carolina System. Section 2 of SB 1161 required the two Boards to establish a timetable for the development of guidelines and transfer agreements for program majors, professional specialization, and associate in applied science degrees. Section 3 of SB 1161 directed the Board of Governors of The University of North Carolina System and the State Board of Community Colleges to review their policies and rules and make any changes that are necessary to implement the plan for the transfer of credits.

In 2013, S.L. 2013-72 (HB 903) further emphasized the importance of the Comprehensive Articulation Agreement (CAA) by mandating compliance with its terms and requiring biannual joint reviews to assure full institutional adherence to the agreement. The bill requires that a report, summarizing the results of these reviews, including any instances of non-compliance or revision to the agreement be submitted to the Joint Legislative Oversight Committee on November 1 of each year.

II. Review and Revision of the Comprehensive Articulation Agreement (2013)

Since the Comprehensive Articulation Agreement was established in 1997, there have been nearly two decades of student and faculty experience with the CAA, and considerable changes in lower-level general education requirements, and major program requirements of our North Carolina public senior institutions. Additionally, executive and legislative agencies with the state have endorsed greater participation in college level work by qualified secondary students.

After the review of the CAA within the context of these changes, this revision of CAA policies and curricula is designed to better facilitate the original purpose of the CAA to optimize the transfer of credits between the institutions of the North Carolina Community College System and The University of North Carolina System institutions.

The focus of the current review of the CAA includes the following:

1. Supporting current general education requirements at senior institutions.
2. Establishing a process for maintaining currency.
3. Ensuring current information is universally accessible to students and advisors at both senior institutions and community colleges.

The revised Comprehensive Articulation Agreement serves as a current and adaptive agreement that supports more students completing both the associate and baccalaureate degrees.

III. Assumptions and Intent

The Comprehensive Articulation Agreement between The University of North Carolina System and the North Carolina Community College System rests upon several assumptions common to successful statewide comprehensive articulation agreements. The primary assumption is that institutions recognize the professional integrity of other public post-secondary institutions that are regionally accredited for college transfer programs. All courses designated as approved for college transfer under this agreement will be taught by faculty who meet Southern Association of Colleges and Schools Commission on Colleges (SACS) credential requirements. Another assumption is that substantial commonality exists in the lower-division general education requirements and courses currently offered at all universities and community colleges for the purpose of transfer.

The general education courses and pre-major courses offered at the institutions that comprise The University of North Carolina System and the North Carolina Community College System are similar in intended outcomes and competencies, and so, transferable between institutions. The general education requirements of the receiving institutions remain in effect for all students not participating in this comprehensive articulation agreement; any upper-division general education requirements and graduation requirements remain unaffected by this agreement. Institution-wide, lower-division general education requirements serve as the starting point for determining specific general education courses in each baccalaureate major. The specific lower-level courses required for each major are the subject of the pre-majors developed by joint discipline committees. The purpose and history are provided in Appendix B.

IV. Policies

The Comprehensive Articulation Agreement (CAA) applies to all fifty-eight North Carolina community colleges and all sixteen constituent institutions of The University of North Carolina System. The CAA is applicable to all North Carolina community college students who successfully complete a course designated as transferable or graduate with an Associate in Arts or Associate in Science degree and transfer to a constituent institution of The University of North Carolina System. The regulations for implementation of the CAA were originally approved by the Board of Governors and the State Board of Community Colleges. The Transfer Advisory Committee (TAC) oversees refinements of the regulations and minor changes. Significant changes will be brought to the Board of Governors and the State Board of Community Colleges for review at the discretion of the respective Presidents of The University of North Carolina System and the North Carolina Community College System. The TAC Procedures are provided in Appendix C.

Since the CAA was first established, the state of North Carolina has encouraged high school students to maximize their time by taking college coursework under various initiatives. The CAA policies extend to high school students taking college coursework through the North Carolina Community College System and/or the constituent universities of The University of North Carolina System.

A. Transfer Advisory Committee (TAC)

Authority to interpret CAA policy rests with the TAC. The TAC is an eight-member committee appointed by the Presidents of the North Carolina Community College System and The University of North Carolina System.

- **NCCCS Members:**

Four representatives from the North Carolina Community College System (NCCCS). These members will be appointed by the Chief Academic Officer of the NCCCS.

- **UNC Members**

Four representatives from the UNC System. These members will be appointed by the Chief Academic Officer of The University of North Carolina System.

Questions concerning CAA policy interpretations should be directed to the appropriate system's chief academic officer with an explanation of the institutional policy that may (appear to) be in conflict with CAA policy. The chief academic officer will forward unresolved questions to the TAC for interpretation. Each system will appoint one ex-officio nonvoting member to support the work of the TAC.

Questions about the transferability of course work under the CAA or any proposed changes to the policies, general education courses, or pre-majors must be addressed by the TAC. Changes to the curriculum standards for the Associate in Arts and Associate in Science degree programs are the authority of the State Board of Community Colleges. The TAC will be notified of any changes.

The TAC will also provide general counsel and recommendations to the North Carolina Community College System (NCCCS) and the UNC System in matters leading to optimal transfer between the two systems.

B. Transfer Assured Admissions Policy (TAAP)

The TAAP assures admission to one of the 16 UNC System institutions under the following conditions:

- Admission is not assured to a specific campus or specific program or major.
- Students must have graduated from a North Carolina community college with an Associate in Arts or Associate in Science degree.
- Students must meet all requirements of the CAA.
- Students must have an overall GPA of at least 2.0 on a 4.0 scale, as calculated by the college from which they graduated, and a grade of "C" or better in all CAA courses.
- Students must be academically eligible for re-admission to the last institution attended.
- Students must meet judicial requirements of the institution to which they apply.
- Students must meet all application requirements at the receiving institution, including the submission of all required documentation by stated deadlines.

If a student is denied admission to a UNC institution, then he or she will be notified in writing by the institution. In this notification, the student will be directed to the College Foundation of North Carolina (CFNC) website (www.cfnc.org) where the student will be given information regarding space availability

and contacts in the respective UNC Admissions offices. It is the student's responsibility to contact each institution's admissions office to get specific information about admissions and available majors.

If the previous steps do not result in admission to a UNC institution, then the student should contact the CFNC Resource Center at 1-866-866-CFNC.

C. Transfer Credit Appeal

If a transfer student perceives that the terms of the CAA have not been honored, he or she may follow the Transfer Credit Appeal Procedure as outlined in Appendix E. Each UNC and community college institution will provide a link to the Transfer Credit Appeal Procedure on its website.

V. Regulations

A. Transfer of Credits

The CAA establishes the procedures governing the transfer of credits for students who transfer from a North Carolina Community College to a constituent institution of The University of North Carolina System. The CAA does not address admission to a specific institution or to a specific major within an institution.

1. Eligibility

To be eligible for the transfer of credits under the CAA, the student must graduate from the community college with an Associate in Arts (AA) or Associate in Science (AS) degree and have an overall Grade Point Average (GPA) of at least 2.0 on a 4.0 scale and a grade of "C" or better in all CAA courses. Students who do not complete the degree are eligible to transfer credits on a course-by-course basis.

2. Definition of General Education Courses and Pre-major Courses

The Associate in Arts (AA) and Associate in Science (AS) degree programs in the North Carolina Community College System require a total of sixty or sixty-one semester hours credit for graduation (see Appendix F) and are transferable to any UNC institution. The overall total is comprised of both lower-division general education and pre-major courses. This curriculum reflects the distribution of discipline areas commonly included in institution-wide, lower-division general education requirements for the baccalaureate degree.

The Associate in Arts (AA) and Associate in Science (AS) degree programs include general education requirements that represent the fundamental foundation for success and include study in the areas of English composition, communications, humanities and fine arts, natural sciences and mathematics, and social and behavioral sciences. Within these discipline areas, community colleges must include opportunities for the achievement of competence in reading, writing, oral communication, fundamental mathematical skills, and basic computer use. Students must meet the receiving university's foreign language and/or health and physical education requirements, if applicable, prior to or after transfer to the senior institution.

The AA and AS degree programs of study are structured to include two components:

–**Universal General Education Transfer Component** comprises a minimum of 30 semester hours of credit, and

–**Additional general education, pre-major, and elective courses** that prepare students for successful transfer into selected majors at UNC institutions and bring the total number of hours in the degree programs to 60-61 semester hours.

To ensure maximum transferability of credits, students should select a transfer major and preferred transfer university options before completing 30 semester hours of credit. Additional general education, pre-major, and elective courses should be selected based on a student's intended major and transfer institution options. Students will receive instruction, guidance, and assistance in making these selections when enrolled in the NCCCS course ACA 122 – College Transfer Success. Community colleges are encouraged to require ACA 122 of all AA and AS program enrollees during their first semester of enrollment to promote effective and efficient transfer.

Each receiving institution will identify community college course equivalencies and publicize an equivalency course crosswalk to ensure transfer of credit uniformity and transparency.

The specific number and distribution of courses used to fulfill the requirement in each of these areas will be identified by each community college as meeting its own general education requirements. The Universal General Education Transfer Component and Other Required General Education courses will be drawn from those courses designated in the North Carolina Community College Combined Course Library as being transferable general education. This will preserve the autonomy of each community college to develop its own general education program, including those aspects that make its program unique. Students are directed to the pre-majors for specifics regarding courses and distribution.

3. Transfer of Associate in Arts and Associate in Science degree programs

- a. The CAA enables North Carolina community college graduates of two-year Associate in Arts (AA) and Associate in Science (AS) degree programs who are admitted to constituent institutions of The University of North Carolina System to transfer with junior status.
- b. Requirements for admission to some major programs may necessitate additional courses not available at the community college. Time to baccalaureate degree may be impacted for students entering such programs, and students should plan accordingly.
- c. Universities cannot place requirements on students transferring under the CAA that are not required of their native students.
- d. A student who completes the Associate in Arts or Associate in Science degree prior to transfer to a UNC institution will have fulfilled the UNC institution's lower-division general education requirements.
- e. Each UNC campus will establish and publish a campus policy/guideline outlining the campus decision whether a student who receives an Associate in Arts or Associate in Science degree through reverse transfer will have fulfilled the UNC institution's lower-division general education requirements.
- f. Due to degree requirements in some majors, additional courses at the UNC institution may be required beyond the general education courses and pre-major courses taken at the community college.

- g. Community college graduates of the Associate in Arts or Associate in Science degree programs who have earned 60 semester hours in approved transfer courses with a grade of “C” or better and an overall GPA of at least 2.0 on a 4.0 scale will receive at least 60 semester hours of academic credit upon admission to a UNC institution.
- h. All courses approved for transfer in the CAA are designated as fulfilling general education or pre-major/elective requirements (see Appendix G). While general education and pre-major courses may also be used as electives, elective courses may not be used to fulfill general education requirements.
- i. CAA courses taken beyond the 60-61 SHC of credit in which the student received less than a “C” will not negate the provisions of the CAA.

4. UNC Minimum Admissibility Requirements (MAR) and Minimum Course Requirements (MCR)

- a. Students who complete the Associate in Arts or the Associate in Science degree will satisfy UNC’s minimum admissibility requirements (MAR) and minimum course requirements (MCR).
- b. Transfer students who are at least 21 years old are exempt from both MAR and MCR.
- c. Transfer students will also be considered to have satisfied MAR and MCR if they have:
 - 1. received the baccalaureate, or any higher degree, or
 - 2. earned at least twenty-four (24) transferrable undergraduate credits from a regionally accredited postsecondary institution. Transferrable undergraduate credit counted as part of these 24 hours shall also include:
 - a. credit earned at foreign institutions deemed to have the equivalence of regional accreditation; equivalence of regional accreditation generally refers to recognition by the foreign country’s Ministry of Education and/or recognition by a credible organization offering credential evaluation services; and
 - b. credit awarded for prior learning as part of military service, with the military branch designated as the transfer institution.

Undergraduate credits awarded for AP (Advanced Placement), IB (International Baccalaureate), or other credit by exam shall not be included as part of these 24 hours.

5. Students Not Completing the Associate in Arts or Associate in Science degrees

A North Carolina community college student who satisfactorily completes, with a grade of “C” or better, courses identified in the Universal General Education Transfer Component will receive credit applied toward the university’s lower-division general education course requirements, subject to the following distribution limit: maximum of 6 hours in English Composition, 9 hours in Humanities/Fine Arts/Communications, 9 hours in Social/Behavioral Sciences, 8 hours in Mathematics, and 8 hours in the Natural Sciences.

A North Carolina community college student who satisfactorily completes a transfer course that is not designated as a Universal General Education Transfer Component course will receive transfer credit for the course. The receiving institution will determine whether the course will count as general education, pre-major, or elective credit.

6. Certification of Universal General Education Transfer Component Courses, Associate in Arts Degree, or Associate in Science Degree Completion

Certification of completion of the Associate in Arts or Associate in Science degree is the responsibility of the community college at which the courses are successfully completed. Transcript identification of Universal General Education Transfer Component courses is also the responsibility of the community college at which the courses are completed. The transcripts of students who transfer before completing the degree will be evaluated on a course-by-course basis by the receiving university. The transferring student who has not completed the degree must meet the receiving institution's general education requirements.

7. Baccalaureate Degree Plan (BDP) Four-Year Degree Plan for Community College Transfer Students

Beyond the Universal General Education Transfer Component courses, a program of study leading to the associate degree contains courses related to a student's major or program emphasis. Pre-major course tracks prepare students to succeed in their chosen field and provide students with clear pathways to completion. Each UNC institution will develop, publish, and maintain Baccalaureate Degree Plans (BDPs) identifying community college courses that provide pathways leading to associate degree completion, admission into the major, and baccalaureate completion. Students who complete the AA or AS degree and the degree plan tracks published by a UNC institution, and who are accepted into that institution and into that major within four years of initial enrollment at the community college, will continue into that major at the UNC institution with all courses fulfilling lower-division general education and other degree requirements.

8. Other Associate Degree Programs

Students completing courses designated Universal General Education Transfer Component will receive equivalent general education course credit for those courses at the receiving institution. For courses not designated as Universal General Education Transfer Component, the receiving institution will determine whether the course will count as general education or pre-major/elective credit.

Associate in Applied Science degree programs may be handled on a bilateral articulation agreement basis rather than on a state-wide basis. Under bilateral agreements, individual universities and one or more community colleges may join in a collaborative effort to facilitate the transfer of students from AAS degree programs to baccalaureate degree programs.

The TAC encourages the development of new bilateral articulation agreements among institutions; however, TAC will not maintain a current inventory of bilateral articulation agreements for AAS degree programs.

See Appendix H for a current list of Universal Articulation Agreements.

9. Transfer of Courses Not Originated at North Carolina Community Colleges

Transfer courses that do not originate at a North Carolina community college or UNC System institution may be used under the CAA with the following stipulations:

- a. Courses must be completed at a regionally accredited (e.g., SACSCOC) institution of higher education;
- b. Courses must meet general education requirements; and

- c. Courses may total no more than 14 semester hours of general education course credit.
- d. For courses not originating at a NC community college, if the courses are used to complete the AA or AS, the courses will transfer as part of the degree. Otherwise, if 14 hours or less are presented without completion of the AA or AS, then the receiving institution will consider the courses on a course-by-course basis.

10. Transfer of Advanced Placement (AP) Course Credit

Advanced Placement (AP) course credits, awarded for a score of three or higher, are acceptable as part of a student's successfully completed Associate in Arts or Associate in Science degree under the CAA. Students who receive AP course credit at a community college but do not complete the Associate in Arts or Associate in Science degree will have AP credit awarded on the basis of the receiving institution's AP policy. TAC recommends that the same guiding principle prescribed for AP course credit be exercised in the treatment of other NCCCS course credit awarded as part of the AA or AS degree under the CAA through other commonly recognized exams (e.g., IB, CLEP, DANTES, and Cambridge).

B. Impact of the CAA on Other Articulation Agreements

The CAA takes precedence over bilateral articulation agreements established between constituent institutions of The University of North Carolina System and the North Carolina Community College System but does not necessarily preclude such agreements. Institution-to-institution articulation agreements that fall within the parameters of the CAA and enhance transferability of students from community colleges to senior institutions are encouraged. Institutional articulation agreements conflicting with the CAA are not permitted.

C. Compliance Procedures

The Transfer Advisory Committee (TAC) is charged with ensuring compliance of institutional policies and practices regarding the CAA. To that end, a TAC Review Team, comprised of one UNC System representative and one community college representative, will survey and review the institutional transfer credit policies and procedures of two UNC System institutions per quarter. The TAC will report the findings to The UNC System and the North Carolina Community College System Office.

D. Students Enrolled Prior to Fall Semester 2014

Students officially enrolled in an AA or AS program at a North Carolina community college prior to Fall Semester 2014 are subject to the conditions and protections contained in the CAA in place at the time of their initial enrollment as long as they have remained continuously enrolled.

Appendices
Appendix A
Legislation

HB 739, SB 1161, HB 903

GENERAL ASSEMBLY OF NORTH CAROLINA
1995 SESSION
RATIFIED BILL

CHAPTER 287
HOUSE BILL 739

AN ACT TO SIMPLIFY THE TRANSFER OF CREDIT BETWEEN NORTH CAROLINA INSTITUTIONS OF HIGHER EDUCATION.

Section 1. The Board of Governors of The University of North Carolina and the State Board of Community Colleges shall develop a plan for the transfer of credits between the institutions of the North Carolina Community College System and between the institutions of the North Carolina Community College System and the constituent institutions of The University of North Carolina. The Board of Governors and the State Board of Community Colleges shall make a preliminary report to the Joint Legislative Oversight Committee on Education prior to March 1, 1996. The preliminary report shall include a timetable for the implementation of the plan for the transfer of credits.

Sec. 2. It is the intent of the General Assembly to review the plan developed by the Board of Governors and the State Board of Community Colleges pursuant to Section 1 of this act and to adopt a plan prior to July 1, 1996, for the transfer of credits between the institutions of the North Carolina Community College System and between the institutions of the North Carolina Community College System and the constituent institutions of The University of North Carolina.

Sec. 3. The State Board of Community Colleges shall implement a common course numbering system, to include common course descriptions, for all community college programs by June 1, 1997. A progress report on the development of the common course numbering system shall be made to the Joint Legislative Oversight Committee on Education by March 1, 1996.

Sec. 4. This act is effective upon ratification.

In the General Assembly read three times and ratified this the 19th day of June, 1995.

Dennis A. Wicker
President of the Senate

Harold J. Brubaker
Speaker of the House of Representatives

GENERAL ASSEMBLY OF NORTH CAROLINA
1995 SESSION
RATIFIED BILL

CHAPTER 625
SENATE BILL 1161

AN ACT TO IMPLEMENT THE RECOMMENDATION OF THE JOINT LEGISLATIVE EDUCATION OVERSIGHT
COMMITTEE TO IMPLEMENT AND MONITOR THE PLAN FOR THE TRANSFER OF CREDITS BETWEEN
NORTH CAROLINA INSTITUTIONS OF HIGHER EDUCATION.

Whereas, it is in the public interest that the North Carolina institutions of higher education have a uniform procedure for the transfer of credits from one community college to another community college and from the community colleges to the constituent institutions of The University of North Carolina; and

Whereas, the Board of Governors of The University of North Carolina and the State Board of Community Colleges have developed a plan for the transfer of credits between the North Carolina institutions of higher education; and

Whereas, the General Assembly continues to be interested in the progress being made towards increasing the number of credits that will transfer and improving the quality of academic advising available to students regarding the transfer of credits; Now, therefore,

Section 1. The Board of Governors of The University of North Carolina and the State Board of Community Colleges shall develop a plan to provide students with accurate and understandable information regarding the transfer of credits between community colleges and between community colleges and the constituent institutions of The University of North Carolina. The plan shall include provisions to increase the adequacy and availability of academic counseling for students who are considering a college transfer program. The Board of Governors and the State Board of Community Colleges shall report on the implementation of this plan to the General Assembly and the Joint Legislative Education Oversight Committee by January 15, 1997.

Sec. 2. The Board of Governors and the State Board of Community Colleges shall establish a timetable for the development of guidelines and transfer agreements for program majors, professional specializations, and associate in applied science degrees. The Board of Governors and the State Board of Community Colleges shall submit the timetable and report on its implementation to the General Assembly and the Joint Legislative Education Oversight Committee by January 15, 1997.

Sec. 3. The State Board of Community Colleges shall review its policies and rules and make any changes in them that are necessary to implement the plan for the transfer of credits, including policies and rules regarding the common course numbering system, Combined Course Library, reengineering initiative, and the system wide conversion to a semester-based academic year. The necessary changes shall be made in order to ensure full implementation by September 1, 1997.

Sec. 4. This act is effective upon ratification.

In the General Assembly read three times and ratified this the 21st day of June, 1996.

Dennis A. Wicker
President of the Senate

Harold J. Brubaker
Speaker of the House of Representatives

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013

SESSION LAW 2013-72
HOUSE BILL 903

AN ACT TO REQUIRE ALL CONSTITUENT INSTITUTIONS OF THE UNIVERSITY OF NORTH CAROLINA TO FULLY ADHERE TO THE COMPREHENSIVE ARTICULATION AGREEMENT WITH THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM REGARDING THE TRANSFER OF COURSES AND ACADEMIC CREDITS BETWEEN THE TWO SYSTEMS AND THE ADMISSION OF TRANSFER STUDENTS AND TO DIRECT THE UNIVERSITY OF NORTH CAROLINA AND THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM TO REPORT BIANNUALLY REGARDING THE AGREEMENT TO THE JOINT LEGISLATIVE EDUCATION OVERSIGHT COMMITTEE.

The General Assembly of North Carolina enacts:

Section 1. G.S. 116-11 is amended by adding a new subdivision to read:

"(10c) The Board of Governors shall require each constituent institution to adhere fully to the Comprehensive Articulation Agreement between The University of North Carolina and the North Carolina Community College System that addresses the transfer of courses and academic credits between the two systems and the admission of transfer students. The Board of Governors shall further ensure that the agreement is applied consistently among the constituent institutions. The University of North Carolina and the North Carolina Community College System shall conduct biannual joint reviews of the Comprehensive Articulation Agreement to ensure that the agreement is fair, current, and relevant for all students and institutions and shall report their findings to the Joint Legislative Education Oversight Committee, including all revisions to the Comprehensive Articulation Agreement and reports of noncompliance by November 1 of each year. The University of North Carolina and the North Carolina Community College System shall also jointly develop an articulation agreement advising tool for students, parents, and faculty to simplify the course transfer and admissions process."

Section 2. This act is effective when it becomes law.

In the General Assembly read three times and ratified this the 5th day of June, 2013.

Daniel J. Forest
President of the Senate
Representatives

Thom Tillis
Speaker of the House of

Pat McCrory
Governor

Appendix B

Purpose and History (1997-2014)

I. Purpose

The CAA was developed jointly by faculty and administrators of the North Carolina Community College System and The University of North Carolina System based on the proposed transfer plan approved by both governing boards in February 1996.

The provisions of the originating legislation are consistent with the strategic directions adopted by The University of North Carolina System Board of Governors, the first of which is to "expand access to higher education for both traditional and non-traditional students through...uniform policies for the transfer of credit from community colleges to constituent institutions...development of electronic information systems on transfer policies, off-campus instruction, and distance education...[and] increased collaboration with other education sectors...." Similarly, the State Board of Community Colleges has established the education continuum as one of seven critical success factors used to measure the performance of programs consistent with the workforce development mission of the North Carolina Community College System. College-level academic courses and programs have been a part of the mission and programming of the North Carolina Community College System from its inception in 1963.

The Board of Governors and the State Board of Community Colleges are committed to further simplifying the transfer of credits for students and thus facilitating their educational progress as they pursue associate or baccalaureate degrees within and among public post-secondary institutions in North Carolina.

II. History

The two Boards approved a "Proposed Plan to Further Simplify and Facilitate Transfer of Credit Between Institutions" at their meetings in February 1996. This plan was submitted as a preliminary report to the Joint Legislative Education Oversight Committee in March 1996. Since that time, significant steps have been taken toward implementation of the transfer plan. At their April 1996 meetings, the Boards appointed their respective sector representatives to the Transfer Advisory Committee to direct, coordinate, and monitor the implementation of the proposed transfer plan. The Transfer Advisory Committee membership is listed in Appendix D.

Basic to the work of the Transfer Advisory Committee in refining transfer policies and implementing the transfer plan has been the re-engineering project accomplished by the North Carolina Community College System, especially common course names, numbers, credits, and descriptions. The Community College Combined Course Library includes approximately 3,800 semester-credit courses written for the associate degree, diploma, and certificate programs offered in the system. Colleges select courses from the Combined Course Library to design all curriculum programs.

Of approximately 700 arts and sciences courses within the Combined Course Library, the faculty and administrators of the community colleges recommended approximately 170 courses as appropriate for the general education transfer core. The Transfer Advisory Committee then convened a meeting on May 28, 1996, at which six University of North Carolina faculty in each of ten general education discipline areas met with six of their professional counterparts from the community colleges.

Through a very useful and collegial dialog, these committees were able to reach consensus on which community college courses in each discipline were acceptable for transfer to University of North Carolina institutions as a part of the general education core. This list of courses was distributed to all University of North Carolina and community college institutions for their review and comments. Considering the recommendations of the general education discipline committees and the comments

from the campuses, the Transfer Advisory Committee established the list of courses that constitutes the general education transfer core. This general education core, if completed successfully by a community college student, is portable and transferable as a block across the community college system and to all University of North Carolina institutions.

With the establishment of the general education core as a foundation, joint academic disciplinary committees were appointed to draw up guidelines for community college curricula that will prepare students for intended majors at University of North Carolina institutions. Each committee consisted of representatives from each UNC institution offering such major programs and eight to ten representatives from community colleges. The Transfer Advisory Committee distributed the pre-majors recommended by the faculty committees to all University of North Carolina and community college institutions for their review and comments. Considering the faculty committee recommendations and the campus comments, the Transfer Advisory Committee established pre-majors which have significant numbers of transfers from the community colleges to the University of North Carolina institutions.

The special circumstances surrounding transfer agreements for associate in applied science programs, which are not designed for transfer, require bilateral rather than statewide articulation. Special circumstances include the different accreditation criteria for faculty in transfer and non-transfer programs, the different general education requirements for transfer and non-transfer programs, and the workforce preparedness mission of the technical/community college AAS programs.

A major element in the proposed transfer plan adopted by the two boards in February 1996 is the transfer information system. Simultaneously with the work being done on the general education and professional specialization (major) components of the transfer curriculum, the joint committee on the transfer information system laid out a plan, approved by the Boards of The University of North Carolina and the North Carolina Community College System, "to provide students with accurate and understandable information regarding the transfer of credits...[and] to increase the adequacy and availability of academic counseling for students who are considering a college transfer program." In addition to the printed publications currently being distributed to students, transfer counselors, admissions directors, and others, an electronic information network provides (1) electronic access to the articulation database which will include current transfer policies, guidelines, and on-line catalogs for public post-secondary institutions; (2) computerized common application forms, which can be completed and transmitted electronically along with transcripts and other education records; and (3) an electronic mail network for transfer counselors and prospective transfer students. Access to the e-mail network is available in the transfer counselors' offices and other selected sites on campuses.

The final element of the transfer information system is the Transfer Student Academic Performance Report. This report, recently refined with suggestions from community college administrators, is sent annually to each community college and to the State Board of Community Colleges. These data permit the rational analysis of transfer issues and are beneficial to students and to educational and governmental decision-makers. This performance report provides the important assessment component necessary for evaluating and improving the transfer process.

Appendix C

Transfer Advisory Committee Procedures

Articulation between the North Carolina Community College System and The University of North Carolina System is a dynamic process. To ensure the currency of the Comprehensive Articulation Agreement (CAA), occasional modifications to the CAA may be necessary. These modifications may include the addition, deletion, and revision of courses on the transfer list, development and/or revision of pre-majors, and changes in course designation (i.e. additions to UGETC list or changing a course from general education to elective). The TAC will receive requests for modification only upon the recommendation of the chief academic officer of the NCCCS or UNC. Additions, deletions, and modifications may be subject to faculty review under the direction of the TAC. Because the modification process involves faculty and administrative review, this process may require up to 12 months for final action.

Additions to the Universal General Education Transfer Component

(See Form CAA-02 on page 21)

Courses currently included on the approved transfer course list may be considered for inclusion as a Universal General Education Transfer Component (UGETC) course through the following procedures:

1. The Chief Academic Officer (CAO) of any subscribing institution submits a written request for a change in course status to the CAO of the respective system. The request should include the rationale for the revised status.
2. The system CAO then submits the request to the Director of Community College Partnerships at UNC System.
3. The Director of Community College Partnerships will send the request to the Chief Academic Officers of the universities. If all the universities approve of the addition, the recommendation will be sent to the TAC and the CAOs of the two systems.
4. If all universities do not approve the request, the Director of Community College Partnerships may assemble a discipline team comprised of university and community college faculty to see if the course can be revised in a manner that will be acceptable for inclusion in the UGETC. If so, the revised course will be sent to the university CAOs for consideration.
5. If all the universities approve of the addition of the revised course, the recommendation will be sent to the TAC and the CAOs of the two systems. If the addition request is not approved by the universities, this will be submitted to the TAC and the CAOs of the two systems for information.
6. After the TAC has acted on the request, the North Carolina Community College System Office will distribute notification of action taken to the requesting college or to the entire North Carolina Community College System, if applicable. The UNC System will distribute notice of actions as appropriate to its campuses.

Addition of Courses to the Transfer List

(See Form CAA-01 on page 19)

Courses in the Combined Course Library that are not on the CAA transfer list may be recommended for inclusion by a participating institution through the following process:

1. For community colleges, the CAO of the college submits a written request for inclusion on the transfer list either as a general education, a pre-major or elective course to the CAO of one of the UNC institutions. If the university will accept the course, and believes it should be recommended for statewide consideration, the CAO will endorse the request, indicating the transfer designation (General Education, Pre-major, or Elective) and forward it to the Director of Community College Partnerships and the CAOs of the two systems.
2. For universities, the CAO of the university will partner with the CAO of a community college and send the request to the Director of Community College Partnerships and the CAOs of the two systems.
3. The NCCCS Office will solicit a response from all community colleges approved to offer the course, and a two-thirds favorable response is required for the change to be pursued. The CAO at UNC may seek input from its respective campuses as he/she deems appropriate.
4. The CAO of either system may submit the request for action to the TAC a minimum of thirty days prior to the next TAC meeting.
5. The TAC reviews the request. Any member of the TAC may request that a course be referred to the Faculty Review Committee. For all courses that are approved, the committee records their action and rationale of action.
6. The NCCCS Office will distribute notification of action taken to the requesting college or to the entire North Carolina Community College System, if applicable. The UNC System will distribute notice of actions as appropriate to its campuses.

Deletion of a Course from the Transfer List

(See Form CAA-01 on page 19)

The CAO of any participating community college or university may request that a course be removed from the CAA transfer list by following similar procedures as outlined in items 1-6 in the **Addition of Courses to the Transfer List** above. The NCCCS Office will review and recommend annually to the TAC courses on the CAA transfer list that are not taught at any community college for at least two years to be considered for removal from the transfer list.

Change in the CAA Designation of a Course

(See Form CAA-03 on page 23)

The CAO of any participating community college or university may request a change in the designation of a course in the CAA (i.e.: Elective to General Education or Pre-Major) by sending the request and rationale to the CAOs of the two systems. Either of the system CAOs may submit the request to the TAC for action.

The Faculty Review Process

Any member of the TAC may request that a course under consideration be forwarded to the Faculty Review Committee. The Faculty Review Committee will be asked to review the course and the proposed action.

1. The Faculty Review Committee will consist of the following representatives:
 - a. 3 UNC faculty members
 - b. 3 NCCCS faculty members
2. Appointments to the committee will be for three years but may be renewed.
3. The Faculty Review Committee will receive a request to review a course(s) from the assigned representative(s) of the TAC within one week of the TAC meeting where the request was made.
4. Faculty will be asked to forward their comments, suggestions, and recommendations to one faculty representative from each sector. These three faculty members will then forward a composite report and recommendation to the assigned representative(s) of the TAC prior to the next scheduled TAC meeting.

The assigned representative(s) of the TAC will report the results of the Faculty Review Committee at the next TAC scheduled meeting for action.

Approval of the requested action will require a majority of the TAC members.

Comprehensive Articulation Agreement (CAA) Transfer Course List Course Addition/Deletion Form CAA-01

Occasional modifications to the CAA may be necessary to ensure currency. These modifications may include the addition or deletion of courses on the transfer list. The Transfer Advisory Committee (TAC) will receive requests for additions and deletions only upon the recommendation of the Vice President of the North Carolina Community College System or University of North Carolina System. Course additions and deletions may be subject to faculty review under the direction of the TAC. Because modification of the CAA involves faculty and administrative review, this process may require up to 12 months for final action. If the request is approved, notification will be distributed to the entire North Carolina Community College System and UNC institutions. If the request is denied, the requesting party(s) will be informed.

Course Information:

Three-Letter Prefix: _____ Three-Letter Number: _____

Course Title: _____

Hours: _____ Classroom: _____ Lab _____ Clinical _____ Work Experience _____ Total _____

Prerequisites: _____ Corequisites: _____

Course Description:

The Chief Academic Officer of **any** participating community college or university may request that a course be **removed** from the CAA transfer list. **Both** a community college and a university must partner to request the **addition** of a course to the transfer list. The university endorsement signifies that the university accepts the course and believes the course should be recommended for statewide consideration.

Name of the Community College: _____

Name of UNC Senior Institution: _____

____ would like for the above course to be **added** to the CAA transfer course list with a status of:

____ Pre-Major/Elective

____ General Education or ____ UGETC for the following discipline:

____ Communications ____ Humanities/Fine Arts ____ Math

____ Social/Behavioral Science ____ Science

____ would like for the above course to be **deleted** from the CAA transfer course list

Please provide rationale for the course addition or deletion: *(additional page may be utilized)*

Signature of Chief Academic Officer NCCCS College

Date

Signature of Chief Academic Officer UNC Institution

Date

Please submit the completed and signed request to all of the following three representatives:

Kimberly Gold, Ed.D.
Senior Vice President and
Chief Academic Officer
North Carolina Community College System
5016 Mail Service Center
Raleigh, NC 27699-5016

Kimberly van Noort, Ph. D.
Senior Vice President for
Academic Affairs and Chief Academic officer
The University of North Carolina System
P.O. Box 2688
Chapel Hill, NC 27514

David English, Ph.D.
Vice President for Academic Programs, Faculty, and Research
The University of North Carolina System
djenglish@northcarolina.edu
P.O. Box 2688
Chapel Hill, NC 27514

Upon receipt of the form, either Senior Vice President may indicate endorsement of the request and send the request to the Transfer Advisory Committee for action a minimum of thirty days prior to the TAC meeting. The NC Community College System Office will solicit a response from all community colleges approved to offer the course and include the results of the vote along with their endorsement. The CAO at UNC *may* seek input from its respective campuses as deemed appropriate.

Please Note: New, proposed courses that are not currently in the NC Community College Combined Course Library must first be submitted to the NCCCS Curriculum Review Committee, by a community college, accompanied by a request for addition to the Combined Course Library. Please see Section 15 of the Curriculum Procedures Reference Manual at: <http://www.ncccommunitycolleges.edu/academic-programs/curriculum-procedures-reference-manual-cprm>

Page 2 of 2- CAA01 Form

**Comprehensive Articulation Agreement Transfer Course List
Change of Course Status to Universal General Education Transfer Component (UGETC)
Form CAA02**

Occasional modifications to the CAA may be necessary to ensure currency. These modifications may include a change in a transfer course designation from general education or pre-major/elective to Universal General Education Transfer Component (UGETC). The Transfer Advisory (TAC) will receive requests for modification only upon the recommendation of the Vice President of the North Carolina Community College System or University of North Carolina System-General Administration. Modifications may be subject to faculty review under the direction of the TAC. Because modification of the CAA involves faculty and administrative review, this process may require up to 12 months for final action. If the request is approved notification will be distributed to the entire NC Community College System and UNC institutions. If the request is denied, the requesting party(s) will be informed.

Course Information:

Three-Letter Prefix: _____ Three-Letter Number: _____

Course Title: _____

Hours: Classroom: _____ Lab _____ Clinical _____ Work Experience _____ Total _____

Prerequisites: _____ Corequisites: _____

Course Description:

Name of the Community College: _____
and

Name of UNC Institution: _____

would like for the above course to receive the UGETC status. The course is currently on the CAA transfer course list and is designated as:

_____ pre-major/elective

_____ General Education under the following discipline:

_____ Communications

_____ Humanities/Fine Arts

_____ Social/Behavioral Science

_____ Mathematics

_____ Natural Science

Please provide rationale for the UGETC classification: *(additional page may be utilized)*

Signature of Chief Academic Officer NCCCS College

Date

and

Signature of Chief Academic Officer UNC Institution

Date

The completed and signed form should be sent to:

David English, Ph.D.
 Vice President for Academic Programs, Faculty, and Research
 The University of North Carolina System
 djenglish@northcarolina.edu
 P.O. Box 2688
 Chapel Hill, NC 27514

The NC Community College System Office will solicit a response from all community colleges approved to offer the course. The UNC System Office will send the request to the Chief Academic Officers of the universities. If all of the universities approve of the UGETC designation, the recommendation will be sent to the Transfer Advisory Committee and the Vice Presidents of the two systems.

If all universities do not approve the request, the UNC System Office may assemble a discipline team comprised of university and community college faculty to see if the course can be revised in a manner that will be acceptable for inclusion in the UGETC. If so, the revised course will be sent to the university CAOs for UGETC consideration.

If all the universities approve of the UGETC designation of the revised course, the recommendation will be sent to the TAC and the Senior Vice Presidents of the two systems. If the request is not approved by the universities, this will be submitted to the TAC and the Senior Vice Presidents of the two systems for information.

**Comprehensive Articulation Agreement (CAA) Transfer Course List
Change of Course Designation to Pre-Major/Elective or General Education
Form CAA03**

Occasional modifications to the CAA may be necessary to ensure currency. These modifications may include a change in the transfer course designation to general education or pre-major/elective. The Transfer Advisory (TAC) will receive requests for modification only upon the recommendation of the Vice President of the North Carolina Community College System or University of North Carolina System-General Administration. Modifications may be subject to faculty review under the direction of the TAC. Because modification of the CAA involves faculty and administrative review, this process may require up to 12 months for final action. If the request is approved, notification will be distributed to the entire NC Community College System and UNC institutions. If the request is denied, the requesting party(s) will be informed.

Course Information:

Three-Letter Prefix: _____ Three-Letter Number: _____

Course Title: _____

Hours: Classroom: _____ Lab _____ Clinical _____ Work Experience _____ Total _____

Prerequisites: _____ Corequisites: _____

Course Description:

The above course is currently designated on the CAA transfer course list as:

_____ Pre-major/Elective

_____ General Education or _____ UGETC under the following discipline:

_____ Communications _____ Humanities/Fine Arts

_____ Social/Behavioral Science _____ Mathematics _____ Natural Science

We would like to request that the designation of the course be changed to:

_____ Pre-major/Elective

_____ General Education under the following discipline:

_____ Communications _____ Humanities/Fine Arts

_____ Social/Behavioral Science _____ Math _____ Natural Science

Please note that a UGETC form (CAA02) is required for a UGETC designation request.

Name of the:

Community College making request: _____

or

UNC Senior Institution making request: _____

Please provide rationale for the course designation change and any indications of support from partnering institution(s): (additional page may be utilized)

Signature of Chief Academic Officer NCCCS College

Date

or

Signature of Chief Academic Officer UNC Institution

Date

Change in the CAA Designation of a Course

The Chief Academic Officer of **any** participating community college **or** university may request a change in the designation of a course in the CAA by sending the completed and signed request to the Vice Presidents of both systems. **Please submit the signed request to both:**

Kimberly Gold, Ed.D.
Senior Vice President and
Chief Academic Officer
North Carolina Community College System
5016 Mail Service Center
Raleigh, NC 27699-5016

Kimberly van Noort, Ph. D.
Senior Vice President for
Academic Affairs and Chief Academic officer
The University of North Carolina System
Post Office Box 2688
Chapel Hill, NC 27514

Upon receipt of the form, either Senior Vice President may indicate endorsement of the request and send the form to the Director of Community College Partnerships at UNC System. The NC Community College System Office will solicit a response from all community colleges approved to offer the course and include the results of the vote along with their endorsement. The CAO at UNC *may* seek input from its respective campuses as deemed appropriate.

Appendix D

Transfer Advisory Committee 2020-2021

North Carolina Community College System Members:

Jonathan Loss, Co-Chair

Associate Dean of General Education
Catawba Valley Community College
2550 Highway 70 SE
Hickory, NC 28602
Phone: 828-327-7000, x4526
Email: jloss@cvcc.edu

Levy Brown, Member

Vice President, Learning, Student Engagement, & Success (Chief Academic Officer)
Vance-Granville Community College
200 Community College Road
Henderson, NC 27537
Phone: 252-738-3283
Email: brownl@vgcc.edu

Jewel Cherry, Member

Vice President, Educational Support Services and Equity
Forsyth Tech Community College
2100 Silas Creek Parkway
Winston-Salem, NC 27103
Phone: 336-734-7520
Email: jcherry@forsythtech.edu

Jenn Selby, Member

Chair, Art & Design; Executive Director of Transfer & University Partnerships
Rowan-Cabarrus Community College
1333 Jake Alexander Blvd S.
Salisbury, NC 28146
Phone: 704-798-5241
Email: jenn.selby@rccc.edu

North Carolina Community College System Representative:

James W Kelley, Representative

Associate Vice President for Student Services
NC Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016
Phone: 919-807-7098
Email: beddardw@nccommunitycolleges.edu

University of North Carolina System Members:

Denettia Shaw, Co-Chair

Director of Transfer Services
North Carolina Central University
1801 Fayetteville St.
Durham, NC 27707
Phone: 919-530-6687
Email: dshaw9@nccu.edu

Angela Anderson, Member

Assistant Vice Chancellor and University Registrar
East Carolina University
Uptown 207
Greenville, NC 27858
Phone: 252-328-6747
Email: andersona@ecu.edu

Tina McEntire, Member

Vice Chancellor for Enrollment Management
The University of North Carolina at Greensboro
122 Mossman Bldg.
Greensboro, NC 27412
Phone: 336-334-5582
Email: tina.mcentire@uncg.edu

Ted Zerucha, Member

Professor and Director of General Education
Appalachian State University
ASU Box 32065
Boone, NC 28608-2065
Phone: 828-262-2028
Email: zeruchat@appstate.edu

University of North Carolina System Representative:

David English, Representative

Vice President for Academic Programs, Faculty, and Research
The University of North Carolina System
910 Raleigh Road, PO Box 2688
Chapel Hill, NC 27514
Phone: 919-962-2620
Email: djenglish@northcarolina.edu

Appendix E

Comprehensive Articulation Agreement Transfer Credit Appeal Procedure University of North Carolina System/North Carolina Community College System

Guiding Principle: If a student from a North Carolina Community College System (NCCCS) college believes the terms of the Comprehensive Articulation Agreement (CAA) have not been honored by a University of North Carolina System (UNC) institution to which the student has been admitted, the student may invoke the CAA Transfer Credit Appeal Procedure.

Steps in Filing an Appeal

Step #1:

- **By the last day of classes of the first semester for which admission is offered**, the student must submit a CAA Transfer Credit Appeal Form along with any supporting documentation to the director of admission at the UNC campus to which the student has been admitted. Students first enrolling at the senior institution in a summer session must submit their appeal by the end of the subsequent fall semester.
- **The student must specify on the appeal form the specific CAA language that is in contention. Appeals that lack this information will not be considered.**
- The Director of Admission will review the appeal and respond in writing (email or letter) to the student within 15 business days.

Step #2:

- If the student is not satisfied with the decision of the Director of Admission, he/she may appeal on the same form to the **Chief Academic Officer (Provost)** of the University within 15 days of written notice of the director's decision.
- The Provost will review the appeal and respond in writing (email or letter) to the student within 15 business days of receiving the student's appeal.

Step #3

- If the student is not satisfied with the decision of the Provost, he/she may appeal to the Transfer Advisory Committee (TAC) subcommittee, composed of the Co-chairs, a representative from the UNC General Administration, and a representative from the NCCCS. The student must submit the appeal to the subcommittee within 15 days of the receipt of the Provost's decision. The appeal to the TAC subcommittee should be sent to:

UNC System Transfer Advisory Committee Member CAA Appeal
PO Box 2688
Chapel Hill, NC 27515

If a consensus is reached by the subcommittee, the student will be notified within 15 business days; if a consensus resolution is not reached, the appeal will be forwarded by the subcommittee to the full TAC within 10 business days. The TAC will review the appeal and notify the student of the final decision within 10 business days of receiving the appeal.

Comprehensive Articulation Agreement Transfer Credit Appeal Procedure

University of North Carolina System/North Carolina Community College System

Section 1: Student Information *(to be completed by the student submitting the form)*

- The completed form and any supporting documentation **must be submitted to the UNC institution's Director of Admission by the last day of classes of the first semester for which admission is offered.**
- You must specify the nature of the appeal and cite the specific CAA language that is in contention. Appeals that do not include this information cannot be considered.

Last Name: _____ First: _____ MI: _____
(Please print or type)

Address: _____
(Number and Street) (City) (State) (Zip)

Telephone: _____ Email: _____
(Area code/Number)

Last NC Community College Attended: _____

UNC institution offering admission: _____ beginning (semester/yr) _____

Section 2: Basis for your appeal

- State your concern(s), citing specific language in the CAA that is applicable to your contention. Attach supporting documents.
- The CAA may be found at the North Carolina Community Colleges System website:
<http://www.nccommunitycolleges.edu/academic-programs/college-transferarticulation-agreements>.

Student Signature: _____ Date: _____

Appendix F

Associate in Arts and Associate in Science Curriculum Standards

Associate in Arts (A10100)

Effective Term:

Curriculum Standard

Summer 2016

The Associate in Arts degree shall be granted for a planned program of study consisting of a minimum of 60 semester hours of credit (SHC) of college transfer courses. Within the degree program, the institution shall include opportunities for the achievement of competence in reading, writing, oral communication, fundamental mathematical skills, and basic computer use.

Courses are approved for transfer through the Comprehensive Articulation Agreement (CAA). The CAA enables North Carolina community college graduates of two-year associate in arts programs who are admitted to constituent institutions of The University of North Carolina System to transfer with junior status.

Community college graduates must obtain a grade of "C" or better in each course and an overall GPA of at least 2.0 on a 4.0 scale in order to transfer with a junior status. Courses may also transfer through bilateral agreements between institutions.

GENERAL EDUCATION (45 SHC) The general education common course pathway includes study in the areas of English composition; humanities and fine arts; social and behavioral sciences; natural sciences and mathematics.

UNIVERSAL GENERAL EDUCATION TRANSFER COMPONENT

(All Universal General Education Transfer Component courses will transfer for equivalency credit.)

English Composition (6 SHC)

The following two English composition courses are required.

ENG 111	Writing & Inquiry	(3 SHC)
ENG 112	Writing/Research in the Disciplines	(3 SHC)

Select three courses from the following from at least two different disciplines (9 SHC)

Communications

COM 120	Introduction to Interpersonal Communication	(3 SHC) or
COM 231	Public Speaking	(3 SHC)

Humanities/Fine Arts

ART 111	Art Appreciation	(3 SHC)
ART 114	Art History Survey I	(3 SHC)
ART 115	Art History Survey II	(3 SHC)
ENG 231	American Literature I	(3 SHC)
ENG 232	American Literature II	(3 SHC)
ENG 241	British Literature I	(3 SHC)
ENG 242	British Literature II	(3 SHC)
MUS 110	Music Appreciation	(3 SHC)
MUS 112	Introduction to Jazz	(3 SHC)
PHI 215	Philosophical Issues	(3 SHC)
PHI 240	Introduction to Ethics	(3 SHC)

Social/Behavioral Sciences

Select three courses from the following from at least two different disciplines (9 SHC):

ECO 251	Principles of Microeconomics	(3 SHC)
ECO 252	Principles of Macroeconomics	(3 SHC)
HIS 111	World Civilizations I	(3 SHC)
HIS 112	World Civilizations II	(3 SHC)
HIS 131	American History I	(3 SHC)
HIS 132	American History II	(3 SHC)
POL 120	American Government	(3 SHC)

PSY 150	General Psychology	(3 SHC)
SOC 210	Introduction to Sociology	(3 SHC)

Math (3-4 SHC)

Select one course from the following:

MAT 143	Quantitative Literacy	(3 SHC)
MAT 152	Statistical Methods I	(4 SHC)
MAT 171	Pre-calculus Algebra	(4 SHC)

Natural Sciences (4 SHC)

Select 4 SHC from the following course(s):

AST 111	Descriptive Astronomy (3 SHC)	and	AST 111A Descriptive Astronomy Lab (1SHC)
AST 151	General Astronomy I (3 SHC)	and	AST 151A General Astronomy Lab I (1SHC)
BIO 110	Principles of Biology		(4 SHC)
BIO 111	General Biology I		(4 SHC)
CHM 151	General Chemistry I		(4 SHC)
GEL 111	Introductory Geology		(4 SHC)
PHY 110	Conceptual Physics (3 SHC)	and	PHY 110A Conceptual Physics Lab (1 SHC)

ADDITIONAL GENERAL EDUCATION HOURS (13-14 SHC)

An additional 13-14 SHC of courses should be selected from courses classified as general education within the Comprehensive Articulation Agreement. Students should select these courses based on their intended major and transfer university.

Total General Education Hours Required: 45

OTHER REQUIRED HOURS (15 SHC)**Academic Transition (1 SHC)**

The following course is required:

ACA 122	College Transfer Success	(1 SHC)
---------	--------------------------	---------

An additional 14 SHC of courses should be selected from courses classified as pre-major, elective or general education courses within the Comprehensive Articulation Agreement. Students should select these courses based on their intended major and transfer university.

****One semester hour of credit may be included in a 61 SHC associate in arts program of study. The transfer of this hour is not guaranteed.***

Total Semester Hours Credit (SHC) in Program: 60-61*

Students must meet the receiving university's foreign language and/or health and physical education requirements, if applicable, prior to or after transfer to the senior institution.

SBCC and BOG approved 02/21/14; Revised by TAC on 12/02/15; Revised by TAC on 02/22/2019.

Associate in Science (A10400)
Curriculum Standard

Effective Term:
 Summer 2016

The Associate in Science degree shall be granted for a planned program of study consisting of a minimum of 60 semester hours of credit (SHC) of college transfer courses. Within the degree program, the institution shall include opportunities for the achievement of competence in reading, writing, oral communication, fundamental mathematical skills, and the basic computer use.

Courses are approved for transfer through the Comprehensive Articulation Agreement (CAA). The CAA enables North Carolina community college graduates of two-year associate in science programs who are admitted to constituent institutions of The University of North Carolina System to transfer with junior status.

Community college graduates must obtain a grade of "C" or better in each course and an overall GPA of at least 2.0 on a 4.0 scale in order to transfer with a junior status. Courses may also transfer through bilateral agreements between institutions.

GENERAL EDUCATION (45 SHC) The general education common course pathway includes study in the areas of English composition; humanities and fine arts; social and behavioral sciences; natural sciences and mathematics.

UNIVERSAL GENERAL EDUCATION TRANSFER COMPONENT

(All Universal General Education Transfer Component courses will transfer for equivalency credit.)

English Composition (6 SHC) *The following two English composition courses are required.*

ENG 111	Writing & Inquiry	(3 SHC)
ENG 112	Writing/Research in the Disciplines	(3 SHC)

Select two courses from the following from at least two different disciplines (6 SHC)

Communications

COM 120	Introduction to Interpersonal Communication	(3 SHC) or
---------	---------------------------------------------	------------

COM 231	Public Speaking	(3 SHC)
---------	-----------------	---------

Humanities/Fine Arts

ART 111	Art Appreciation	(3 SHC)
ART 114	Art History Survey I	(3 SHC)
ART 115	Art History Survey II	(3 SHC)
ENG 231	American Literature I	(3 SHC)
ENG 232	American Literature II	(3 SHC)
ENG 241	British Literature I	(3 SHC)
ENG 242	British Literature II	(3 SHC)
MUS 110	Music Appreciation	(3 SHC)
MUS 112	Introduction to Jazz	(3 SHC)
PHI 215	Philosophical Issues	(3 SHC)
PHI 240	Introduction to Ethics	(3 SHC)

Social/Behavioral Sciences (6 SHC)

Select two courses from the following from at least two different disciplines:

ECO 251	Principles of Microeconomics	(3 SHC)
ECO 252	Principles of Macroeconomics	(3 SHC)
HIS 111	World Civilizations I	(3 SHC)
HIS 112	World Civilizations II	(3 SHC)
HIS 131	American History I	(3 SHC)
HIS 132	American History II	(3 SHC)
POL 120	American Government	(3 SHC)
PSY 150	General Psychology	(3 SHC)
SOC 210	Introduction to Sociology	(3 SHC)

Math (8 SHC)

Select two courses from the following:

MAT 171	Precalculus Algebra	(4 SHC)
MAT 172	Pre-calculus Trigonometry	(4 SHC)
MAT 263	Brief Calculus	(4 SHC)
MAT 271	Calculus I	(4 SHC)
MAT 272	Calculus II	(4 SHC)

Natural Sciences (8 SHC)

Select 8 SHC from the following course(s):

AST 151 General Astronomy I (3 SHC)	and	AST 151A General Astronomy Lab I (1SHC)
BIO 110 Principles of Biology		(4 SHC)
BIO 111 General Biology I (4 SHC)	and	BIO 112 General Biology II (4 SHC)
CHM 151 General Chemistry I (4 SHC)	and	CHM 152 General Chemistry II (4 SHC)
GEL 111 Introductory Geology		(4 SHC)
PHY 110 Conceptual Physics (3 SHC)	and	PHY 110A Conceptual Physics Lab (1 SHC)
PHY 151 College Physics I (4 SHC)	and	PHY 152 College Physics II (4 SHC)
PHY 251 General Physics I (4 SHC)	and	PHY 252 General Physics II (4 SHC)

ADDITIONAL GENERAL EDUCATION HOURS (11 SHC)

An additional 11 SHC of courses should be selected from courses classified as general education within the Comprehensive Articulation Agreement. Students should select these courses based on their intended major and transfer university.

Total General Education Hours Required: 45**OTHER REQUIRED HOURS (15 SHC)****Academic Transition (1 SHC)**

The following course is required:

ACA 122 College Transfer Success	(1 SHC)
----------------------------------	---------

An additional 14 SHC of courses should be selected from courses classified as pre-major, elective or general education courses within the Comprehensive Articulation Agreement. Students should select these courses based on their intended major and transfer university.

****One semester hour of credit may be included in a 61 SHC associate in science program of study. The transfer of this hour is not guaranteed.***

Total Semester Hours Credit (SHC) in Program: 60-61*

Students must meet the receiving university's foreign language and/or health and physical education requirements, if applicable, prior to or after transfer to the senior institution.

SBCC and BOG approved 02/21/14; Revised by TAC on 12/02/15; Revised by TAC on 02/22/2019.

Appendix G

Transfer Course List

The Transfer Course List is located at:

<http://www.nccommunitycolleges.edu/academic-programs/college-transferarticulation-agreements/comprehensive-articulation-agreement-caa>

Appendix H

Uniform Articulation Agreements

The implementation of the 2014 Comprehensive Articulation Agreement between the North Carolina Community College System and The University of North Carolina System presented motivation for the development of uniform articulation agreements across North Carolina's institutions of public higher education. The purpose of the creation of these agreements was to re-evaluate the needs of students, to improve curriculum, and to commit to improving inter-institutional collaboration in order to put student success first. The following list represents the current uniform articulation agreements.

- Associate in Fine Arts in Visual Arts to Bachelor of Fine Arts (AFAVA to BFA)
- Associate in Fine Arts in Theatre to Bachelor of Fine Arts in Theater (AFAT to BFA)
- Associate in Fine Arts in Music to Bachelor of Arts in Music (AFAM to BM)
- Associate in Applied Science (AAS) in Early Childhood Education to Bachelor of Science in Birth through Kindergarten (AASECE to BSBK)
- Associate in Engineering to Bachelor of Science in Engineering (AE to BSE)
- Registered Nurse to Bachelor of Science in Nursing (RN to BSN)

Information about these uniform articulation agreements is located at:

<https://www.northcarolina.edu/transfer-student-success/college-transferarticulation-agreements>

Policy on Duties, Responsibilities, and Expectations of Board Members

I. Applicability and Purpose. This policy sets forth the duties, responsibilities, expectations, and standards of conduct for members of the Board of Governors of the University of North Carolina (UNC) System, the boards of trustees of the constituent institutions, and the boards of University-affiliated organizations where membership includes individuals appointed by the Board of Governors.

II. Definitions. For purposes of this policy:

A. “Board” means the Board of Governors, a board of trustees of a constituent institution of the UNC System, or a board of a University-affiliated organization with members appointed by the Board of Governors.

B. “Board member” means any member of the Board of Governors, a board of trustees of a constituent institution of the UNC System, or the board of a University-affiliated organization.

C. “Institution” means the UNC System or a constituent institution of the UNC System.

D. “University-affiliated organization” means an institution or organization that the Board of Governors is authorized to establish or to which it is authorized to appoint board members pursuant to statute, but does not include associated entities covered by Section 600.2.5.2[R] of the UNC Policy Manual or centers or institutes covered by Section 400.5[R] of the UNC Policy Manual.

III. Duties and Responsibilities. Board members are responsible for performing essential functions that are central to the governance of the University, as described in Chapter 116 of the North Carolina General Statutes, *The Code* of the University of North Carolina, the UNC Policy Manual, and the policies and by-laws of the constituent institutions. Board members shall adhere to the standards of conduct and fulfill duties and expectations set forth in this policy.

A. Attendance. Board members shall attend board meetings. If a member of the Board of Governors is, for any reason other than ill health or service in the interest of the State or nation, absent for four (4) successive regular meetings of the Board, his or her place as a board member shall be deemed vacant.¹ If a member of a board of trustees of a constituent institution is, for any reason other than ill health or service in the interest of the State or nation, absent for three (3) successive regular meetings of a board of trustees, his or her place as a board member shall be deemed vacant.²

B. Participation in Policy and Oversight Functions. Board members are expected to prepare for meetings; actively contribute to the work of the board; and act in accordance with the governance, oversight, and advisory functions allocated to the board by:

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1. Reviewing and inquiring about materials that involve the institution or University-affiliated organization, such as board minutes and annual reports;
2. Understanding and participating appropriately in the oversight function allocated to the board with respect to the finances and effectiveness of the institution or University-affiliated organization;
3. Seeking information from and consulting appropriately with the chief executive officer of the institution or University-affiliated organization to gain additional context, make well-informed policy decisions, and carry out responsibilities for board-level oversight and monitoring of the affairs of the institution or University-affiliated organization;
4. Participating as requested in the preparation and revision of long-range plans for the institution or University-affiliated organization;
5. Serving on and contributing to the work of assigned committees; and
6. Listening to and considering differing opinions, and otherwise making reasonable efforts to conduct oneself in accordance with the practices and customs of formality and decorum articulated in Robert's Rules of Order.³

C. Scope of Authority. Board members' authority is collective, not individual, and only arises from their participation with other members of the board when officially convened. Individual board members hold no inherent authority under applicable law or University policy to exercise administrative or executive functions on behalf of their institution. Individual board members may not bind the board or the institution, enter into contracts on behalf of the board or the institution, or otherwise act on behalf of or in the name of the board or institution unless clearly authorized to do so in a particular matter by the board itself or the chief executive officer of the institution. Accordingly, and by way of example, board members shall:

1. Refer matters of administration and management to the chief executive officer of the institution or University-affiliated organization for handling;
2. Respect and follow executive leadership, management, and reporting lines when communicating with and seeking information from the University and the constituent institutions;
3. Refrain from directing matters of administration or executive action except through the chief executive officer of the institution or University-affiliated organization; and
4. Not undertake reviews, background checks, investigations, or any other assessments of University employees or candidates for University employment unless duly and explicitly directed to do so by the president, by the chief executive officer of the employing institution, or by the Board of Governors. Nothing in this provision is intended

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to limit a board member from taking appropriate steps to prepare for meetings, consistent with the duties and responsibilities articulated in section III.B., above.

D. Ethical Conduct. Board members shall adhere to high standards of ethical conduct by complying with laws, regulations, and University policies applicable to their service as board members and public officials, which include the obligations to:

1. Exercise authority honestly and fairly, free from impropriety, threats, favoritism, and undue influence, as required by the State Ethics Act.⁴
2. Keep confidential all information and records that are required by law to be kept confidential, including, but not limited to, personnel records and information, student records and information, attorney-client communications, and closed session deliberations and information;
3. Comply with North Carolina open meetings law by conducting hearings, deliberations, and actions of these bodies openly, except when permitted or required to a closed session
4. Comply with applicable public records laws by permitting open access to and inspection of public records in the member's custody, including records created, sent, or received by Board members entirely on non-University accounts or devices, as required by law;
5. Bring matters of concern, potential or real conflicts of interest, and reports of unlawful and/or noncompliant activity to the attention of the appropriate institutional or organizational officer, such as the president, chancellor, board chair, or committee chair;
6. Avoid any personal or business interest that may conflict with the member's responsibilities to the institution or University-affiliated organization;
7. Avoid even the appearance of impropriety when conducting the institution's or University-affiliated organization's business;
8. Recuse oneself from consideration of matters during meetings when required;
9. Conduct oneself at all times in accordance with the University's prohibition about all forms of illegal discrimination or harassment;
10. Not engage in acts of fraud or other violations of law inconsistent with the ethical expectations of a public official;
11. Not act as a registered lobbyist on behalf of any lobbyist principal in any matter or issue that is adverse to the interests of the UNC System, a constituent institution, or a University-affiliated organization; and

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12. Not represent, as a practicing attorney, any party in a matter in which the party's interest is adverse to the interests of the UNC System, a constituent institution, or a University-affiliated organization. For purposes of this restriction, members are not generally prohibited from acting as criminal defense counsel to students and employees in criminal prosecution matters.

E. Fiduciary Responsibilities and Support for the Institution. Board members shall discharge their duties to the institution with care, skill, prudence, and diligence by:

1. Exercising the degree of diligence, care, and skill that a prudent individual familiar with such matters would use under similar circumstances in a like position;
2. Acting in good faith with the best interest of the institution or University-affiliated organization in mind;
3. Conducting oneself, at all times, in furtherance of the institution's or University-affiliated organization's goals and not the member's personal or business interests;
4. Providing oversight to ensure that the institution's or University-affiliated organization's resources are dedicated to the fulfillment of its mission; and
5. Becoming knowledgeable about issues that affect the University and seeking to understand the educational needs and desires of all the State's citizens, and their economic, geographic, political, racial, gender, and ethnic diversity.⁵

IV. Sanctions. A board member may be removed, recommended for removal, or subject to a lesser sanction for any material violation of the duties, responsibilities, and expectations of board members set forth in Section III of this policy. Any sanction shall require an affirmative vote of two-thirds (2/3) of the voting membership of the Board of Governors or board of trustees then in office.

A. Removal of a Member of a Board of Trustees or University-affiliated Organization. The Board of Governors may remove from the board of trustees of a constituent institution or from the board of a University-affiliated organization a board member who was elected by the Board of Governors. With respect to a member of a board of trustees who was appointed by a different appointing authority, the Board of Governors may vote to recommend to the appointing authority that the member be removed.

B. Removal of a Member of the Board of Governors. The Board of Governors may recommend to the State House of Representatives or State Senate, whichever chamber elected the member, that a member of the Board of Governors be removed.

C. Other Sanctions. A board member, regardless of their appointing authority, may be subject to other sanctions lesser than removal (ex: public censure, suspension of voting rights, removal of committee assignments).

D. Complaints.

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1. Complaints against a board member may be made to the chair of the Committee on University Governance.

2. Upon receipt of a complaint, the chair of the Committee on University Governance shall determine whether, assuming all of the facts alleged are true, the complaint alleges a material violation of the duties, responsibilities, and expectations of board members. If the complaint does not meet this threshold, the chair of the Committee on University Governance may dismiss the complaint and shall report the dismissal to the Committee on University Governance.

3. If the complaint is against a member of a board of trustees or University-affiliated organization, then the Committee on University Governance may retain the complaint for review and adjudication by the Governance Committee under section F, or it may direct the complaint to the board of trustees with directions for appropriate action. The committee's determination should be based on the allegations of the complaint, the board of trustee's capacity to review the complaint, and all other relevant circumstances.

4. The chair of the committee may, after consultation with the membership of the Committee, refer the complaint to the State Ethics Commission.

E. Interim Sanctions

1. A board member may be subject to an interim sanction(s) for an alleged material violation of the duties, responsibilities, and expectations of board members prior to review and adjudication of a complaint. Interim sanctions should be temporary in duration, and should balance the severity of the interim sanction against the severity of the alleged violation. Removal of a board member shall not be issued as an interim sanction.

2. The Committee on University Governance may recommend to the Board of Governors an interim sanction against a member of the Board of Governors that the committee deems appropriate. The Committee on University Governance may recommend interim sanction(s) against a member of a board of trustees or University-affiliated organization as part of the committee's referral of a complaint to a board of trustees with directions for appropriate action.

3. Any interim sanction shall require an affirmative vote of two-thirds (2/3) of the voting membership of the Board of Governors or board of trustees then in office.

F. Procedure for Sanctions; Specification of Cause; Notice and Opportunity to Respond.

1. The chair of the Committee on University Governance shall send the respondent a written specification of the complaint(s) against the board member. In the event that the chair of the Committee on University Governance is the subject of the board's consideration, the vice chair of the Committee on University Governance will temporarily serve in the chair's role. The notice shall state that the board member may submit a

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written response to the chair of the Committee on University Governance and the complaining board member within five (5) business days of receipt of the written notice.

2. If the board member submits no written response to the chair of the Committee on University Governance within the specified timeframe, the Committee on University Governance may proceed to consider the complaint.

3. In its consideration of each matter, the Committee on University Governance shall ensure that all material facts are presented to the committee. The committee may select one or more committee members or another qualified individual to investigate the allegations and provide the committee with factual findings and a recommendation. The committee may review any documents it considers necessary based on the particular circumstances involved.

4. Following the deadline for the respondent's written response and the conclusion of any investigation, the Committee on University Governance shall conduct a hearing to consider the complaint against the board member. The chair of the Committee on University Governance shall preside over the hearing, which shall include a full and accurate presentation of all relevant facts. During this hearing, the respondent member shall be permitted to be heard.

5. At the conclusion of the hearing, the Committee on University Governance shall assess the evidence presented using a preponderance of the evidence standard and recommend to the Board of Governors findings and action that the committee deems appropriate.

V. Other Matters

A. **Effective Date.** The requirements of this policy shall be effective on the date of adoption by the Board of Governors.

B. **Relation to State Laws.** The foregoing policies as adopted by the Board of Governors are meant to supplement, and do not purport to supplant or modify, those statutory enactments which may govern the activities of public officials.

C. **Regulations and Guidelines.** These policies shall be implemented and applied in accordance with such regulations and guidelines as may be adopted from time to time by the president.

¹ .G.S. 116-7(c).

² .G.S. 116-31(j).

³ Section 202 C(4) of *The Code*.

⁴ G.S. 138A-2.

⁵ G.S. 116-7.



MEETING OF THE BOARD OF GOVERNORS
Board of Governors
October 22, 2020

Closed Session Motion

Motion to go into closed session to:

- Prevent the disclosure of information that is privileged or confidential under Article 7 of Chapter 126 of the North Carolina General Statutes, or not considered a public record within the meaning of Chapter 132 of the General Statutes.
- Consult with our attorney to protect attorney-client privilege; and

To consider and give instructions concerning a potential or actual claim, administrative procedure, or judicial action for the following cases:

- *Alston, et al. v. UNC System, et al.*
 - *DTH v. University of North Carolina*
 - *Dieckhaus, et al. v. Board of Governors of the University of North Carolina*
 - *Staton v. UNC, et al.*
 - *Lannan v. UNC System*
- Consider the qualifications, competence, performance, or condition of appointment of a public officer or employee or prospective public officer or employee.

Pursuant to: G.S. 143-318.11(a)(1), (3), and (6).

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MEETING OF THE BOARD OF GOVERNORS
October 22, 2020

Roll Call Vote Consent Agenda Items	
Bissette	<i>Non-voting</i>
Blue	Yes
Burris-Floyd	<i>Absent</i>
Byers	Yes
Clark	Yes
Coward	Yes
Daughtry	Yes
Green	<i>Non-voting</i>
Goolsby	Yes
Holley	Yes
Holmes	Yes
Holton	Yes
Hutchens	Yes
Kotis	Yes
Long	Yes
Mitchell	Yes
Murphy	Yes
Nelson	Yes
Parrish	Yes
Pope	Yes
Powers	Yes
Ramsey	Yes
Sloan	<i>Absent</i>
Stone	Yes
Williford	Yes

Motion carried with 21 votes in the affirmative

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MEETING OF THE BOARD OF GOVERNORS
October 22, 2020

Roll Call Vote Committee on University Governance Approval of Amendments to UNC Policy 200.7	
Bissette	<i>Non-voting</i>
Blue	Yes
Burris-Floyd	<i>Absent</i>
Byers	Yes
Clark	Yes
Coward	Yes
Daughtry	Yes
Green	<i>Non-voting</i>
Goolsby	Yes
Holley	Yes
Holmes	Yes
Holton	Yes
Hutchens	Yes
Kotis	Yes
Long	Yes
Mitchell	Yes
Murphy	Yes
Nelson	Yes
Parrish	Yes
Pope	Yes
Powers	Yes
Ramsey	Yes
Sloan	<i>Absent</i>
Stone	Yes
Williford	Yes

Motion carried with 21 votes in the affirmative.

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MEETING OF THE BOARD OF GOVERNORS
October 22, 2020

Roll Call Vote Move to Closed Session	
Bissette	<i>Non-voting</i>
Blue	Yes
Burris-Floyd	<i>Absent</i>
Byers	Yes
Clark	Yes
Coward	Yes
Daughtry	Yes
Green	<i>Non-voting</i>
Goolsby	Yes
Holley	Yes
Holmes	Yes
Holton	Yes
Hutchens	Yes
Kotis	Yes
Long	Yes
Mitchell	Yes
Murphy	Yes
Nelson	Yes
Parrish	Yes
Pope	Yes
Powers	Yes
Ramsey	Yes
Sloan	<i>Absent</i>
Stone	Yes
Williford	Yes

Motion carried with 21 votes in the affirmative.