

April 15, 2026

15 minutes after the adjournment of the Committee on University Governance

Via Videoconference and PBS North Carolina Livestream

Morganton Campus of North Carolina School of Science and Mathematics

901 Burkemont Avenue, Joiner Hall, Third Floor

Morganton, North Carolina

AGENDA

OPEN SESSION

- A-1. Approval of the Open Session Minutes from February 25, 2026..... Terry Hutchens
- A-2. Southeastern North Carolina Healthcare NeedsChancellor Aswani Volety
- A-3. Academic Affairs UpdateDavid English
- A-4. Update on UNC System Health AffairsKatherine Martin
- A-5. UNC System Workforce Alignment
 - a) Workforce Alignment Report Mary Varghese
 - b) System Response and Next Steps Shun Robertson, Dan Harrison
- A-6. Adjourn

Additional Information:

- UNC System Workforce Alignment Report

DRAFT MINUTES

February 25, 2026

15 minutes after the adjournment of the Committee on Strategic Initiatives

Via Videoconference and PBS North Carolina Livestream

UNC System Office

223 S. West Street, Board Room

Raleigh, North Carolina

This meeting of the Committee on Educational Planning, Policies, and Programs was presided over by Chair Terry Hutchens. The following committee members, constituting a quorum, were also present in person: Gene Davis, Sonja Phillips Nichols, Kathryn Crisp Greeley, Mark Holton, and Javier Limon.

Chancellors participating were Kimberly van Noort and Kevin Howell. Wade Maki, chair of the UNC Faculty Assembly, was also in attendance.

Staff members present included David English, Katie O'Connor, Dan Harrison, and others from the UNC System Office.

1. Call to Order and Approval of OPEN Session Minutes (Item A-1)

The chair called the meeting to order at 3:16pm on Wednesday, February 25, 2026. The open session minutes from the January 28, 2026, and February 16, 2026, meetings were approved by unanimous consent.

2. Academic Affairs Update (Item A-2)

Dr. David English provided an update to the committee of recent activities involving the Academic Affairs Department, including introducing the 2026 Marian Drane Graham Scholars and highlighting the Comprehensive Transition Postsecondary Programs Report.

3. UNC System Academic Degree Program Actions (Item A-3)

Dr. David English recommended actions on academic degree programs across the System.

The following programs were recommended for program establishment:

- UNC Greensboro
 - Master of Science in Occupational Therapy (MSOT) (CIP 51.2306)
- Western Carolina University
 - Master of Science (MS) in Engineering (CIP 14.0101)

MOTION: Resolved, that the Committee on Educational Planning, Policies, and Programs approve the two requests for program establishment and recommend them to the full Board of Governors for a vote through the consent agenda.

Motion: Gene Davis

Motion carried

The following programs were recommended for discontinuation:

- Western Carolina University
 - Master (M) of Innovation Leadership and Entrepreneurship (CIP 52.1499)

MOTION: Resolved, that the Committee on Educational Planning, Policies, and Programs approve the one request for program discontinuation and recommend it to the full Board of Governors for a vote through the consent agenda.

Motion: Gene Davis

Motion carried

4. Civil Discourse Initiatives in the UNC System (Item A-4)

Dr. David English was joined by Dr. Melanie Escue of the University of North Carolina Pembroke and Ms. Liz Le Grange of Constructive Dialogue Institute to present an overview of civil discourse initiatives in the UNC System. President Peter Hans presented opportunities for the UNC System moving forward.

5. Closed Session

MOTION: Resolved, that the Committee on Educational Planning, Policies, and Programs move into closed session to prevent the premature disclosure of an honorary award or scholarship pursuant to Chapter 143-318.11(a)(2) of the North Carolina General Statutes.

Motion: Sonja Phillips Nichols

Motion carried

THE MEETING MOVED INTO CLOSED SESSION AT 3:58pm.
(The complete minutes of the closed session are recorded separately.)

THE MEETING RESUMED IN OPEN SESSION AT 4:02pm.

There being no further business and without objection, the meeting adjourned at 4:03pm.

Sonja Phillips Nichols, Secretary

AGENDA ITEM

A-2. Southeastern North Carolina Healthcare Needs.....Aswani Volety

Situation: The committee will receive information on healthcare access challenges and physician workforce needs in southeastern North Carolina.

Background: North Carolina faces significant physician workforce shortages, particularly in rural and southeastern regions of the state. These shortages contribute to delays in care, increased reliance on emergency departments, and reduced access to primary and specialty services. Population trends indicate that these challenges are expected to intensify over time. At the same time, demand for medical education opportunities among North Carolina students exceeds current capacity, further straining the state's long-term healthcare workforce pipeline.

Assessment: Information will be provided to the committee on current medical needs in southeastern North Carolina, including physician shortages, healthcare access barriers in rural communities, and the importance of expanding training capacity and community-embedded clinical partnerships to strengthen the regional healthcare delivery system. The discussion will also highlight the role of technology-enabled learning, interprofessional collaboration, and distributed clinical training models in addressing workforce and access challenges in underserved areas.

Action: This item is for discussion only.

An Expansion Proposal

UNCW Medical Education in North Carolina

Advancing medical education
and expanding the future of healthcare
workforce development in North Carolina



UNIVERSITY of NORTH CAROLINA WILMINGTON



A Future-Focused Request



- North Carolina faces significant physician workforce shortages, particularly in rural and southeastern regions of the state.
- These shortages already contribute to delays in healthcare, and the state's population is expected to continue expanding, especially in UNCW's region.
- **UNCW requests authorization to initiate planning for the development of an accredited 4-year medical degree program and accelerated 3-year track.**
- The goal is to strengthen North Carolina's physician workforce and support long-term regional healthcare needs.
- This exploration aligns with UNCW's state-mandated mission to serve Southeastern North Carolina.

UNCW Seeks to Address an Unmet Need

- North Carolina is a fast-growing state, but we rank 40th out of 50 states for medical students per capita.
- Even with recent expansions at institutions in NC, **the state's physician supply does not meet current demand.**
- Rural communities are particularly affected, often lacking consistent, high-quality care.
- Physician shortages across Southeastern NC lead to long wait times, overuse of emergency departments, and limited specialist availability, resulting in higher levels of hospitalizations which further tax the healthcare system.

North Carolina faces a projected deficit of

7,725 physicians by 2030 due to population growth and aging demographics.

Southeastern NC's population has grown by

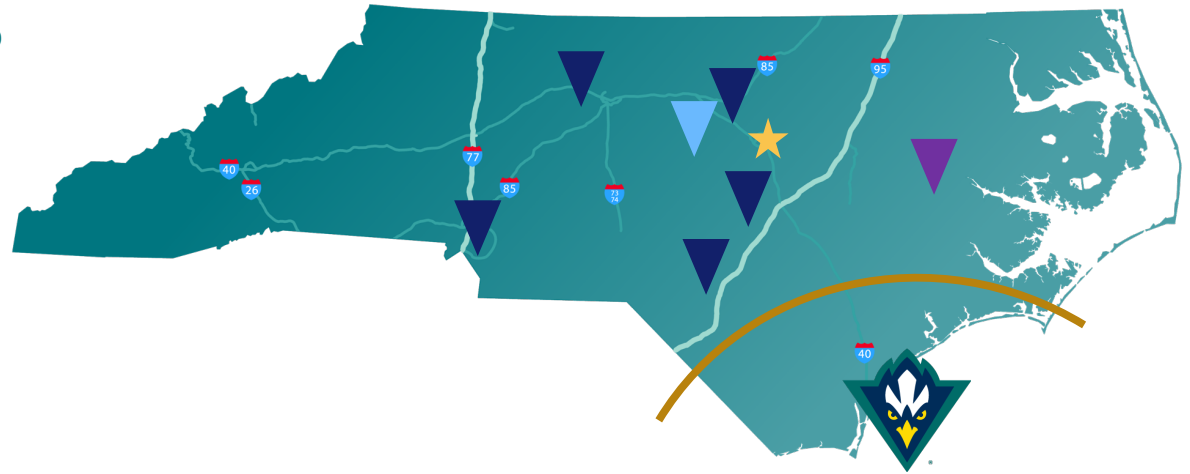
13% since 2020.



The Case for Expansion at UNCW

Existing medical education programs are **two or more hours away** from North Carolina's fast-growing southeastern communities.

- Expanding medical education supports workforce stability and healthcare access across North Carolina, but especially in southeastern NC.
- A new medical education program based at UNCW aligns physician training with regional population and healthcare needs in an area long identified as having service disparities.



68% of medical students stay in the region where they go to school/complete residency.



Demand for Education Exceeds Capacity



We have a “brain drain” challenge.

Many qualified North Carolina residents cannot secure seats in existing medical school programs, limiting access, affordability, and workforce development.

- In 2025, 1,409 NC residents applied for medical school. Less than half were accepted.
- Of those: 55% to NC schools; 45% to out-of-state programs.
- Studies show the students who leave NC for medical education and residency are unlikely to come back.
- Since 2013, there has been a 60% increase of applications to NC Medical Schools with only 20% growth in the number of seats.

A Collaborative Model

- UNCW is **not** proposing a traditional teaching hospital model.
- The proposed exploration is meant to **complement – not compete with – the excellent programs at other state institutions.**
- Our concept relies on **collaborative training placements** with FQHCs, existing and future hospitals, clinics, and medical practices across the region.

A UNCW-based program would add **new training capacity for NC**, not take away existing locations and resources from other programs.



A Modern Approach

Build a 21st Century medical program to prepare physicians more effectively and efficiently without compromising quality, trust, or accreditation integrity.

- **Accelerated Track**

4-year program with selective 3-year track that reduces debt burden for qualified students and creates an accelerated workforce pathway for physicians in the region.

- **Technology Driven**

Curriculum, simulations, and clinical experiences built from the ground up to leverage artificial intelligence and other advanced technologies.

- **Interprofessional Education and Practice**

Teams of students from multiple professional programs learn with, from, and about each other in a manner that promotes high-quality, team focused, patient-centered care.

Two Decades of Growth in Health Sciences

- Our model builds on two decades of UNCW's institutional growth in Health Sciences, addressing workforce shortages in Southeastern North Carolina.
- UNCW is/will soon offer related and complementary academic programs including Biology, Chemistry, Exercise Science, Nursing, Pharmaceutical Chemistry, Physician's Assistant, Physical Therapy, Psychology, Public Health, and Respiratory Therapy that address healthcare needs.



A Large Pool of Potential Applicants

Strong Undergraduate Pipeline at UNCW

- Over 2,000 pre-health undergraduate students ensures a well-prepared applicant base for medical education programs.
- If we want to have more doctors in Southeastern North Carolina, we must bring the opportunities to them.



UNCW
retention rate: **88%**

Graduation rate: **72%** (6-year)



Clinical Capacity and Community Alignment

- **Clinical Expansion in Southeastern NC**
New and existing hospitals and medical centers are adding acute-care beds, reflecting regional growth and increasing healthcare demand.
- **Community Partnerships**
Collaborations with local healthcare centers and rural hospitals will expand student training opportunities.
- **Philanthropic and Endowment Support**
UNCW has secured philanthropic support plus strong regional foundation and donor interest in workforce development and community-focused physician training.



Community Representatives

- **Yousry and Linda Sayed '78, '85M** – He is a member of the UNCW Board of Trustees and president and CEO of Quality Chemical Laboratories, a Wilmington-based global company. She is a partner at Block, Crouch, Keeter, Behm & Sayed, LLP in Wilmington.
- **Hugh Caison '85** – He is a community business leader and the chair of the UNCW Board of Trustees.
- **Dane Scalise** – He is a member of the UNCW Board of Trustees and New Hanover County Commissioner.



UNCW Financial Approach

- UNCW intends to evaluate a **diversified funding model**:
 - Tuition aligned with UNC System expectations
 - Philanthropic support
 - Clinical partnerships
 - State and federal investment
- The objective is to ensure any future proposal is **fiscally responsible and sustainable**.



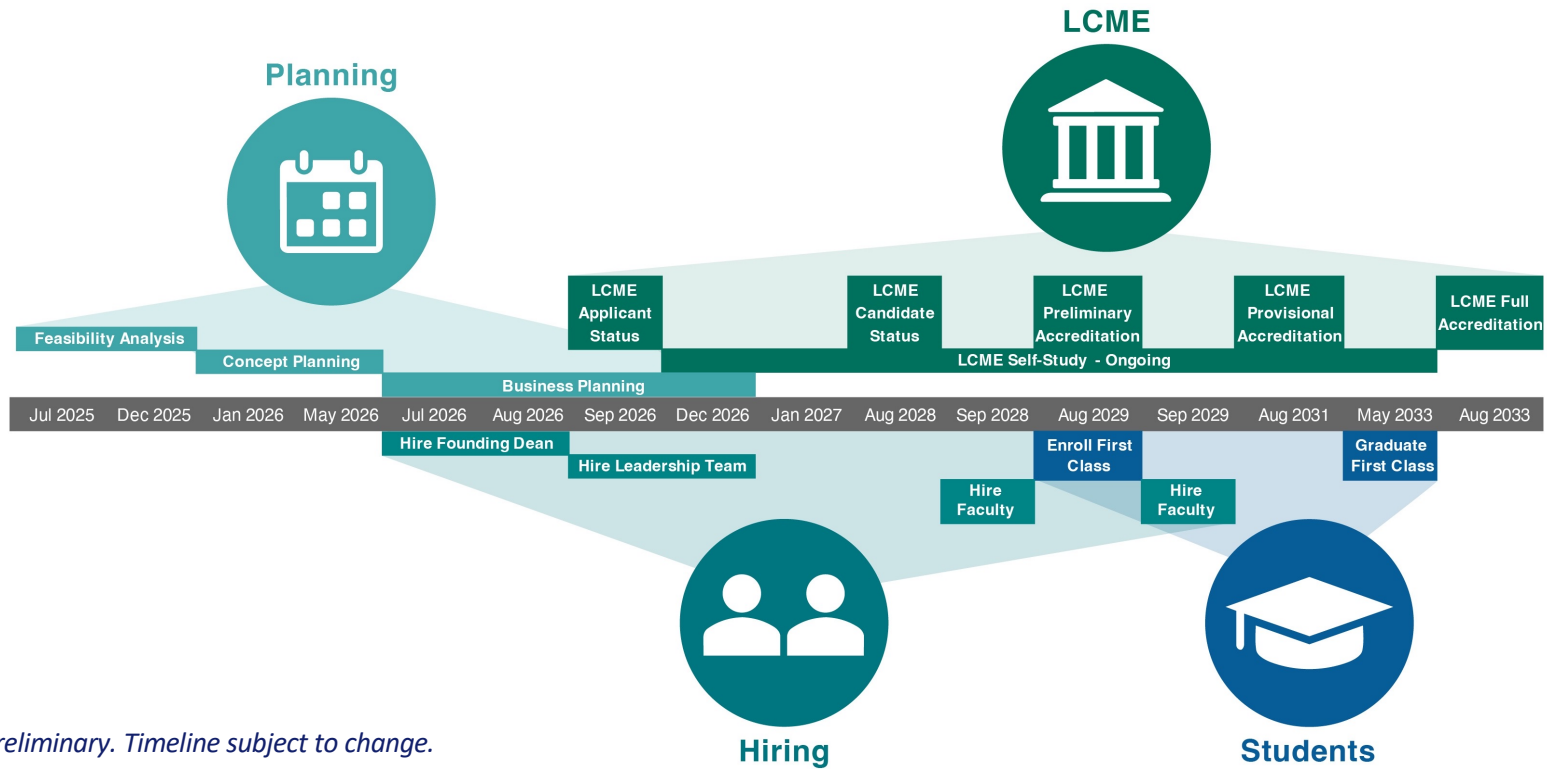
Requested Board of Governors Action

UNCW requests authorization to initiate planning for the development of an accredited 4-year medical degree program.

A 3-year accelerated track option is planned within the program.



Project Timeline



Information is preliminary. Timeline subject to change.

Help UNCW Plant the Seed

- 4-year medical degree program with an accelerated, 3-year track option
- New, innovative curriculum infused with technology-enabled learning and interprofessional collaboration
- Incorporate distributed clinical training models
- Primary care specialties
- Model could be replicated in other regions

You can count the number of seeds in an apple, but you cannot count the number of apples in a seed.

50+
years

since last public
medical school
launched in NC.



North Carolina's population
has essentially doubled in 50
years, from approximately
5.5M to more than **11M.**



Thank you

Questions?



UNIVERSITY *of* NORTH CAROLINA WILMINGTON



School of Medicine

Proof of Concept

University of North Carolina Wilmington

Date Submitted: 2-15-2026

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Executive Summary

An independent, public School of Medicine degree at the University of North Carolina at Wilmington (UNCW), structured as a four-year program with an embedded, accelerated three-year track presents the most strategic and sustainable solution to address the growing healthcare and workforce needs of Southeastern North Carolina. As a stand-alone institution, the School of Medicine will allow UNCW to leverage its academic excellence, institutional stability, and statewide mission while partnering with Novant Health and other regional healthcare systems to provide a robust network of clinical training opportunities. Together, these partnerships will combine UNCW's academic rigor, research capacity, and access to state and philanthropic resources with the region's advanced clinical infrastructure, experienced practitioners, and comprehensive understanding of the challenges facing coastal and rural communities.

This regionally focused approach to addressing localized needs and leveraging existing assets will define every aspect of the medical education program. Students will gain hands-on experience across Novant Health facilities, Federally Qualified Health Centers (FQHCs), rural hospitals, and community clinics, ensuring training in the environments where physicians are needed most. By blending academic preparation with immersive, community-based learning, the program will cultivate physicians who are not only clinically exceptional but also connected to the people and places they serve. In alignment with UNCW's broader mission, the curriculum will emphasize interdisciplinary collaboration and problem-solving skills essential for leadership in a rapidly evolving healthcare environment.

The economic reach of the UNCW School of Medicine will extend far beyond healthcare. The construction and operations of both campus and community facilities will generate high-wage jobs, expand the tax base, and fuel growth across housing, retail, and professional services. Over time, increased physician retention in the region will stabilize access to care, enhance the region's attractiveness to employers and retirees, and support industry growth in biotechnology, clinical research, and health innovation.

The UNCW School of Medicine represents a transformational opportunity to address the state's physician shortage, retain North Carolina's homegrown medical talent, and drive long-term health and economic resilience across Southeastern North Carolina. It also fulfills a state mandate from almost two decades ago, which formed the College of Health and Human Services for the express purpose of addressing the healthcare workforce deficit in Southeastern NC.

Mission and Strategic Plan Alignment

Mission Alignment

The proposed School of Medicine (SOM) emanates from and closely aligns with the UNC System and UNCW missions. The SOM graduates will help fulfill the UNC System's mission "to discover, create, transmit, and apply knowledge to address the needs of individuals and society." These professionals apply specialized knowledge and clinical skills to address the healthcare needs of a growing North Carolina population, particularly the state's rapidly increasing elderly population. These demographic shifts acutely influence healthcare in UNCW's service region, Southeastern NC, including New Hanover and the surrounding predominantly rural counties (i.e., Bladen, Brunswick, Columbus, Duplin, Onslow, Pender, Sampson). Further, tenure-track SOM faculty will discover and create new knowledge in basic and clinical care to advance the healthcare field regionally and beyond.

UNCW's mission commits the institution to establish programs "in areas of expertise that serve state needs." The proposed SOM supports this mission by addressing increasing demand for primary and specialized healthcare services, particularly among the region's aging and rural populations.

Strategic Plan Alignment

The proposed program addresses multiple initiatives identified in the UNC System's 2022-2027 Strategic Plan [1]. Specifically, UNCW's SOM degree addresses the strategic goals of improving access, affordability, economic impact, and community engagement. The proposed SOM program will improve access for North Carolina residents to a highly desired medical degree program, the first of its kind to be added to the UNC System's portfolio of academic programs in almost 60 years. The rapid and sizeable population growth across the state, and particularly in Southeastern NC, coupled with the significant in-state demand for seats in UNC System-affiliated programs, indicates the need for a new SOM degree at UNCW. According to the feasibility study completed by Tripp Umbach, the program will not only increase access but will do so at a competitive price point compared to private SOM programs in the state, thereby significantly decreasing student debt [2].

The proposed SOM degree program addresses several strategic priorities included in UNCW's current Strategic Plan [3]. Most prominently, the proposed program directly addresses the institution's priority to "establish a comprehensive academic health sciences center that expands health-related education, community outreach, and research to meet the evolving regional needs" (Priority 9). The proposed program also addresses UNCW's commitment to address critical workforce needs across the state (Priority 7), expand research to address complex problems that

lead to economic development (Priority 8), increase access and affordability for students (Priority 1), and establish UNCW as a destination employer of choice (Priority 4).

Student Demand for Medical Education

Gaps in Medical Education Accessibility

There is a significant accessibility gap for students seeking medical education, with demand for admission far exceeding the available seats nationwide. For the 2025–2026 admissions cycle, osteopathic programs (DO) received 23,114 applications for 10,297 total seats (2.24 applicants per seat) [4]. Allopathic programs (MD) evidenced similar accessibility gaps with 54,699 applicants for 23,440 seats (2.33 applicants per seat) [5]. On average, students applying for admission to DO programs submitted nine applications while students pursuing admission to an MD program submitted an average of 19.5 applications. More than 44,000 *qualified* applicants were not admitted to any U.S. medical school, leading some of these students to pursue their medical education in offshore programs with higher attrition and lower residence placement rates [6].

In the 2025–2026 academic year, most medical school applicants preferred to attend school in their home state. Of the 23,440 MD matriculants nationwide, 59.3% enrolled in a medical school within their state of legal residence, while 40.7% matriculated out-of-state. North Carolina lagged this national average; of the 637 North Carolina matriculants, 55% enrolled in a North Carolina SOM program, while 45% matriculated out-of-state. Despite UNC-Chapel Hill School of Medicine matriculating 83.4% in-state students and the Brody School of Medicine enrolling 100% in-state students, a large percentage of North Carolina students matriculated to an out-of-state SOM program. Further, of the 1,409 North Carolina students who applied to medical school for the 2025-2026 academic year, 788 (56%) did not matriculate to any U.S. SOM. Table 1 below provides applicant and matriculant data for the four institutions in North Carolina that grant MD degrees. [7]

Estimates of Applications

Overall, there is a strong statewide demand for access to medical education opportunities. As displayed in Table 1, in-state application data of medical schools in North Carolina indicate the proposed UNCW School of Medicine will attract a large, highly qualified, and diverse applicant pool, mirroring national trends at new medical schools. Based on enrollment data from new medical degree programs at comparable institutions and consultant data, UNCW anticipates receiving over 2,000 applications in the program's first year to fill the inaugural class of 60 students. For example, Wake Forest University's Charlotte campus (first cohort 2025) received 12,800 applications for 49 seats, the Alice L. Walton School of Medicine (independent, non-profit, first cohort 2025) received over 2,000 applications for 48 seats, and the California

University of Science and Medicine (first cohort 2018) receives more than 5,000 applications annually for a cohort target of approximately 130 students [2].

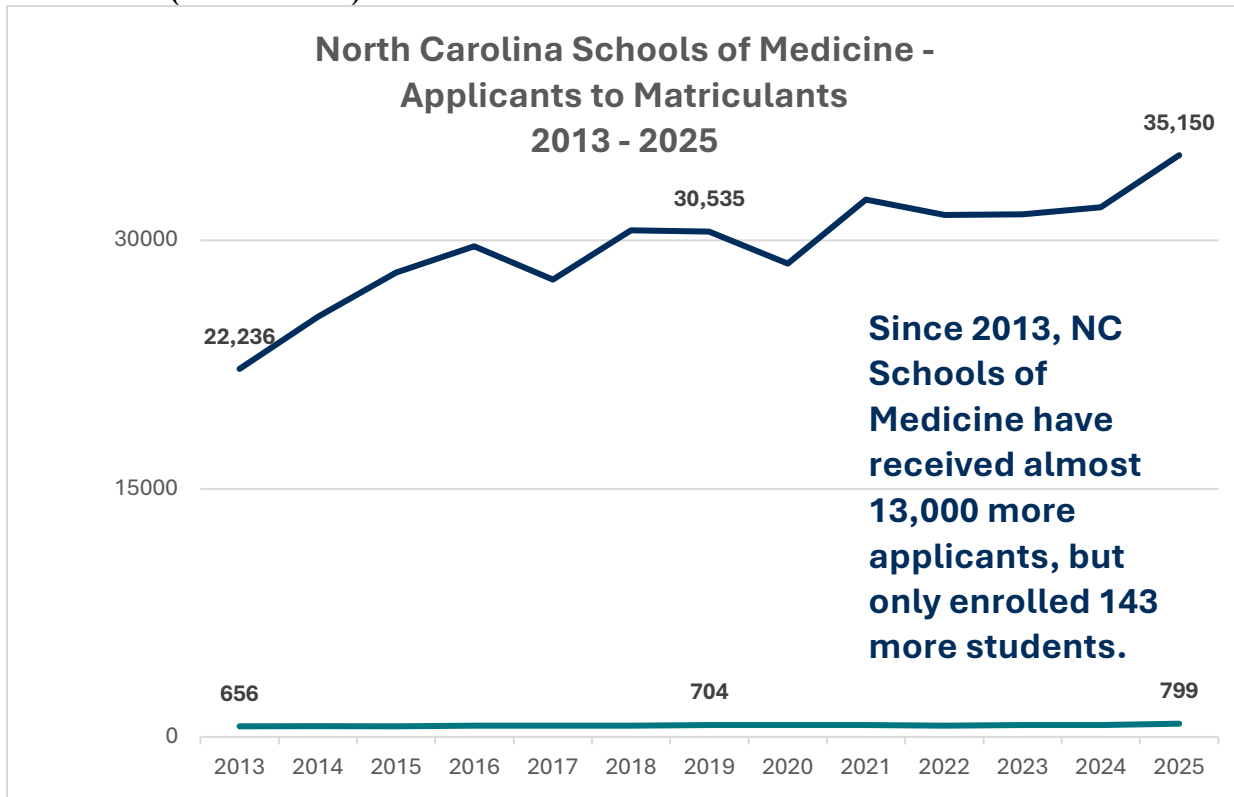
Table 1: 2025-2026 North Carolina Medical School Applications and Matriculants

Medical School	Applications			Matriculants		
	# of Applications	In-State %	Out of State %	# of Matriculants	In State %	Out of State %
Duke	9,234	7.7	92.3	123	15.4	84.6
East Carolina-Brody	2,267	47.5	52.5	91	100	0
North Carolina	6,264	18.1	81.9	229	83.4	16.6
Wake Forest	12,800	8.0	92.0	194	25.3	74.7
Total - All M.D. Granting Institutions	1,066,896	22.0	78.0	23,440	59.3	40.7

Source: [AAMC FACTS](#) [7]

Figure 1 below displays longitudinal data for applications received compared to the number of students who matriculated annually at North Carolina Schools of Medicine (both MD and DO programs). Although many students apply to multiple institutions for consideration, these data clearly indicate there is a significant gap between medical school demand and available slots. Indeed, the application-matriculation gap in NC has expanded over the past 12 years and will most certainly continue to widen commensurate with our state's continued population growth. The number of applications to MD and DO programs in the state has grown by nearly 13,000 (58.1%) over that period, while the size of the entry cohort has remained relatively stagnant (see Appendix A for tabular data). In sum, Figure 1 clearly demonstrates the demand for additional capacity in the state.

Figure 1: Trends of Applications and Matriculations at North Carolina Schools of Medication (2013 to 2025)



Source: *AAMC.org Fact Sheet Data (SOM) [7]* and *AACOM.org Research Reports [10]*

Distance to Medical Education in North Carolina

Given students' propensity to study close to home, it is imperative to highlight the geographic gaps in medical education in the state (see Table 2). North Carolina currently hosts four MD programs, and one DO program, with significant geographic gaps for students in the southeastern region. Distances from Wilmington to existing schools range from 117 miles (Brody School of Medicine) to 236 miles (Wake Forest). New schools are under development, including Methodist University–Cape Fear Valley Health School of Medicine (98 miles; opening 2026) and a proposed Cone Health medical school in Greensboro (170 miles). Thus, students from Southeastern NC are largely geographically isolated from institutions, particularly UNC System institutions, that grant medical degrees. Data indicates students typically practice in regions geographically proximal to where they complete their clinical education; hence, locating a School of Medicine at UNCW is critical to serving the student educational demand and the healthcare needs of residents in the region.

Table 2: Distance from UNCW to Medical Schools in North Carolina*

Name	Address	City	Zip	Approximate Distance (driving from Wilmington)
Campbell University–Jerry M. Wallace School of Osteopathic Medicine	143 Main Street (Buies Creek campus)	Buies Creek (Lillington area)	27506	120 miles
Brody School of Medicine at East Carolina University	600 Moye Blvd.	Greenville	27834	117 miles
Duke University School of Medicine	DUMC 2927, 40 Duke Medicine Circle, 124 Davison Building	Durham	27710	157 miles
University of North Carolina at Chapel Hill School of Medicine	1001 Bondurant Hall, CB #9500, 321 S. Columbia St.	Chapel Hill	27599	160 miles
Wake Forest University School of Medicine	Bowman Gray Center for Medical Education, 475 Vine Street, Suite 130	Winston-Salem	27101	236 miles
Wake Forest University School of Medicine	South McDowell Street and Baxter Street in the Pearl District	Charlotte	28201	204 miles

[Medical School Headquarters. U.S. Medical Schools.](#) [9]

Societal Need for a New School of Medicine in the UNC System

The societal need for a third public medical school in the UNC System is evidenced through national and state physician shortages, a growing aging population, the urgent need for more and better healthcare access in rural areas, and the significant veteran and active-duty military

presence in the state and particularly in Southeastern NC.

North Carolina's Physician Shortage

North Carolina faces a severe and worsening physician shortage that threatens the stability of its healthcare system and patients' access to care. The Health Resources and Services Administration tracks physician shortages across the nation and their data for the state as a whole and Southeastern NC are stark. The state's impending physician shortage of 7,725 doctors by 2030 [12], mirrors national estimates of a physician shortage of about 187,130 doctors by 2037 [13]. The shortage is most acute in primary care, with 195 federally designated Health Professional Shortage Areas (HPSAs) requiring more than 400 additional providers to meet minimum federal thresholds [13]. Population-to-physician ratios vary widely statewide, from a very strong 550:1 in Orange County to an alarmingly low 18,760:1 in Warren County. The statewide average of 1,410:1 trails the national benchmark of 1,330:1.

In Southeastern NC, disparities are especially stark. While New Hanover County has a relatively favorable ratio (1,090:1), Duplin County faces a crisis at 4,410:1, with Bladen, Brunswick, Columbus, Onslow, Pender, and Sampson also exceeding state and national averages. These gaps lead to longer wait times, over-reliance on emergency departments for primary care, and worsening health outcomes for patients with chronic conditions, especially among vulnerable populations with high Area Deprivation Index scores [2].

Research by the Cecil G. Sheps Center for Health Services Research also indicates significant physician shortages across the state. While data definitions differ across HRSA and SHEPS data systems, the issue remains that there are shortages across NC counties, and especially prevalent in SENC. Despite modest increases in physician numbers from 2022 to 2024, most counties in Southeastern NC continue to have physician-to-population ratios well below the state average (see Table 3). Bladen, Brunswick, Columbus, Duplin, Pender, and Sampson counties all remain well under the statewide average of 11.8 physicians per 10,000 people. For example, Pender County marginally improved their ratio over the last two years but remained well below the average at 4.03 physicians per 10,000 people. Meanwhile, Duplin County's ratio declined from 9.03 to 7.25 physicians per 10,000 people in the last two years [14].

Severe and persistent physician shortages in rural southeastern NC counties, including Bladen, Columbus, Duplin, Pender, and Sampson, are driving a steady inward flow of patients to New Hanover County, overwhelming a healthcare system that already operates at or very near capacity. As rural hospitals and clinics struggle to recruit and retain primary care physicians and specialists, patients are increasingly forced to seek care in Wilmington for problems that should be managed locally, turning New Hanover into the default safety net for an eight-county region. This regional imbalance leads to prolonged wait times for specialty appointments, congested outpatient practices, and emergency departments crowded with patients who have delayed care or lack timely access to primary care. The cumulative effect is a system under constant strain, where clinicians face unsustainable workloads, preventive care is crowded out by crisis-driven utilization, and timely, coordinated care becomes harder to deliver for both local residents and

the broader Southeastern NC population that depends on New Hanover County for access. More explicitly, the profound scarcity of physician resources in surrounding counties leads to system overwhelm for physician and hospital resources in New Hanover County, as patients have only the New Hanover County resources available to them for lifesaving and routine care.

Table 3: Physician Rate per 10,000 People, 2022-2024 [15]

County	2022	2023	2024
Bladen	5.52	6.23	6.59
Brunswick	10.95	10.69	10.61
Columbus	12.99	13.61	11.82
Duplin	9.03	8.54	7.25
New Hanover	33.89	34.46	36.05
Onslow	8.35	8.33	8.1
Pender	3.39	3.71	4.03
Sampson	8.65	9.42	9.7
North Carolina	25.18	25.69	26.14

The physician supply problem extends across specialty areas. Twenty-seven NC counties have no OB-GYNs; 26 counties lack a licensed psychologist, and nine counties have no physicians at all. In addition, 99 primary care facilities are Health Provider Service Area (HPSA)-designated, underscoring recruitment and retention challenges. Bladen, Pender, and Sampson consistently record among the worst shortage scores in the state.

Several current and projected demographic factors intensify these gaps, including a growing aging population, a robust military population, rural isolation, and low socioeconomic status. For example, NC's aging population is accelerating demand. Currently, 22.1% of residents are 65 and older; a share projected to rise to 28.4% by 2060, with the 65-and-older population doubling and the 85-and-older population more than tripling. By 2060, Southeastern NC's 65+ population will number 373,451, an increase of 173,647 over the next 35 years. In-migration from this disproportionately elderly population will drive median age up in the region, particularly in New Hanover and Brunswick Counties where median age is expected to rise by almost 6 years to 47.4 and 66.6 years, respectively, by 2060 [15]. This demographic shift will require more providers in primary care, geriatrics, and high-need specialties. The state is also home to the eight largest veteran population in the U.S., with more than 620,000 veterans in 2022. Many bring complex healthcare needs, including disabilities requiring ongoing and specialized care. Combined with

the presence of active-duty service members, dependents, and civilian employees, this population further underscores the demand for expanded physician capacity. Finally, 71 of NC's 100 counties are rural, with residents traveling long distances to access healthcare. Further complicating this access gap is that a significant portion of rural county residents live below the poverty line. Poverty rates in the counties surrounding New Hanover County range from 11.4% (Pender) to 20.1% (Columbus) [16]. Rapid population growth has also strained these communities, adding nearly as many residents in the past three years as in the previous decade.

At present, Southeastern NC functions as a net importer of physicians. The region depends heavily on recruiting clinicians trained elsewhere to offset shortages driven by population growth, aging demographics, and persistent rural access gaps. This dynamic worsens the statewide shortage by shifting physicians from other North Carolina communities rather than increasing the overall supply, making workforce challenges more difficult and costly to solve statewide. Evidence consistently shows that physicians are far more likely to practice near where they complete both medical school and residency training [17]. The creation of an independent, regionally anchored medical school at UNCW, paired with deliberate expansion of Graduate Medical Education focused on rural and community-based training, would change this trajectory. Over time, Southeastern NC would become a net exporter of physicians, producing more locally trained doctors than the region alone requires and strengthening the healthcare workforce across North Carolina.

Taken together, these factors highlight the urgency for building a sustainable pipeline of locally trained physicians in primary care, mental health, geriatrics, and other specialties to meet Southeastern NC's growing healthcare needs.

Potential for Graduate Medical Education in Southeastern NC

Tripp-Umbach's feasibility study determined that Wilmington possesses significant assets to support expanded Graduate Medical Education (GME). Novant Health New Hanover Regional Medical Center (NHRMC) already maintains accredited residency programs in Family Medicine, Internal Medicine, General Surgery, OB/GYN, and Psychiatry with Emergency Medicine and other specialties needed in the region. Additional clinical capacity exists through regional hospitals, Federally Qualified Health Centers, and physician groups that serve rural and high-need communities.

As illustrated in the previous section, several converging statewide trends reinforce the need for GME expansion. State retention data show that physicians who complete both medical school and residency in the same region are significantly more likely to stay and practice in that region (>68%) [2]. Tripp-Umbach's feasibility study concluded that expanding medical education through an independent, public School of Medicine at UNCW, paired with robust GME expansion, is the most impactful solution for strengthening the regional healthcare workforce. Preliminary discussions regarding additional Graduate Medical Education (GME) expansion have begun with leadership from Novant Health, Southeast Area Health Education Center

(SEAHEC), and Goshen Medical Center. These early conversations reflect shared recognition of the region's accelerating workforce needs and the importance of coordinated planning to expand residency training capacity, with particular emphasis on rural communities in Southeastern NC. And, indeed, GME expansion in the region is already underway, as Novant Health has increased GME positions from approximately 70 positions in 2021 to a planned 120 by 2028. Approved hospital expansions are also underway in the region; when viewed alongside the 2026 State Medical Facilities Plan's certificate of need for an additional 225 hospital beds in New Hanover County, it's evident even more substantial capacity will be required.

Economic modeling shows that GME expansion will generate substantial regional benefits. Residency programs alone contribute approximately \$450,000 per resident annually in economic impact, and locally retained physicians provide more than \$3 million in economic activity per physician per year. The broader economic effects include job creation, research growth, and development of healthcare- and biotech-related industries [2].

In sum, Tripp-Umbach's feasibility study demonstrates a strong need and clear opportunity to expand GME in Southeastern North Carolina. By building on UNCW's academic strengths, Novant Health's clinical infrastructure, and regional demand for healthcare providers, Wilmington can become a major center for physician training and retention, ultimately improving healthcare access, equity, and outcomes across the region.

Revenue, Total Cost of Attendance, and Return on Investment

Financial Model and Revenue Strategy

UNCW has developed a comprehensive and diversified financial model for the proposed medical degree program grounded in national benchmarks and existing public medical education models within North Carolina. The structure is intentionally balanced to ensure long-term sustainability without overreliance on any single revenue source. The model clearly delineates tuition revenue, state investment, philanthropic support, and institutional bridge funding.

Tuition Positioning Within the UNC System

UNCW's proposed in-state base tuition of \$27,500 positions the program competitively within the UNC System. For comparison:

- East Carolina University Brody School of Medicine: \$22,252
- University of North Carolina at Chapel Hill School of Medicine: \$33,958

At \$27,500, UNCW's tuition remains below Chapel Hill and within a reasonable range of ECU, placing it squarely within the established spectrum of public medical education pricing in North Carolina. This pricing reflects a deliberate effort to balance affordability with the resources required to deliver high-quality instruction, clinical training, and student support.

The pro forma assumes 100% in-state enrollment, reinforcing the institution's focus on addressing North Carolina's physician workforce needs while helping contain long-term student debt burdens.

Tuition revenue will begin in 2029 with the matriculation of the inaugural class of 60 students. At that level, first-year tuition revenue is projected at approximately \$1.65 million. As enrollment scales to a steady-state target of 466 students across four years by 2035, annual tuition revenue is projected to reach approximately \$15.3 million based on base tuition alone. At full enrollment, tuition is projected to represent roughly one-third of instructional operating costs, before accounting for clinical revenue, research activity, or health system partnerships.

State Investment Structure

The financial model reflects two distinct forms of state partnership.

Startup Appropriations (2028–2031)

Approximately \$25.7 million in phased appropriations will support program establishment, recruitment of founding leadership and faculty, curriculum development, accreditation preparation, and foundational infrastructure.

Ongoing Operational Support (Beginning 2029)

Recurring appropriations of approximately \$60,000 per enrolled in-state student will support core instructional operations and sustain public medical education capacity.

This dual structure ensures the medical school is launched with appropriate upfront investment while aligning long-term recurring support with enrollment growth.

Philanthropy and Endowment Support

Private investment represents a foundational pillar of the medical school's financial strength. A significant leadership gift has already been secured in support of the proposed medical school, and additional major commitments are actively being cultivated contingent upon authorization to proceed.

The financial model includes:

- An endowment generating approximately \$2.25 million in annual interest income; and
- Approximately \$3 million in additional annual philanthropic support.

These projections reflect sustained and deliberate advancement efforts. Philanthropy is not supplemental to the model; it is a strategic component designed to enhance academic excellence, expand research capacity, support scholarships, and reduce long-term pressure on tuition and state resources.

Institutional Bridge Support During Ramp-Up

During the startup and enrollment ramp-up period (2027–2032), UNCW will provide institutional bridge support as necessary to ensure operational continuity until recurring revenue streams mature. The model projects that academic operations will begin generating surplus capacity beginning in 2033 as enrollment stabilizes and all revenue pillars are fully realized.

Long-Term Financial Sustainability

At steady state, the medical school’s operating model will rest on multiple reinforcing revenue streams:

- Tuition
- Recurring state appropriations
- Endowment earnings
- Annual philanthropic support
- Research contracts and grants
- Clinical partnerships and health system investments

This diversified structure positions the proposed medical school as financially sustainable, competitively priced within the UNC System, and aligned with North Carolina’s long-term physician workforce priorities.

Estimated Total Cost of Attendance and Student Loan Debt Projection

Tuition and the total cost of attendance are significantly lower among the public medical schools in the state compared to their private counterparts. In most cases, public schools also have a significantly higher percentage of students receiving some form of financial aid. Consequently, most public medical school graduates in the state have lower levels of indebtedness. The exception to the level of indebtedness appears to be at Duke University. Fewer students receive financial aid, however, the lower level of indebtedness among their graduates compared to the other private institutions may indicate they offer high levels of aid to those students who receive it. Duke University and its School of Medicine maintain robust scholarship programs through generous support from major donors and hundreds of millions of dollars from the Duke Endowment.

Table 4: Tuition, Total Cost of Attendance, Loan Debt, and Financial Aid for NC Medical Schools

Institution	Tuition	Total Cost of Attendance	Loan Debt	% Receiving Aid
Chapel Hill	\$33,958	\$68,788	\$153,379	89%
ECU	\$22,252	\$62,129	\$108,179	89%

Wake Forest	\$66,895	\$110,448	\$248,926	75%
Duke	\$72,297	\$110,802	\$150,488	69%
Campbell	\$60,570	\$96,889	\$234,698	89%

* Tuition is annualized; Tuition and Total Cost of Attendance are from [AAMC](#) [18] and university websites; Loan Debt and % Receiving Aid are from [AAMC](#), [19] Campbell's website, and [AACOM](#) [20]

Return on Investment for Graduates and Economic Impact to the Region

While medical education is a costly endeavor, medical school graduates nationwide experience strong earnings potential and career stability, resulting in very positive career earnings-to-student debt ratios – the highest among all professions. While estimates vary, the AAMC reported the median medical student education debt for the class of 2025 was \$200,000 for graduates of public institutions, with 72% of students carrying loan debt [21]. Meanwhile, average debt for students graduating from private medical schools was estimated at over \$250,000 with 67% of students carrying debt loads. However, medical school graduates can also expect strong annual salaries, ranging from roughly \$260,000 in family medicine practice to as much as \$780,000 or more for neurosurgery. According to AAMC, 85% of physicians repay their debt in 10 or fewer years, with no specialty group averaging longer than 8.3 years to repay their medical education debt. Indeed, primary care physicians and surgeons repaid their debt in an average of 7.9 years and 7.4 years, respectively [22].

According to Tripp Umbach's economic analysis, graduates of UNCW's SOM who remain in Southeastern NC will contribute significantly to the region's economy. Beginning in 2035, each graduating class of 60 physicians, with 60% anticipated to remain in the region, is projected to generate \$115.2 million in annual economic activity. Each physician contributes an estimated \$3.2 million in economic output, supporting 17 jobs, and generating \$126,129 in state and local tax revenue annually. Beyond earnings, physicians practicing in underserved areas contribute an additional \$3.4 million per year in healthcare system cost savings.

For every \$1 invested by the state, the new medical school is projected to yield \$17.10 in economic returns yearly. This calculation does not include the economic impacts of physicians who remain in North Carolina, research spinoffs, or cost savings related to North Carolina residents having greater access to high-quality, cost-effective care close to home.

Collectively, a diversified revenue portfolio, competitive in-state tuition rates, low degrees of embeddedness, and a strong ROI for students and the regional economy offer a strong financial justification for establishing the UNCW School of Medicine.

Why UNCW and Why Now

Supporting a new medical school reflects the UNC System's stewardship of the state's future, expanding in-state training capacity, strengthening the physician pipeline, and keeping talented students here to care for North Carolinians. UNCW is strategically positioned to fulfill this commitment based on its state mandate to expand clinical health education, capacity for simulated learning and interprofessional education, portfolio of academic feeder programs, access to clinical placements and graduate medical education, and potential for private and corporate funding support. Further, UNCW understands that all System institutions must work together to serve our students and meet the healthcare needs of NC, and thus we will intentionally position ourselves to be complementary and not competitive to existing and future System programs.

State Mandate to Expand Clinical Health Education

Almost two decades ago, UNCW received a state mandate to address the healthcare workforce deficit in Southeastern NC. The first step in fulfilling that mandate was the formation of the College of Health and Human Services (CHHS) in 2010. Since that time, the CHHS has significantly expanded its clinical health degree portfolio, adding programs in nursing practice, public health, athletic training, respiratory care, and most recently, physical therapy and physician assistant studies and the University added a Clinical Psychology program that now exists within the College of Science and Engineering. The addition of these programs clearly demonstrates UNCW's ability to design and implement complex clinical programs while also securing the necessary clinical placement sites to facilitate student learning. At the same time, UNCW has significantly expanded its physical and technological infrastructure to support additional program expansion, simulated learning, clinical laboratory instruction, interprofessional education, and clinical placements. This development logically culminates in the creation of a medical school at UNCW as fulfillment of the state's mandate to address the healthcare needs of those living in the region and beyond.

Laboratory Infrastructure and Simulated Learning

UNCW has developed significant structural elements necessary to support the training of medical students. Of primary importance is its comprehensive expansion of laboratory spaces including digital and human cadaver anatomy labs. Together, these labs rival, if not exceed, the anatomical instruction capacity and sophistication of all other UNC System institutions and will provide our students with cutting edge instruction in digital anatomy and anatomical dissection. In addition, UNCW is a state leader in interprofessional education. UNCW's well-established interprofessional ecosystem, including nursing, respiratory care, social work, gerontology,

psychology, and medical students feature integrated care models and collaborative simulated learning environments that align with modern healthcare delivery. This approach ensures students are prepared for the team-based advances in patient care, which is reflective of the future of modern healthcare practice. Finally, UNCW is significantly expanding its simulation learning laboratory which provides state-of-the art, high-fidelity patient simulators, and Objective Structured Clinical Examinations in healthcare education and training to ensure professionals possess the required skills, knowledge, and competencies to deliver quality care for better patient outcomes.

Robust Undergraduate Feeder Programs

UNCW offers a robust academic program portfolio, including highly popular undergraduate programs that typically serve as gateways to medical education. Students in these degree programs, inclusive of public health, biology, chemistry, exercise science, nursing, and clinical research, among others, are heavily supported by strong existing infrastructure in admissions, advising, and student services, ensuring readiness for the rigors of medical education.

UNCW is also a statewide leader in developing academic pathways for qualified undergraduates. These pathway agreements (aka Early Assurance or Articulation agreements) establish academic frameworks and support structures that assist students in navigating curricular and other admissions requirements while also providing key support elements (e.g., professional advising, immersion opportunities) that will build a consistent pipeline of well-prepared students. UNCW has developed several of these pathway agreements with other UNC System institutions (e.g., social work, public health, pharmacy) at the undergraduate and associate degree levels and is prepared to collaborate with UNC System institutions to build additional pathways for its medical school. For example, UNCW is presently finalizing pathway agreements for its qualified undergraduates to matriculate to programs at ECU and Methodist universities. We will immediately explore reciprocal agreements with various institutional partners to provide students the maximum opportunity to pursue medical careers.

Finally, UNCW is a leader in working with our local community to build pipeline and pathway programs that cultivate student interest in health professions in the K-12 population and provide critical support structures throughout the student's educational journey. For example, through a collaborative partnership with Novant/NHRMC and the UNC School of Medicine, CHHS offers the Interdisciplinary Health Education for Aspiring Leaders program, in which students explore a variety of healthcare careers and majors. Students gain an understanding of the healthcare careers available in Southeastern NC, how social determinants and structures impact health, and how academic programs can prepare students to become health leaders. A second example is UNCW's Coastal Community Healthcare Fellowship, which provides professional and personal mentoring while developing an appreciation for and a commitment to living and working in Southeastern NC.

Access to Clinical Placements and Graduate Medical Education

Identifying suitable clinical placements is a primary concern for all clinical programs and is increasingly a challenge for UNC System institutions as private and out-of-state programs seek placements in the same service regions as UNC System programs. However, the growing regional population and current expansion of healthcare facilities necessary to provide care, UNCW is well-positioned to cultivate clinical placements in the region sufficient to support a medical school at UNCW. Current and planned developments include MedNorth Health Center's expansion, new Novant Health hospital facilities in Scott's Hill and Leland, a new Atrium Health hospital in Delco, and the addition of 225 new acute care hospital beds in New Hanover County alone as identified in the 2026 State Medical Facilities Plan. Together, these investments represent a coordinated response to rising demand across hospital, ambulatory, and federally qualified health center settings. They also create a growing and durable platform for clinical education that signals the need for expanded GME capacity. While Novant Health has made meaningful progress in residency growth, the scale and trajectory of regional clinical expansion indicate that additional GME development will be required to align physician workforce supply with long term population and access needs. As new facilities come online and practices expand, formal agreements for GME expansion will be completed. In addition, ongoing engagement with rural health transformation project is being assessed for the opportunity to expand GME into rural North Carolina counties.

Moreover, UNCW is committed to working collaboratively with other UNC System institutions to ensure clinical opportunities exist for all students. We believe that leveraging the strengths and regional identities of system institutions is a more effective and efficient way to secure sufficient and high-quality clinical sites than continuing to negotiate in geographical and institutional silos. While this requires good-faith commitments from all UNC System programs, we believe it is more effective to collaborate and communicate to ensure all needs are met.

Community Support and Access to Philanthropic Resources

UNCW has broad support from local business and industry leaders, philanthropic organizations, healthcare partners, and elected officials who are heavily committed to bringing a standalone School of Medicine to UNCW. While conducting the feasibility study, Tripp Umbach interviewed 17 community leaders representing healthcare providers, local government, economic development organizations, public health agencies, and other regional partners. Summary findings demonstrate broad and deep support for an independent medical school at UNCW. Further, they highlight in the feasibility study that the region's key players responsible for helping resource a newly established medical school, grow the clinical infrastructure in the region, and invest in and retain the physician workforce are aligned. Stakeholders consistently described the initiative as "transformational," emphasizing its potential to expand the physician pipeline, enhance access to care, reduce patient outmigration, and drive economic development. Moreover, the collaborative alignment between UNCW and Novant Health

positions the region to create a mission-driven School of Medicine program rooted in health access, service to underserved communities, and commitment to rural health. Community-based training through partnerships with rural hospitals (FQHCs), and public health agencies will ensure that medical students train in environments where physicians are needed most.

The sale of New Hanover Regional Medical Center to Novant Health also provides unique opportunities and assets that align well with UNCW's proposed SOM. Terms of the contract for the sale of New Hanover Regional Medical Center obligate Novant to spend more than \$2.5 billion on capital expenditures to invest in its healthcare businesses in the region, plus \$600 million in routine capital expenditures. They are also compelled to spend \$30 million a year expanding New Hanover's graduate medical education. Many of these investments have already been made, with the approved hospital developments and GME expansion in the region underway. This expanded infrastructure will offer medical students educated at UNCW the opportunity to remain in the region for GME and career placement. The sale also led to the creation of hospital conversion foundation - the New Hanover Community Endowment. With roughly \$1.6 billion in endowed assets, the Endowment is obligated to allocate its funds across four focus areas – education, healthcare, community safety, and community development – with the expressed purpose of improving the lives of New Hanover County residents. Overall, the Endowment grants \$60-80 million per year to public and nonprofit organizations in the region and will do so in perpetuity. UNCW is well-positioned to access these philanthropic dollars in support of bolstering the physician pipeline in the region. Indeed, as a current grantee and partner of the Endowment, UNCW is already collaborating with regional agencies to strengthen the nursing pipeline in the region.

Finally, UNCW has access to a network of high-wealth investors who are committed to supporting a medical school at UNCW. As part of its ongoing donor cultivation efforts, UNCW has already secured a \$20,000,000 gift in support of a prospective medical school and has leveraged this initial gift to cultivate additional major corporate and private donor support.

Complementary Not Competitive to Existing System Institutions

The case for an independent School of Medicine at UNCW must be understood not as a competitive move within the UNC System, but as a strong investment towards a comprehensive statewide solution that will meet future workforce demands across the state. It strengthens NC's overall capacity to educate physicians, expand clinical training, and meet escalating healthcare needs. The fundamental question is not whether existing medical schools are performing well. They are. The question is whether the current structure is sufficient for the scale and geography of the challenge our state now faces.

An independent School of Medicine at UNCW would complement existing UNC System institutions by adding net new educational and training capacity aligned with the state's most pressing health needs, rather than redistributing students, faculty, or resources. Purpose-built to serve regions experiencing the most acute workforce shortages, the school would expand both

undergraduate and graduate medical education in areas currently underrepresented, strengthening access to care for North Carolinians while reducing pressure on existing programs and tertiary centers. By focusing on community-based training, rural and coastal health, veteran and military-connected populations, and emerging care models, UNCW's SOM would function as an additive, mission-specific asset that enhances the statewide physician pipeline, supports system-wide workforce resilience, and advances NC's shared responsibility to meet the healthcare needs of its people.

In short, an independent UNCW School of Medicine is not a competitor within the UNC System. It is a pressure-release valve, a workforce multiplier, and a platform for innovation that strengthens the entire state and expands the system in ways that benefit all North Carolinians.

Why Not a Branch Campus?

Branch campuses by design cannot achieve the same effect as an independent medical school. Branch campuses do not control mission, scale, or long-term strategy, with decisions regarding class size, faculty growth, curriculum, research priorities, and clinical partnerships remaining centralized elsewhere. These limitations constrain branch campuses from responding directly and durably to regional workforce needs. Most critically, branch campuses do not anchor sustained graduate medical education growth, which depends on institutional authority and long-term commitment rather than satellite presence. As a result, regions remain dependent on external stakeholders and subject to external priorities for workforce development and physician retention. Branch campuses also lack durability as ecosystem anchors. While valuable, they do not catalyze the same level of faculty recruitment, research infrastructure, innovation activity, or community-based clinical networks, and their presence is inherently constrained by decisions made outside the region.

Existing medical schools appropriately operate within established LCME accreditation, governance, and curricular frameworks that make large-scale structural change incremental and risk constrained. In contrast, a new program pursuing initial accreditation can be intentionally designed from inception to meet contemporary standards, allowing new educational models, technologies, and care delivery approaches to be embedded at the core rather than retrofitted onto legacy systems.

An independent UNCW School of Medicine therefore offers the state a modern educational and clinical learning laboratory built for 21st-century needs. By natively integrating artificial intelligence, interprofessional education, value-based care, and community-embedded training, it creates models that can be shared across the UNC System to expand statewide capacity and inform future investments in underserved regions.

Developmental Process and Implementation Timeline [2]

This expedited phased strategy aligns governance, funding, accreditation, and development to ensure the UNCW School of Medicine (SOM) is mission-driven, financially sustainable, and fully prepared to meet the physician workforce needs of Southeastern North Carolina. By advancing this roadmap in collaboration with public and private partners, UNCW can build a strong institutional foundation, cultivate statewide relationships, and secure the financial commitments required for long-term success.

Phase I: Feasibility Study (2025). UNCW commissioned a formal feasibility study with Tripp Umbach, the national industry leader in medical school planning and development. This foundational document quantified the need and feasibility for a medical school in Southeastern North Carolina. The study focused on physician shortages, the capacity and readiness of UNCW to serve as the host institution for a high-quality M.D. program, the sufficiency of interest and capacity of clinical partner organizations to train medical students, and the expansion of graduate medical education. Further, the study evaluated interest among public and private sources in providing the funding needed for start-up and facilities, as well as in creating an endowment for long-term sustainability. This study concluded that a UNCW M.D. program is feasible and recommended that UNCW move forward with further planning.

Phase II: Authorization and Implementation Planning (2025–2026). This phase entails obtaining planning authorization for a new SOM, establishing governance and leadership structures for the UNCW SOM, securing funding commitments, and initiating the development of clinical partnerships. A team of experts is completing the Request for Planning Authorization (RPA) in consultation with Academic Affairs Resource Management, the Office of Institutional Research and Planning, and the Office of Space Management. The RPA will proceed through the internal review process, including approvals by all levels of faculty and institutional governance. Once complete, the Graduate School will transmit the RPA to the System Office for review by the UNC System Graduate Council and Board of Governors in Spring 2026.

Concurrently, A UNCW SOM Steering Committee will undergo a six-month business planning process to develop the leadership structure of the SOM and create an Accreditation Task Force to initiate the accreditation process with the Liaison Committee on Medical Education (LCME; the accrediting body for medical education programs leading to the M.D. degree). Consistent with LCME standards that articulate the process by which a new medical school must be created, a Founding Dean will be appointed in Spring 2026, providing three years to secure the preliminary LCME accreditation required to admit the first cohort of 60 students in Fall 2029.

Phase III: LCME Accreditation Application and Institutional Accreditation (2027). With the founding dean and other senior leadership and faculty in place, the UNCW SOM will follow the prescribed LCME self-study and Data Collection Instrument (DCI) to design a community-based, primary care-focused curriculum and establish new academic pipelines, such as early assurance and combined UME/GME pathways to support in-state workforce pipelines,

particularly for UNCW undergraduates. The founding Dean, in consultation with faculty, Academic Affairs Resource Management, the Office of Institutional Research and Planning, and the Office of Space Management will prepare the Request to Establish (RTE). The RTE will proceed through the internal review process, including approvals by the Graduate Council, Provost, and Chancellor. Once complete, the Graduate School will transmit the RPA to the System Office for review by the UNC System Graduate Council and Board of Governors no later than Fall 2027. In addition to professional accreditation, new academic programs must receive authorization from UNCW's institutional accreditor (presently the Southern Association for Colleges and Schools Commission on Colleges) to add programs to its existing academic portfolio. This process involves preparing and submitting a substantive change prospectus which is then approved or denied by the institutional accreditor.

Formal agreements with hospitals and federally qualified health centers will expand the clinical training network, and partnerships will be developed to grow in-state residency opportunities. Accreditation milestones will include submission of the LCME "Applicant" status in 2027, followed by a self-study and attainment of "Candidate" status in 2028. Faculty recruitment and facilities planning will also begin during this phase. It is important to remember that the DCI encompasses a comprehensive set of standards and elements covering the entire program, including faculty, facilities, learning and IT resources, clinical training partnerships, student services, and financial support.

Phase IV: Infrastructure Development (2027–2028). This phase will focus on constructing and expanding academic and simulation facilities, as well as hiring department chairs, faculty, and core staff required by the LCME. UNCW will submit its LCME "Pre-Accreditation" application in late 2027 and host its first site visit in summer 2028. After the site visit and permission to enroll students, UNCW will launch a marketing and admissions campaign to recruit and award scholarships to Southeastern North Carolina students committed to serving underserved communities, supported by a loan-forgiveness program.

Phase V: Charter Class Recruitment (2028–2029). By summer 2028, UNCW will seek LCME "Preliminary Accreditation," paving the way for student recruitment. Admissions will open for an inaugural class of 60 students, supported by new academic and simulation facilities. Pre-clinical training and clinical clerkships will be operationalized across hospitals and community health centers, and partnerships with residency programs will ensure alignment between medical education and GME opportunities. Concurrently, UNCW will launch faculty research initiatives and statewide community health programs to deepen its role as a partner in addressing the healthcare needs of Southeastern North Carolina.

Phase VI: Launch of Charter Class (Summer 2029). In July 2029, UNCW will welcome its first 60 M.D. students into a mission-driven, community-based curriculum emphasizing primary care, population health research, and service to underserved populations with unmet primary care needs. The school will also position itself as both a healthcare and economic engine, generating hundreds of millions of dollars in economic impact and billions in long-term social benefits.

Beyond the inaugural class, UNCW will be guided by a strategic plan to continue expanding class size, research, and residency programs into the 2030s and beyond, ensuring a durable pipeline of physicians for its growing region.

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Appendices

- A. UNC System Office Admissions Trends – Data Retrieved January 13, 2026, from UNC System Insight Dashboards.

Appendix A

Applicants															
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	# Change	% Change
Duke (MD)	4,962	6,148	7,013	7,455	7,030	8,141	6,951	7,620	9,070	8613	8431	8284	9234	4,272	86.1%
East Carolina-Brody (MD)	884	926	982	1,020	1,008	1,074	1,075	1,025	1,209	1,156	1095	1119	2267	1,383	156.4%
North Carolina (MD)	5,154	5,681	6,198	7,266	6,443	6,921	7,383	6,281	6,486	6,289	5808	5957	6264	1,110	21.5%
Wake Forest (MD)	7,432	8,091	8,602	9,115	9,281	10,449	10,703	9,246	10,863	11,062	12066	12138	12800	5,368	72.2%
Campbell (DO)	3,804	4,555	5,259	4,788	3,867	4,014	4,423	4,444	4,823	4,431	4,168	4,519	4,585	781	20.5%
Applicant Total	22,236	25,401	28,054	29,644	27,629	30,599	30,535	28,616	32,451	31,551	31,568	32,017	35,150	12,914	58.1%
Matriculants															
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	# Change	% Change
Duke (MD)	113	109	115	119	116	129	121	121	123	120	118	119	123	10	8.8%
East Carolina-Brody (MD)	80	80	80	80	82	86	86	86	86	85	90	84	91	11	13.8%
North Carolina (MD)	180	180	181	180	180	190	190	193	190	190	204	204	229	49	27.2%
Wake Forest (MD)	120	120	120	129	136	140	145	145	145	145	145	145	194	74	61.7%
Campbell (DO)	163	161	160	167	149	152	162	162	161	152	157	163	162	-1	-0.6%
Matriculant Total	656	650	656	675	663	697	704	707	705	692	714	715	799	143	21.8%

Source: [AAMC Facts](#) and [AACOM Research Reports](#)

NOTE: Discrepancies across data systems may be attributable to differences in data definitions, reporting timing requirements, and other technical limitations in respective organizations' data.

AGENDA ITEM

A-3. Academic Affairs Update..... David English

Situation: The committee will hear an update on recent activities involving academic affairs.**Background:** The Division of Academic Affairs advances the University's core academic mission. Academic Affairs supports students and faculty as they engage in teaching, research, and outreach. This division evaluates curricular options to ensure they are both rigorous and strategically distributed to avoid unnecessary duplication across constituent institutions. More generally, Academic Affairs designs and coordinates statewide initiatives to improve student retention and success.**Assessment:** Information will be provided to the committee on recent updates in academic affairs at the UNC System Office and across the 17 institutions.**Action:** This item is for information only.

A-4. Update on UNC System Health Affairs Katherine Martin

Situation: The committee will receive an update on the UNC System Rural Residency Medical Education and Training Fund.

Background: Fewer than four percent of physicians in North Carolina practice medicine in a rural area. The UNC System Rural Residency Medical Education and Training Fund is designed to strengthen the rural health care workforce. The Fund provides more opportunities for ECU and UNC schools of medicine, regional AHECs, and affiliated health systems to develop, expand, or sustain rural residency training programs for the following physician specialties: pediatrics, family medicine, psychiatry, OBGYN, internal medicine, and general surgery. The Fund also provides an opportunity for UNC System health affairs programs to build out rural clinical training, and interprofessional and alternative health care delivery models.

Assessment: Based on [data](#) from UNC Cecil G. Sheps Center for Health Workforce Research and Policy, physicians who graduate from a North Carolina medical school and a North Carolina residency are more likely to practice medicine in North Carolina. The Rural Residency Medical Education and Training Fund is positioned to help public medical schools retain more of its graduates.

Action: This item is for information only.



**THE UNIVERSITY OF
NORTH CAROLINA SYSTEM**

**SHEPS HEALTH
WORKFORCE NC**

UNC SYSTEM RURAL RESIDENCY MEDICAL EDUCATION AND TRAINING FUND

Katherine Martin, Vice President of Health Affairs

April 15, 2026

Agenda



Rural Physician Training Landscape and Federal Limitations



Rural Residency Medical Education and Training Fund



Grant Awards and Allocations

North Carolina Needs More Rural Doctors

Figure 1: Retention of 2019 NC Medical Graduates in NC Rural Primary Care Five Years After Graduating

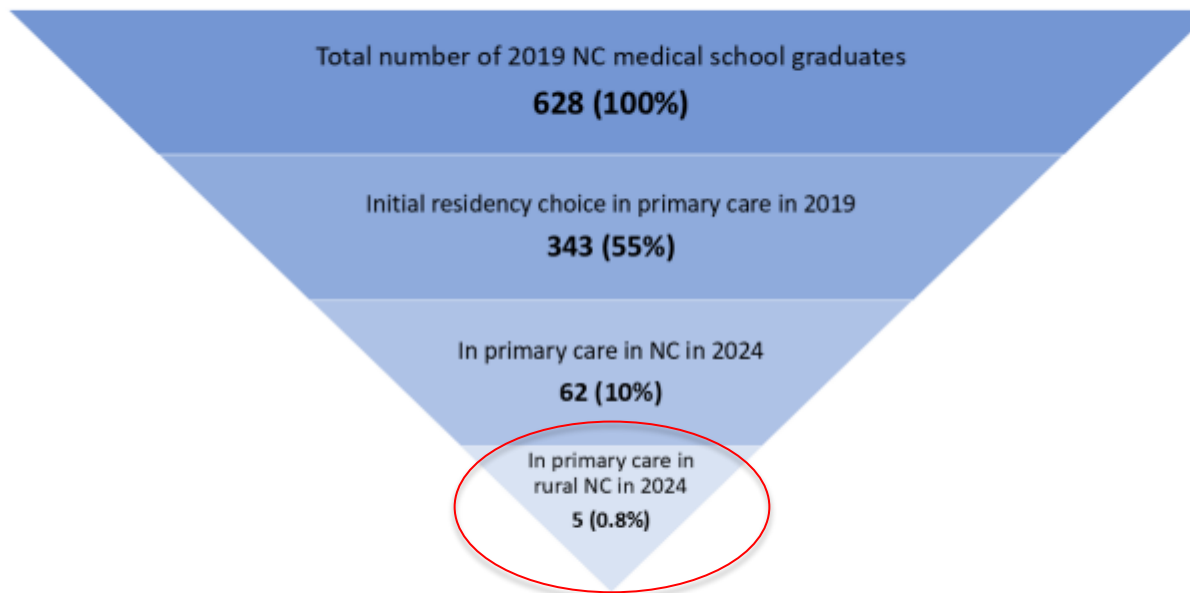


Figure 1: Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board and the AAMC, 2024. Rural source: US Census Bureau, Office of Management and Budget, July 2023 and USDA Economic Research Service RUCA codes, 2010. Core based statistical area (CBSA) is the OMB's collective term for metropolitan and micropolitan statistical areas. Here, rural areas include counties in micropolitan statistical areas, counties outside of CBSAs, and census tracts with a RUCA code of 4 or greater.

Federal Barriers Limit Rural Residency Program Growth

Health Care Training Location

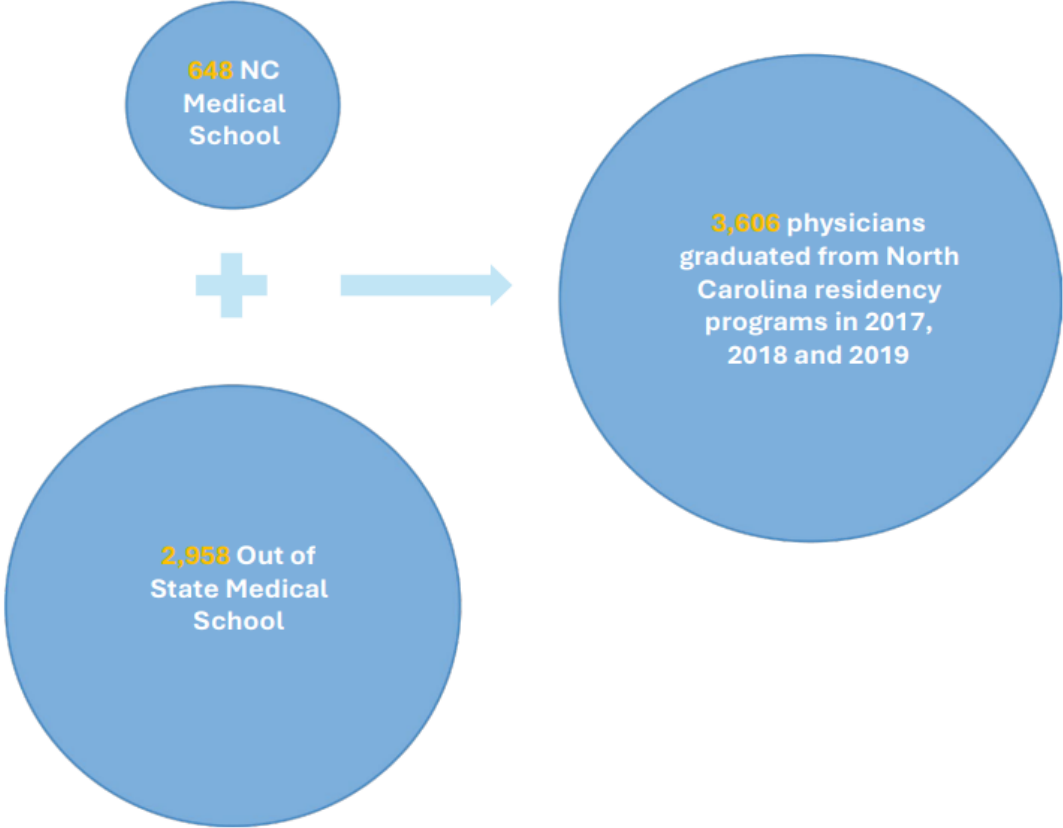
- Sole Community Hospitals do not receive full Graduate Medical Education funding.
- Critical Access Hospitals have inadequate funding without urban hospital partners.

Geographic and rural training time limitations

- Federal definition of “rural” limits rural training opportunities.
- > 50% residency training time required for federal graduate medical education reimbursement.

82% of Physicians Practicing in NC Completed Medical School Outside of North Carolina

Figure 6. Medical School Location of Physicians Graduating from an NC Residency in 2017, 2018, and 2019



UNC System Rural Residency Medical Education and Training Fund

- 2023 Appropriations Act: \$23.5 million

131 Rural Residency Medical Education and Training Fund Provides funds and budgets receipts from the ARPA Temporary Savings Fund for the UNC BOG to establish the UNC System Medical Education and Training Fund. Funding provided for this purpose shall support training and residency programs associated with ECU Health, UNC Health, and UNC constituent institution medical schools and health affairs programs.	Requirements	\$ 11,250,000NR	\$ 8,000,000R
			4,250,000NR
	Less: Receipts	\$ 11,250,000NR	\$ 4,250,000NR
	Net Appropriation	\$ -	\$ 8,000,000
	FTE	-	-

Family Medicine	Pediatrics	Psychiatry
Internal Medicine	General Surgery	OBGYN

FY 2023-26 Allocations

Institution	FY 2023-24	FY 2024-25	FY 2025-26
UNC School of Medicine	\$6,390,000	\$6,990,000	\$4,800,000
ECU Brody School of Medicine	\$4,260,000	\$4,660,000	\$3,200,000
UNC Sheps Center – GME Technical Assistance Team	\$600,000	\$600,000	\$0

FY 2026-27: Transition to Grant Program

- **October 2025:** Grant program webinar launch
- **January 20, 2026:** Grant application deadline
- **April 2026:** Grantee announcements
- **Goal:** strengthen rural health care workforce
- **Funding availability:** \$8 million recurring

4 Grant Types

Grant Type	Max Grant Period	Max Award Amount	Grant Renewal
Development	Up to 3 years	\$750,000	No
Expansion	Annual renewal, dependent on outcomes	\$150,000 per resident per year	Yes
Sustainability	Annual renewal, dependent on outcomes	\$150,000 per resident per year	Yes
Innovation	Up to 2 years	\$200,000	No

THANK YOU

AGENDA ITEM

A-5. UNC System Workforce Alignment.....Mary Varghese, Shun Robertson, and Dan Harrison

Situation: As students continue to make choices to forgo postsecondary enrollment in lieu of employment opportunities, universities are facing increased calls to demonstrate postsecondary employment outcomes and alignment to job opportunities. In May 2024, the University of North Carolina Board of Governors approved revisions to UNC System Policy 400.1, *Policy on Academic Program Planning*, requiring a review of alignment of the academic degree portfolio to workforce needs. In response to the new requirement, this is the first UNC System Workforce Alignment Report.

Background: The UNC System Workforce Alignment Report presents an overview of projected state workforce needs and the alignment of academic programs. A review of state labor market demand drivers, the supply of graduates to meet workforce needs, and an overview of under and oversupplied academic programs are provided at each degree level. Additionally, an overview is provided about the development of a new UNC System workforce alignment model aimed to better meet state employer needs by replicating real-world hiring realities. Finally, the UNC System will present next steps and responses to continue its work on workforce-aligned degrees.

Assessment: The committee will receive an overview of findings from the UNC System Workforce Alignment Report along with an overview of UNC System next steps.

Action: This item is for discussion only.



UNC System Workforce Alignment

Educational Planning, Policies and Programs Committee

April 15, 2026

Road map

- 1** Context & Background
- 2** NC Labor Market Demand
- 3** NC Labor Market Supply
- 4** New Workforce Alignment Model
- 5** Findings and Recommendations

Background: *Our Journey to Value-Based Degrees*

UNC System Student ROI Study

93%

Academic Programs with Positive ROI

96%

Students Enrolled in a Positive ROI Program

Grad Outcomes Data Enhancements



NORTH CAROLINA
DEPARTMENT of
COMMERCE

MOU with NCDoc to receive earnings data for NC graduates (Spr 2024)

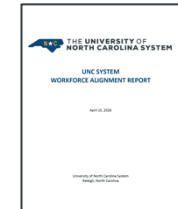


MOU with US Census Bureau's Post Secondary Employment Outcomes (Spr 2026)

Workforce-Aligned Academic Planning



Academic Program Plan Actions Now Include Workforce Needs Overview

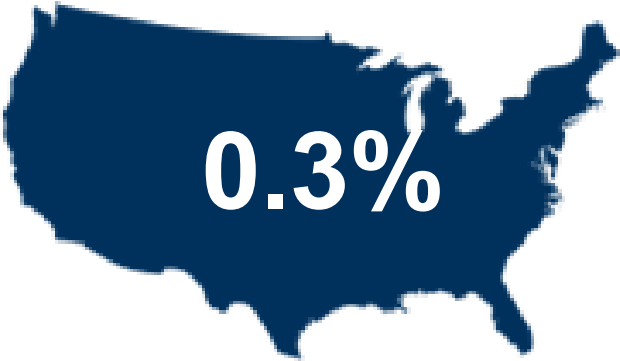
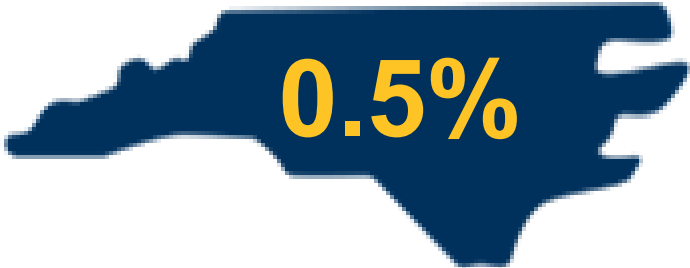


UNC System Workforce Alignment Report

NC Labor Market Demand: *Strong in the Coming Years*

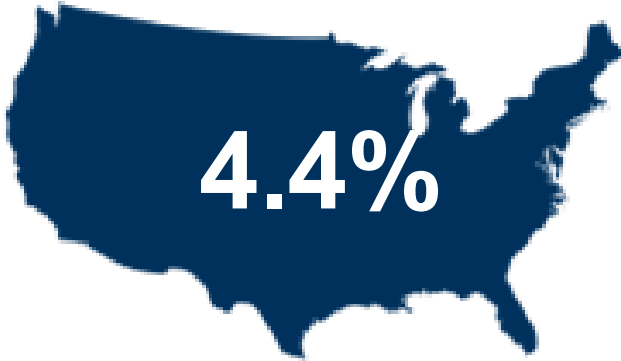
Strong Employment Projections

Projected Annual Employment Growth Rate, 2024-2034



Low Unemployment

Unemployment Rate, Dec 2025



Labor Supply Shortage

Labor Supply to Labor Demand Ratio (Sept 2025)¹



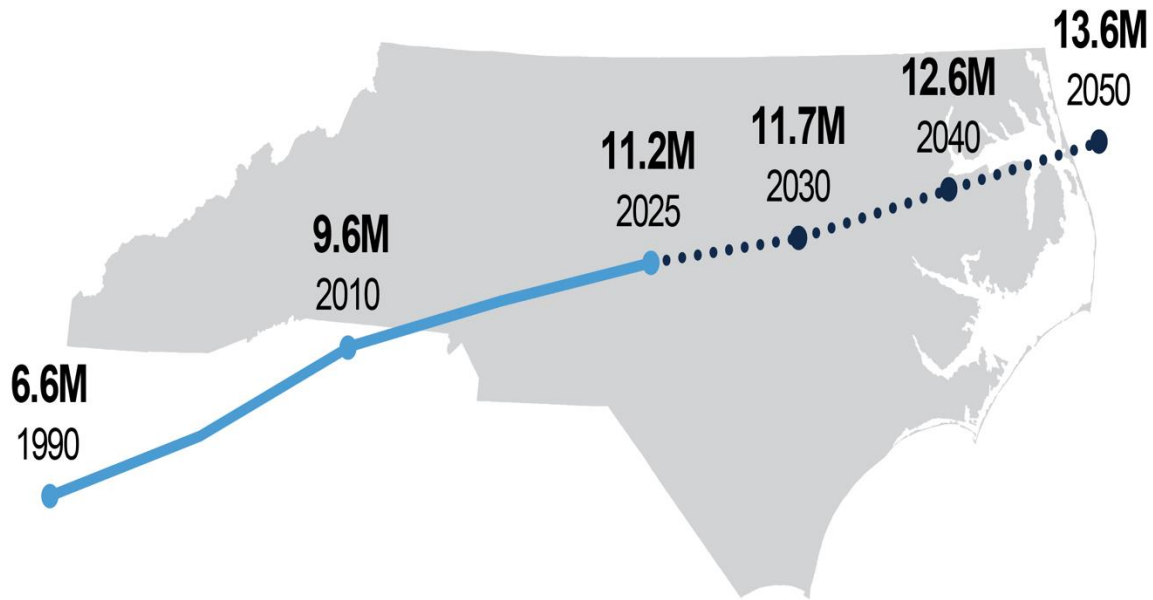
Footnotes: (1) Ratio is defined as number of unemployed persons per job opening.

Source: U.S. BLS, Current Population Survey; NC Commerce Employment Projections 2024-2034

NC Labor Market Demand: *Strong in the Coming Years (cont'd)*

Population Boom

NC Population Change, Historical and Projected, 1990-2050

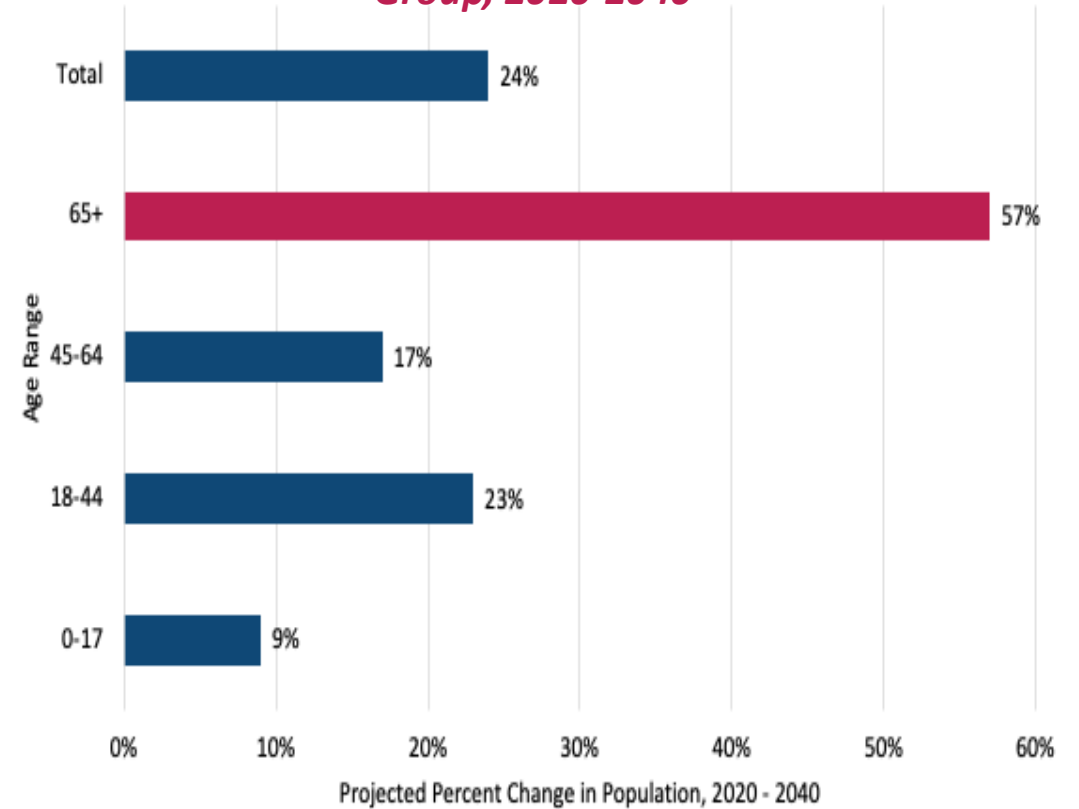


Source: U.S. Census Bureau, NC OSBM



Retirement Wave

NC Projected Population Change by Age Group, 2020-2040

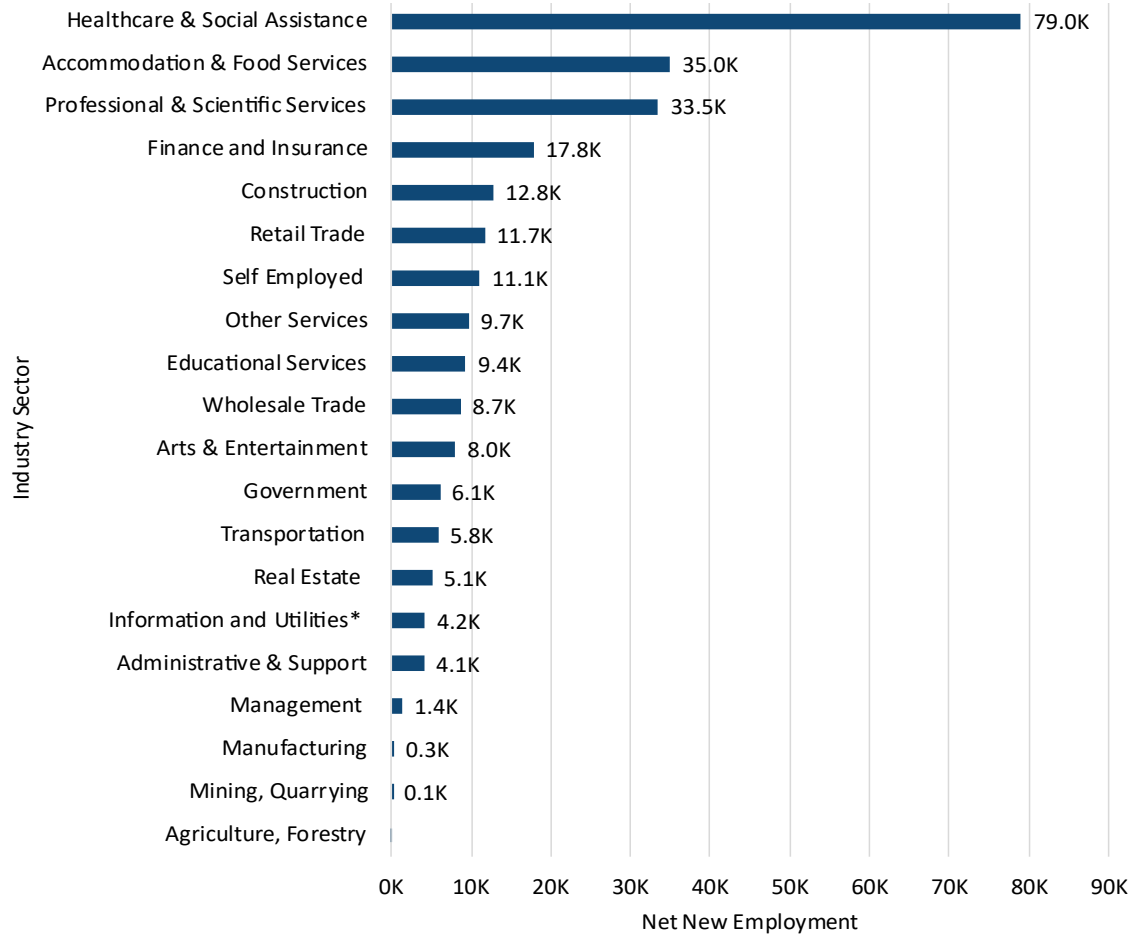


Source: U.S. Census Bureau, NC OSBM, State Population Projections by Race, Sex & Age Groups

NC Labor Market Demand: *Widely Distributed Growth*

Growth across many industry sectors ->> Growth across many occupations ->>
Growth in demand for high-skilled workers in many academic fields

NC Net Job Growth by Industry Sector, 2024-2034



NC Net Job Growth by Occupation Group, 2024-2034



Source: NC Dept of Commerce, Labor and Economic Analysis Division

NC Labor Market Demand: *Fastest Growth in Knowledge-Based Occupations*

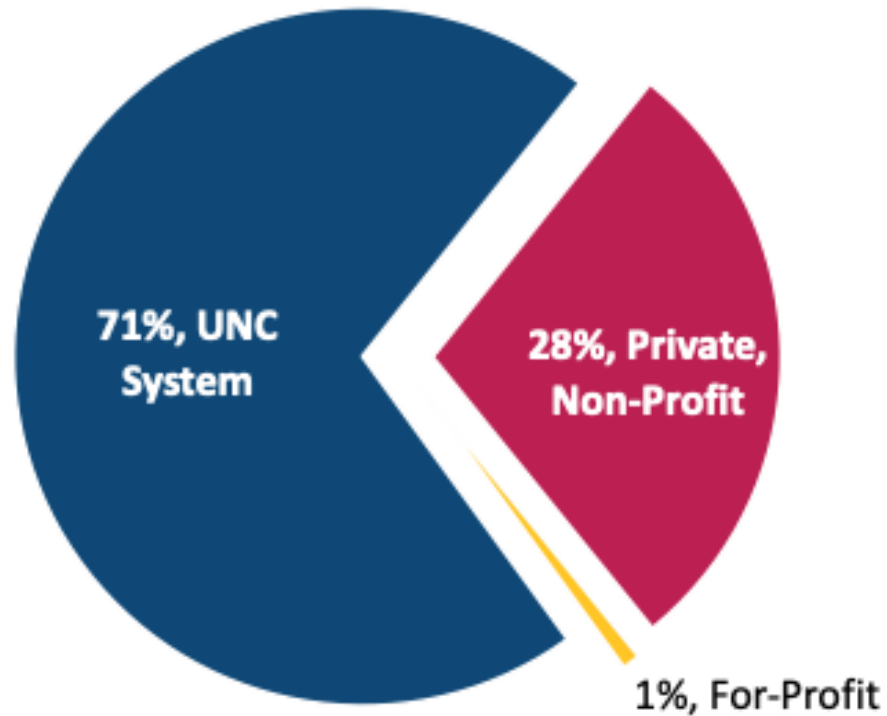
Knowledge-Based Occupations are Among Fastest-Growing Group NC Net Job Growth by Occupational Group, 2024-2034

Occupational Group	Net New Employment	Annual Growth Rate
Healthcare Support	25,495	1.24%
Healthcare Practitioners and Technical	38,006	1.08%
Computer and Mathematical	19,309	0.99%
Architecture and Engineering	6,384	0.78%
Personal Care and Service	9,431	0.77%
Community and Social Service	7,421	0.75%
Management	27,796	0.70%
Business and Financial Operations	25,412	0.68%
Food Preparation and Serving	31,334	0.68%
Installation, Maintenance, and Repair	14,532	0.66%
Construction and Extraction	14,277	0.60%
Life, Physical, and Social Science	3,153	0.59%
Arts, Design, Entertainment, Sports and Media	4,516	0.53%
Transportation and Material Moving	25,151	0.52%

NC Labor Market Supply: *UNC System Primary Provider for Bachelor's+*

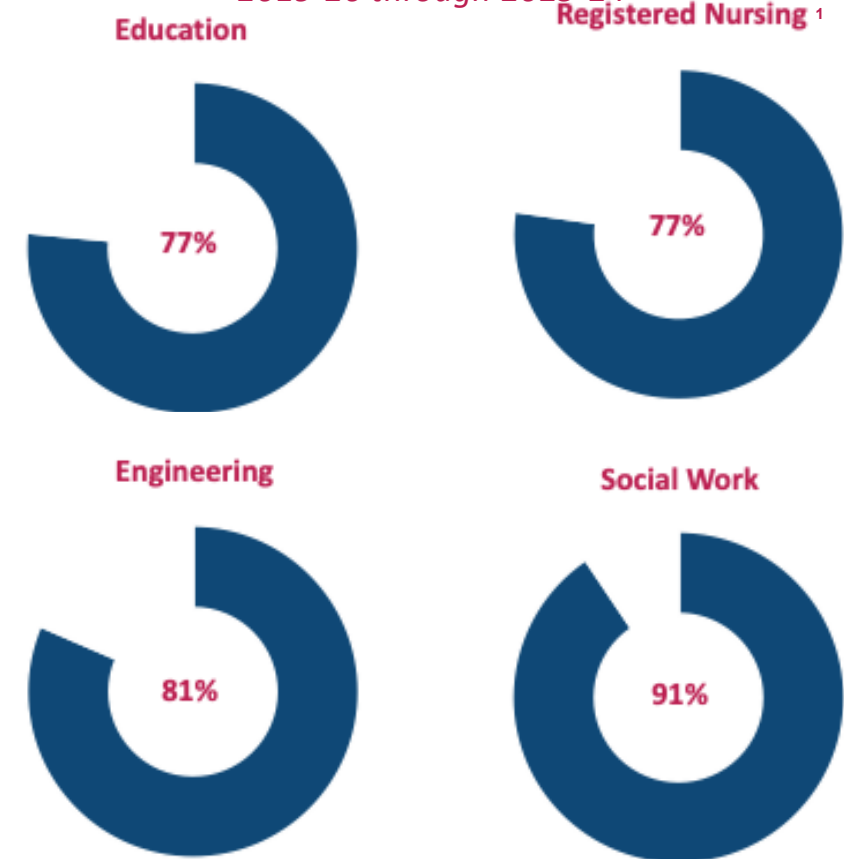
UNC System Provides Majority of Bachelor's and Higher Degrees for NC

Share of Bachelor's-and-Above Degrees Awarded, 2019-20 through 2023-24

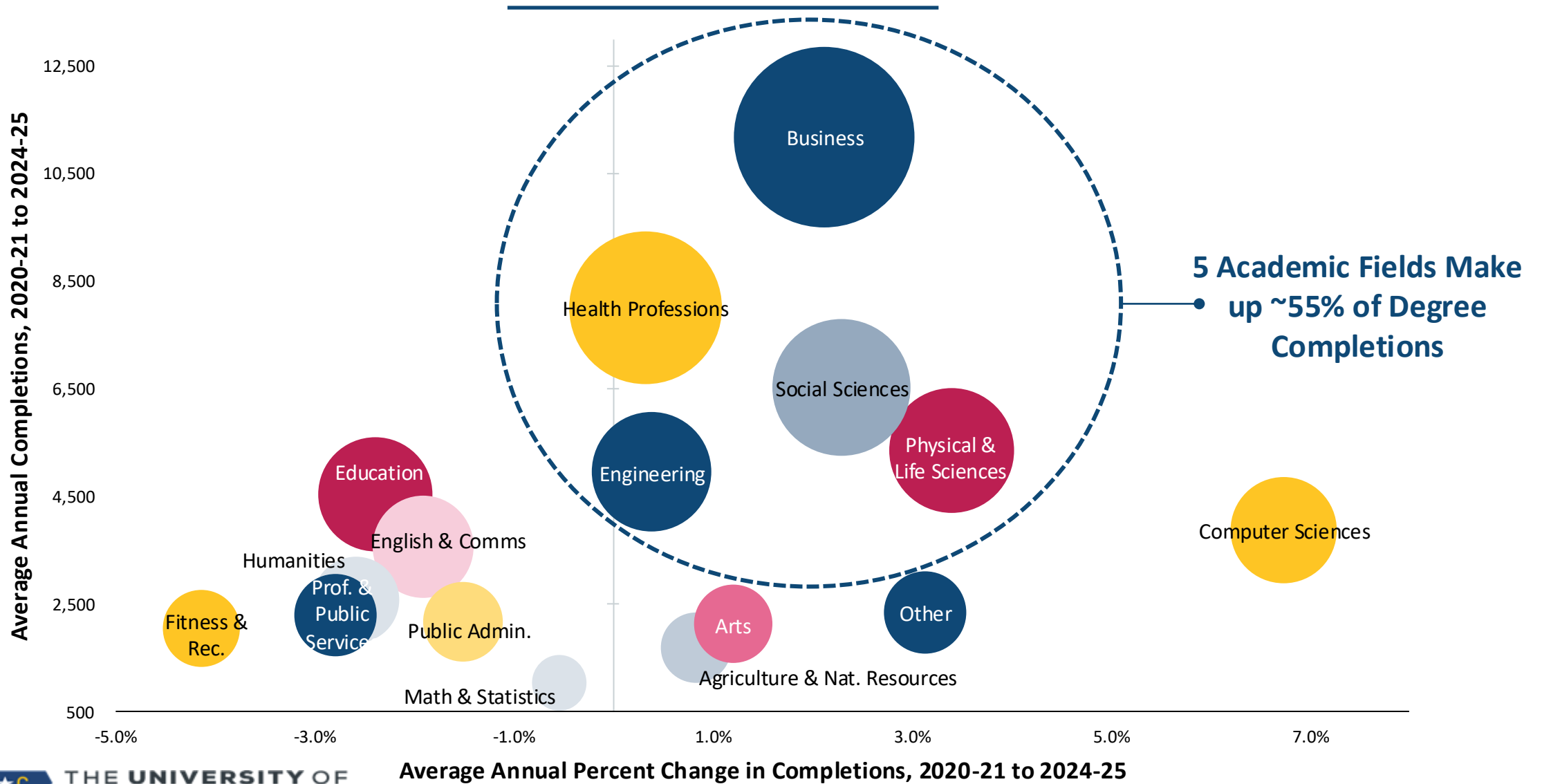


UNC System Provides > 75% of Bachelor's+ Degrees in Critical Workforce Areas

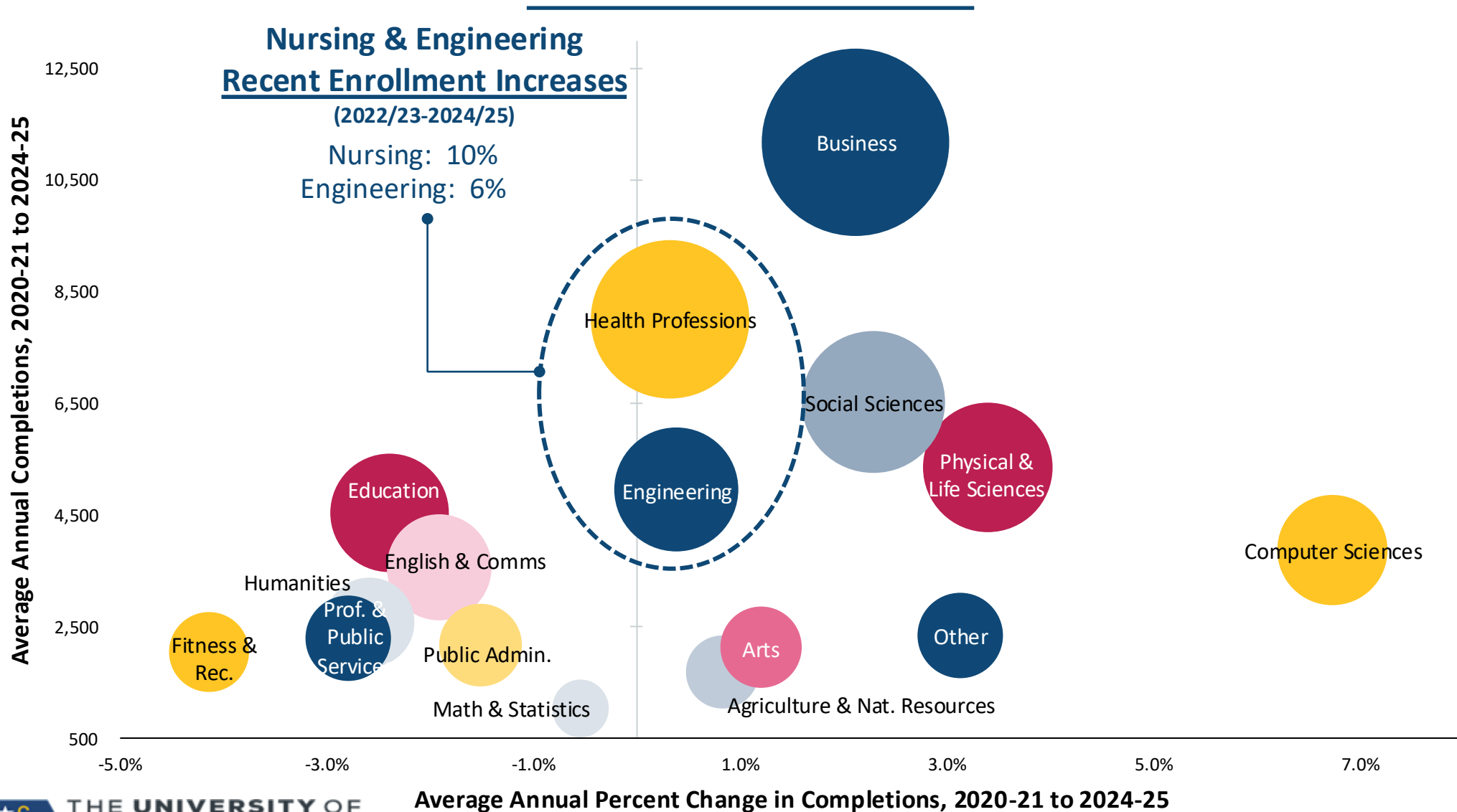
Share of Bachelor's-and-Above Degrees Awarded, 2019-20 through 2023-24



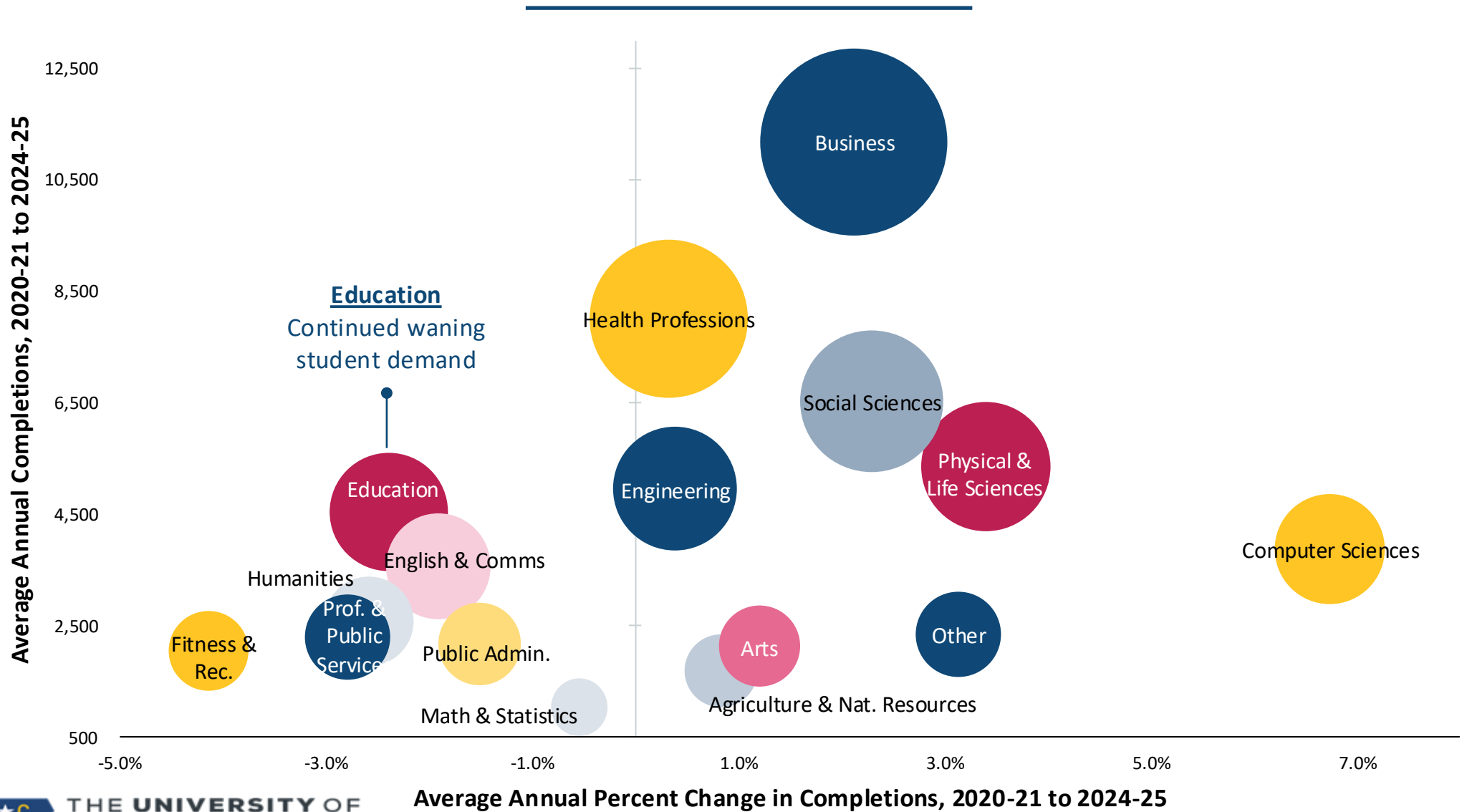
NC Labor Market Supply: *UNC System Degree Completion Trends, 2021-25*



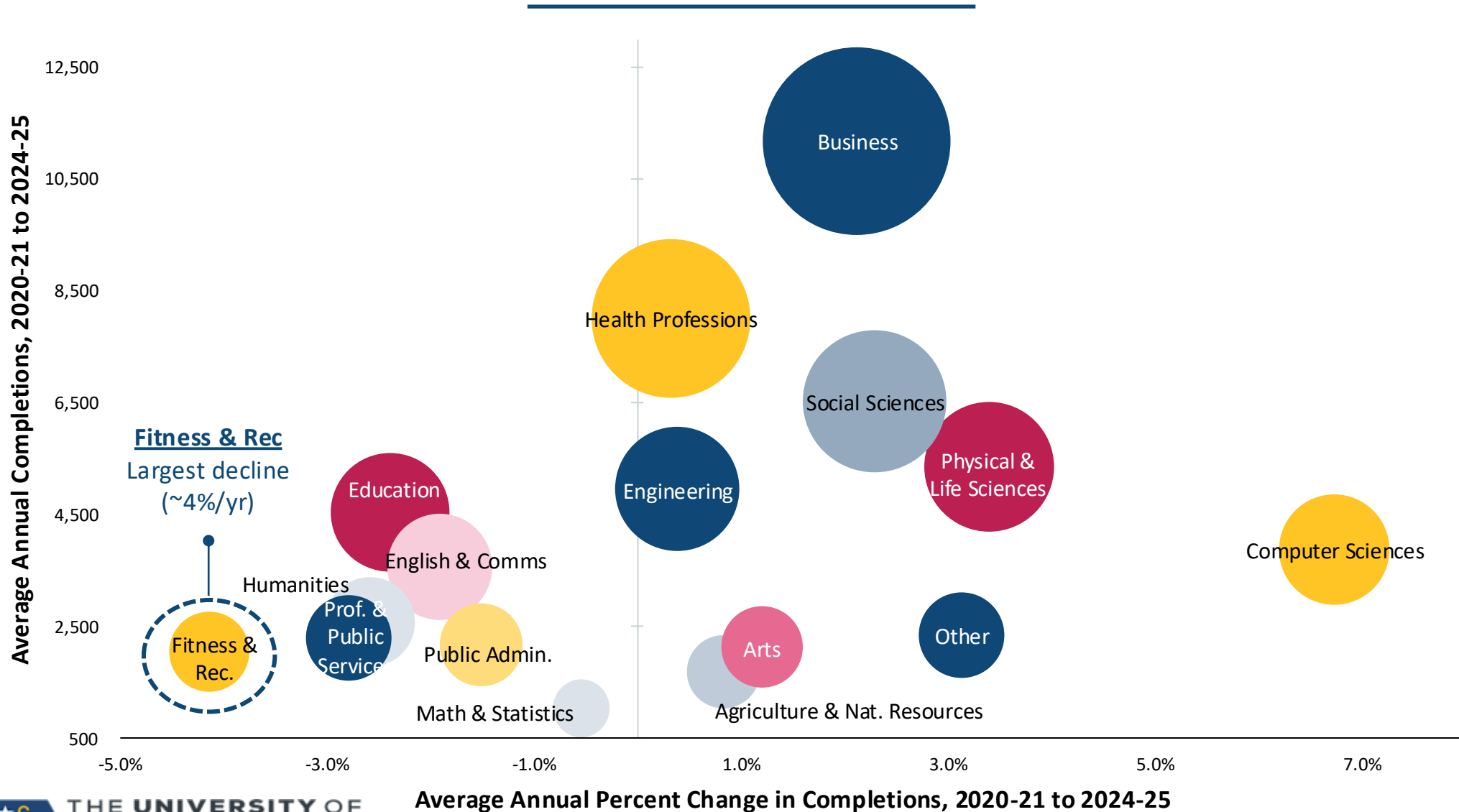
NC Labor Market Supply: *UNC System Degree Completion Trends, 2021-25*



NC Labor Market Supply: *UNC System Degree Completion Trends, 2021-25*



NC Labor Market Supply: *UNC System Degree Completion Trends, 2021-25*



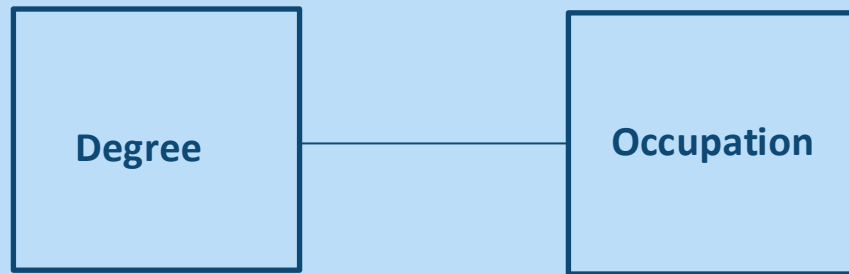
Workforce Alignment: *Why a New Model?*

Federal & State Data Context

- Federal and state administrative systems have comprehensive data on many labor market outcomes...except occupation
 - ✓ Earnings
 - ✓ Industry
 - ✓ Geography
 - ✗ Occupation
- Several state efforts underway to capture comprehensive occupation data but efforts are still nascent

Workforce Alignment: *Rethinking Traditional Approaches*

The Old Way: “CIP-SOC” Crosswalk



- ✗ Linear and theoretical
- ✗ Assumes limited track career pathways
- ✗ Ignores empirical hiring realities

The UNC System Model: Empirical Data Model



- ✓ Built on 5-yr U.S. Census ACS Data
- ✓ Captures dynamic degree pathways
- ✓ Aims to replicate real world employer hiring practices

Workforce Alignment: *Mapping Real-World Pathways*

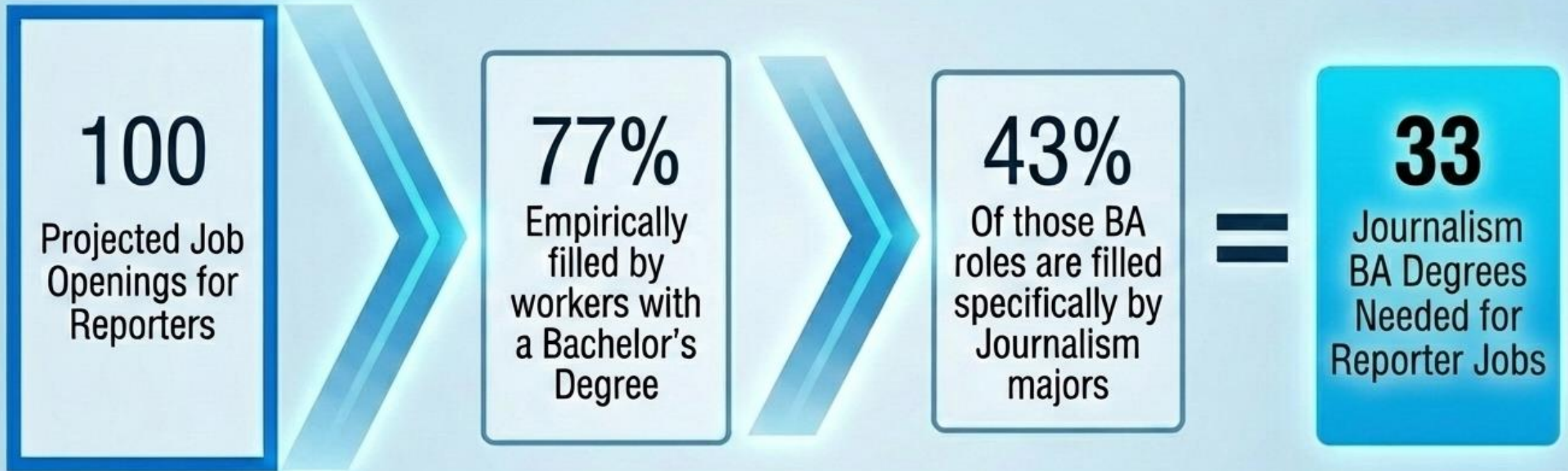


Most academic fields lead to many occupations, and most occupations are filled by many different academic fields.

Capturing this dispersion allows for more accurate, real-world demand forecasting.

Workforce Alignment: *Modeling Real-World Demand*

Journalism Example



This empirical calculation is repeated across all ~1K occupations in North Carolina to determine the aggregate demand for every NC degree.

Findings: *The Aggregate Gap*

DEMAND

Future NC New
Job Growth
+
Future NC Job
Exits
+
Grad Pipeline
Demand

—

SUPPLY

Current UNC
System
+
State Supply

via
Empirical
Pathways

=

GAP

~5K
to
~10K
Degree
Gap
Annually

~75% of degree gap exists at the Bachelor's degree level

The Blueprint: *Selection Criteria for “Undersupplied” Degrees*

Bachelor’s Degree Illustration

Academic Field	Annual Shortfall	Top Quartile Earnings (>\$80K)	High Public Service Share
Psychology	921 degrees		✓ 35%
Nursing	806 degrees	✓	✓ 37%
Electrical/Mech Engineering	1,229 degrees	✓ >\$100K	
Accounting	1,001 degrees	✓	
Computer/Info Systems	264 degrees	✓ >\$103K	

Selection Criteria: Targeted degrees require 50%+ supply growth AND sit in the top quartile of either Occupational Earnings or Public Service Share. This addresses our dual mandate of employer demand and vital societal needs.

Findings: *Bachelor's Degrees*

39 Bachelor's fields to grow; 1 field to monitor

Engineering

- 12 fields; 2.5K total gap
- Electrical and Mechanical Eng. largest gaps (0.6K each)

Business

- 3 fields; 1.5K total gap
- Accounting largest overall gap (1K); Finance (0.5K)

Education

- 8 fields; 1.4K total gap
- General, Art, Music, Language, Health, Secondary, STEM

Health Professions

- Nursing (0.8K gap)
- Communication Disorders

Physical & Life Sci; Soc Sci; Agriculture

- Psychology (0.9K gap);
- Molecular Biology and Physics (>0.2K gap each)

Computer Sciences

- 4 fields; 0.5K total gap

Arts and Sciences

- Music (>0.3K gap)¹

Other

- Transportation: Aviation (>0.1K gap), Foreign Languages, Cognitive Science

Field To Monitor

- Physical Fitness, Parks & Rec (-1K gap)

Findings: *Master's Degrees*

43 Master's level fields to grow

Biological Sciences

- 3 fields; 1.6K total gap
- General Biology (1.3K); Biochemistry (0.3K)

Engineering

- 8 fields; 1.0K total gap
- Mechanical and Electrical engineering biggest gaps

Health Professions

- 2 fields: Nursing (0.3K gap), Pharmacy

Education

- 9 fields; 0.9K total gap
- Elementary and General Education largest gaps

Business

- 1 program: Finance (0.4K gap)

Public and Social Services

- 3 fields; 0.3K total gap
- Criminal Justice (0.2K gap)

Social Sciences

- 6 fields; 2.4K total gap
- Psychology, Sociology, and Economics largest gaps

Humanities and Languages

- 10 fields; 1.7K gap

Computer Sciences

- Computer and Info Systems

Findings: *Doctoral Degrees*

5 Doctoral level fields to grow

Field	Gap	Top Quartile Earnings or Public Svc Share?
Psychology	208	Top Quartile Public Svc Share (57%)
Mathematics	92	Top Quartile Public Svc Share (56%)
Veterinary Medicine	81	Top Quartile Earnings (\$123K)
Communications	34	Top Quartile Public Svc Share (56%)
Economics	31	Top Quartile Public Svc Share (57%)

NC Initiatives: Critical Workforce Initiatives...

➤ Engineering

Engineering NC's Future – \$125M GA support to fuel engineering enrollment and research at NCSU, UNCC, and N.C. A&T



Engineering NC's Future

➤ Nursing

Pre-licensure Nursing Expansion – \$29M awarded to expand pre-licensure nurses by 50% across all 12 UNC System nursing schools.



*UNCG Nursing Class of 2025
Coating Ceremony*

➤ Education

NC Teaching Fellows – ~90% of Fellows still actively enrolled in Ed Prep Program or graduated and teaching.

FSU New Ed Major – New BS in Special Education (Fall 2026)

UNC-CH Relaunches Elementary Ed – Relunched BA in Elementary Education (Fall 2026)

➤ Social Workers

Public Service Leadership Program – Statewide effort by NCDHHS and 25 Schools of Social Work to strengthen social workforce with focus on high-needs specialties, geographies, and patient populations.

Engaging North Carolinians for Tomorrow's Jobs

UNC System Enrollment Growth (Fall 2024 to 2025) **3.4%** ↑



CC Transfer Students



Student Enrollment,
Fall '24 to Fall '25

7.8% ↑



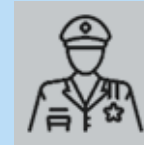
Adult Learners

REUP

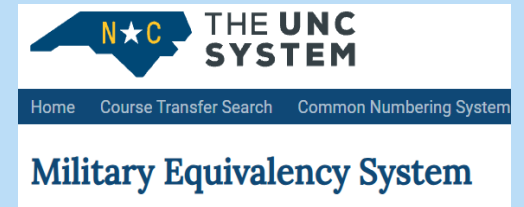


Student Enrollment,
Fall '24 to Fall '25

5.6% ↑



Military Learners



Student Enrollment,
Fall '24 to Fall '25

5.8% ↑

With Gratitude...



**NC DEPARTMENT
of COMMERCE**
LABOR & ECONOMIC
ANALYSIS

CAROLINA
DEMOGRAPHY



**THE CECIL G. SHEPS
CENTER FOR
HEALTH SERVICES
RESEARCH**

*my***FUTURE NC**
2 million by 2030



AV **Arnold
Ventures**

THANK YOU



System Approaches to Filling Workforce Needs

Systemwide Academic Planning

- In 2024, the Board revised the academic planning and review process to:
 - Require a biennial Workforce Alignment Report
 - Revise the Program Productivity Report and require campus-based academic program review
 - Foreground student ROI, student demand, workforce alignment, and earnings premium
 - Create a pathway for the System Office to identify and promote high-need academic programs

90-Credit Hour RFP

“...accelerate time to degree, reduce student debt, align with critical employment needs, and expand access for working adults and other populations.”

“Any accelerated model must also preserve the intellectual depth, coherence, and educational integrity that define a UNC undergraduate education.”

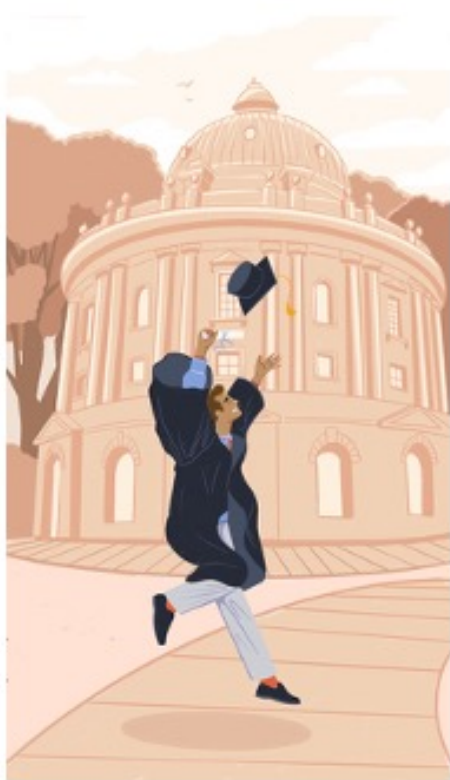
Educator Pipeline RFP

“The UNC System seeks proposals that increase the number of graduates earning teacher licensure while ***maintaining strong preparation for teaching*** in North Carolina schools.

Proposals should present ***innovative academic program models, partnerships, or pathways*** that expand access to educator preparation and reduce barriers to licensure.”

What jobs can I get with this degree?

Bachelor's of
Journalism



Workforce

82%

Top Occupations

- 9% - Marketing Research Analysts & Marketing (\$77,360)
- 5% - Public Relations Specialist (\$63,280)
- 5% - Business Operations Specialists (\$77,090)
- 4% - News Analysts, Reporters, Journalists (\$52,430)
- 4% - Sales Representatives of Services (\$62,470)
- 3% - Writers and Authors (\$63,729)
- 3% - Managers, All Other (\$131,990)
- 3% - Medical Secretaries & Administrative Assistants (\$39,930)
- 2% - Marketing Managers (\$156,650)
- 2% - General and Operations Managers (\$99,190)
- 2% - Project Management Specialist (\$99,580)
- 59% - Other Occupations

Master's Degree

16%

Top Degrees

- 23% - Journalism (\$64,340)
- 18% - Communications (\$69,400)
- 6% - Mass Media (\$75,820)
- 53% - Other Master's Degrees

Doctoral &
Professional Degree
2%

Top Degrees

- 29% - Law (\$124,880)
- 27% - Journalism (\$67,220)
- 13% - Communications (\$67,220)
- 10% - Mass Media (\$63,280)
- 21% - Other Doctoral & Prof Degrees

What degree do I need for this job?

Market Research
Analysts and
Marketing Specialists

Less than BA

19%

Bachelor's Degree

65%

Top 10 Degree Fields

16% - Marketing and Marketing Research
10% - Communications
10% - General Business, Management, and Administration
5% - Journalism
5% - Advertising and Public Relations
4% - English Language & Literature
3% - Psychology
3% - Commercial Art and Graphic Design
3% - Economics
2% - Mass Media
39% - Other Fields

Master's Degree

14%

Top Degree Fields

11% - Marketing and Marketing Research
9% - General Business, Management, and Administration
8% Communications
4% Economics
4% - English Language and Literature
64%- Other Fields

Doctoral and
Professional Degrees

2%

Top Degree Fields

7% - Economics
6% - Physiology
6% - English Language and Literature
6% - Accounting
6% Psychology
71% - Other Fields



THANK YOU