



OPEN SESSION

FOR ACTION

1. [Centers and Institutes Update](#) (Attachment A)
Jim Dean, Executive Vice Chancellor and Provost

FOR INFORMATION ONLY

(No formal action is requested at this time)

1. Faculty Recognition – Angela Kashuba
Bob Blouin, Dean, Eshelman School of Pharmacy
2. Graduate and Professional Student Federation Update
Dylan Russell, President
3. Employee Forum Update
Charles Streeter, Chair
4. [Faculty Update](#) (Attachment B)
Bruce Cairns, Chair
5. Student Affairs Update
Winston Crisp, Vice Chancellor for Student Affairs
6. [Provost Update](#)
Jim Dean, Executive Vice Chancellor and Provost
7. [Faculty Retention Update](#)
Ron Strauss, Executive Vice Provost and Chief International Officer

Some of the business to be conducted is authorized by the N.C. Open Meetings Law to be conducted in closed session.

COMMITTEE MEMBERS

Charles (Chuck) G. Duckett, Chair

William (Bill) Keyes IV, Vice Chair

Jefferson W. Brown

Kelly Matthews Hopkins

Hari H. Nath

Bradley C. Opere

Administrative Liaison:

Jim Dean, Executive Vice Chancellor and Provost



MEMORANDUM

TO: Dwight Stone, Chair, UNC-Chapel Hill Board of Trustees
Chuck Duckett, Chair, UNC-Chapel Hill Board of Trustees University Affairs Committee

FROM: James W. Dean Jr., Executive Vice Chancellor and Provost

DATE: March 8, 2017

RE: Update on Centers and Institutes at UNC-Chapel Hill

This update includes action items concerning the establishment and discontinuation of centers and institutes at UNC Chapel Hill. Each item is listed below along with related policy information.

I. Recommendation for Authorization to Establish (Attachment)

Creating a new center or institute within the UNC system requires a two-step process involving, first, a request for authorization to plan and, second, a request for authorization to establish the new unit. Authorization to plan is granted by the Chancellor and Provost, with notification to the Board of Trustees. Authorization to establish the new center or institute is given by the Chancellor, the Provost, and the Board of Trustees.

At the January 2017 meeting, I notified the Board of Trustees that Chancellor Folt and I had approved a request for authorization to plan the Center for Medication Optimization through Practice and Policy (CMOPP), a new interdisciplinary research center to be housed in the Practice Advancement and Clinical Education (PACE) division at the Eshelman School of Pharmacy. The Centers and Institutes Review Committee has since considered a request to establish CMOPP, which would build on the current work of Jon Easter, professor of the practice in the PACE division and director-designee of the Center, and his colleagues. Its mission would be to bring together healthcare stakeholders to conduct real world research, generate evidence, disseminate best practices, and advance education that integrates medication optimization into value-based care delivery and payment models.

CMOPP's focus on improving healthcare delivery through the optimization of medications is unique within the UNC System and reflects its role as a neutral liaison between academia, the private sector, and government agencies. As noted by Dr. Denise Rhoney and Dean Bob Blouin in their letter of support, the work of CMOPP will be critical to the overall success of the Eshelman School of Pharmacy by ensuring that its education, research, and strategic partnerships align with the transforming U.S. healthcare system. The collaborative efforts of CMOPP will help the School achieve its goal of positioning its profession and students for success within emerging healthcare models by implementing rigorous evaluations, solutions, best practices, and policies toward improving patient health outcomes and healthcare delivery.

Startup funds for CMOPP will be provided by the Eshelman School of Pharmacy to cover staff and operational costs for the first three years. Additional funding includes a \$3 million endowment from the Eshelman School of Pharmacy Foundation to cover student and post-

doc positions, as well as grants and contracts over the first five years to create a path to self-sustainability. Designation as an official University center will better position CMOPP to attract new funding from a wider array of sources. Other University support comes in the form of renovated space and facilities in the Eshelman School of Pharmacy.

The Centers and Institutes Review Committee has forwarded a recommendation for approval of the request for authorization to establish CMOPP, which both the Chancellor and I have accepted. I am now forwarding this recommendation for your consideration.

II. Recommendation for Discontinuation of Centers and Institutes (Attachment)

According to policy, following a periodic review or a formal written request from the administrative officer to whom the center or institute reports, the Centers and Institutes Review Committee may recommend discontinuation of a center or institute to the Executive Vice Chancellor and Provost. If the Executive Vice Chancellor and Provost determines that discontinuation is warranted, he or she will ask the Chancellor and Board of Trustees to approve this action.

The Centers and Institutes Review Committee recently considered requests to discontinue or reclassify three school-based centers. These requests were initiated in response to recent revisions of the UNC General Administration's *Regulations on Planning, Establishing, and Reviewing Centers and Institutes in the University of North Carolina* (UNC Policy Manual section 400.5[R]) and corresponding changes to UNC-Chapel Hill's *Policies and Procedures Governing Centers and Institutes*. These policies now provide clearer definitions of the terms "center" and "institute," specifying that their primary purpose is to facilitate cross-disciplinary or cross-unit collaboration. The policies stipulate that coordinating entities within single departments or disciplines may be considered exempt from these regulations, with final determination to be made by the University regarding whether to classify them as centers or institutes subject to the policies mentioned above.

The Committee recommends, and the Chancellor and I agree, that the following units no longer be classified as centers or institutes. All are more appropriately classified as "coordinating entities" as described in the UNC Policy Manual section 400.5[R]. Each is situated within a single department and has no independent administrative structure.

- **Center for Oral and Systemic Diseases**, Department of Periodontology, School of Dentistry.
- **Center for Pain Research and Innovation**, Department of Endodontics, School of Dentistry.
- **Center for Bioethics**, Department of Social Medicine, School of Medicine.

I look forward to discussing these notifications and recommended actions with you and your colleagues later this month.

Copy: Clayton Somers, Vice Chancellor for Public Affairs and Secretary of the University
Carol Tresolini, Vice Provost for Academic Initiatives and Chair, Centers and Institutes Review Committee

Attachments: CMOPP Request for Authorization to Establish
Decommissioning Recommendations



UNC
ESHELMAN
SCHOOL OF PHARMACY

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November 3, 2016

ROBERT A. BLOUIN, PharmD
Dean
Vaughn and Nancy Bryson Distinguished Professor
Director, Eshelman Institute for Innovation

Office of the Executive Vice Chancellor and Provost
104 South Building, CB 3000
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-3000

Dear Vice Provost Tresolini,

As requested in the university policy on the authorization to establish a center, we would like to respectfully submit a letter of endorsement for the Center for Medication Optimization through Practice and Policy (CMOPP), which is embedded within the Practice Advancement and Clinical Education (PACE) Division at the UNC Eshelman School of Pharmacy.

The Center for Medication Optimization through Practice and Policy (CMOPP) at the UNC Eshelman School of Pharmacy is being created with a mission to bring together healthcare stakeholders to create impactful real world research, generate evidence, disseminate best practices, and advance education that integrates medication optimization into value based care delivery and payment models.

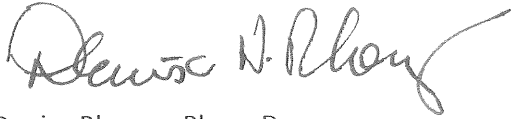
The work of CMOPP is critical to the overall success of the UNC Eshelman School of Pharmacy to ensure that the education of our students, a key element of our research, and a focus of our strategic partnerships are all aligned with a rapidly transforming healthcare system in the U.S. This transformation is opening up new opportunities to think and act in innovative and creative ways to bring about the change. The shift to value provides significant opportunities for the profession of pharmacy to demonstrate the value of medications and medication optimization services as a significant contributor to emerging care delivery and value based payment models.

Ultimately, the goal of the UNC Eshelman School of Pharmacy is to position our profession and students for success within emerging value based healthcare models in the U.S. The collaborative efforts of CMOPP will help us achieve this goal by implementing rigorous evaluations, solutions, best practices, and policies toward improving patient health outcomes and health care delivery. One of the key objectives of policy shaping will be to help define, build, and champion new value-based payment models that account for value-added services aimed at optimizing medications. We envision a highly collaborative research that will result in endorsement of new and innovative approaches of care delivery at the state and federal levels, and encourage adoption by payers and providers across the state and the nation.

Given the importance of this work to the profession of pharmacy, as well as the attention garnered by healthcare foundations and Federal agencies to identify solutions, we are confident that CMOPP will not only become self-sustaining through strong leadership, but it will set an aggressive course of growth in the future. In addition, we believe CMOPP has the potential to become a positive national voice in health policy, while providing a strong training ground to develop pharmacy leaders of the future.

As such, we endorse the creation of CMOPP and respectfully request that you approve the CMOPP Authorization to Establish a Center application.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Denise N. Rhoney". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

Denise Rhoney, PharmD
Ron & Nancy McFarlane Distinguished Professor & Chair
Division of Practice Advancement and Clinical Education

A handwritten signature in black ink, appearing to read "Robert A. Blouin". The signature is cursive, with a large initial "R" and a long, sweeping underline.

Robert A. Blouin, PharmD
Dean
Vaughn and Nancy Bryson Distinguished
Professor

November 2, 2016

Office of the Executive Vice Chancellor and Provost
104 South Building, CB 3000
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-3000

Subject: Authorization to Establish a Center

Dear Vice Provost Tresolini,

As requested in the university policy on overseeing the creation of centers, the UNC Eshelman School of Pharmacy would like to respectfully submit this letter as an authorization to establish a center, the Center for Medication Optimization through Practice and Policy (CMOPP).

1. Proposed units designation as either a research, instructional, or public service unit, in accordance with its primary mission and with the understanding that it may conduct complementary activities outside its designated primary mission.

The Center for Medication Optimization through Practice and Policy (CMOPP) is a research based unit organized to improve healthcare and patient health outcomes through effective medication optimization by implementing rigorous evaluations and identifying best practices that generate meaningful evidence for policymakers, health systems, and payers to make better decisions.

2. Mission, goals and objectives of the proposed center or institute.

The mission of the Center for Medication Optimization through Practice and Policy (CMOPP) at the UNC Eshelman School of Pharmacy is to bring together healthcare stakeholders to create impactful real world research, generate evidence, disseminate best practices, and advance education that integrates medication optimization into value-based care delivery and payment models. We are not aware of any other group or structure within the university system that is focused on improving healthcare delivery through the optimization of medications. The uniqueness of this center is that it fulfills the role as a neutral third party between academia, the private sector and the government to facilitate collaborative research that will produce real world evidence, and has the ability to inform health policy while educating our students.

Goals of the Center for Medication Optimization through Practice and Policy (CMOPP) are focused in three areas:

- a. Build a core, 'mission driven' research capability that will facilitate evidence on optimizing medication use, while achieving self-sustainability and growth through grants and contracts.
- b. Through evidence dissemination, thought leadership and collaboration, develop a global reputation as a pre-eminent, trusted, and unbiased resource on appropriate medication use to inform healthcare policy development.
- c. Integrate the healthcare reform environment as a component of the UNC Eshelman School of Pharmacy curriculum to create student leaders who will positively influence healthcare delivery models.

The objectives of The Center for Medication Optimization through Practice and Policy (CMOPP) at the UNC Eshelman School of Pharmacy are to:

- a. Influence positive Health Policy changes that integrate pharmacy services into value based payment and care delivery models.
 - b. Facilitate collaboration within the UNC Eshelman School of Pharmacy, as well as externally with diverse stakeholders, such as health systems, commercial payers, patient groups, and pharmacy organizations in order to build scalable, results-oriented, real world research projects.
 - c. Build a world-class 'applied, mission-driven' research capability that addresses the needs of payers and value purchasers, and then use that evidence to educate policymakers on evolving value based reimbursement models.
 - d. Integrate healthcare reform and practice innovation into the curricular transformation at the UNC Eshelman School of Pharmacy to prepare the next generation of practitioners.
- 3. The anticipated benefit of the unit's work to the research, instructional, or public service programs of UNC-Chapel Hill; and, if inter-institutional arrangements are involved, the anticipated benefit to the participating institutions.**

The Center for Medication Optimization through Practice and Policy (CMOPP) will create a highly collaborative research program that will result in endorsement of new and innovative approaches of care delivery at the state and federal levels and encourage adoption by payers and providers across the state and the nation. We envision working on research collaborations with other entities in the university system, including the UNC Gillings School of Global Public Health, Health Policy and Management, School of Medicine, UNC Health Care, NC State Department of Industrial and Systems Engineering, and many others. The Center will also interact with external partners, including NC State and UNC Asheville to collaborate around medication optimization.

- 4. A description of how the achievement of the unit's mission, goals, and objectives will be measured, documented, and assessed.**

The Center for Medication Optimization through Practice and Policy (CMOPP) will create a Communications and Dissemination Plan to document, measure and assess the Center's mission, goals and objectives. The key objectives of the Communication and Dissemination Plan are to proactively manage the output of research projects in the areas of peer reviewed publications, white papers, case studies, meetings and presentations, and to develop a scorecard to track the reach and impact on traditional and nontraditional audiences. The Center will also facilitate monthly meetings with internal faculty and external partners to report on research project planning, grant writing, and communication activities to drive accountability.

- 5. Description of the organizational structure, including reporting lines, leadership, staffing, and advisory boards, and an organizational chart showing both the unit's relationship to existing campus units and the internal organization of the unit.**

The Center will be housed at the UNC Eshelman School of Pharmacy, within the Practice Advancement Clinical Education (PACE) Division. The Center Director will report to the Associate Dean for Pharmacoinformatics and Data Science, and also to the PACE Division Chair, who reports to the Dean of the UNC Eshelman School of Pharmacy.

The proposed CMOPP organizational structure:

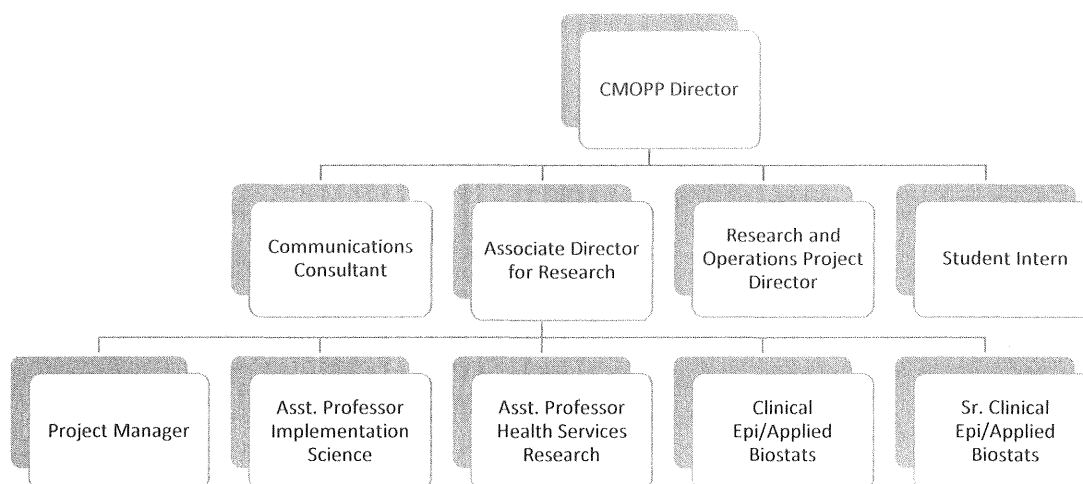


Table 1. Proposed Center Positions and Key Responsibilities

Position	Key Responsibilities
Associate Director of Research	<ul style="list-style-type: none"> Identify & secure grant funding Manage multi-stakeholder research collaborations Develop Implementation Science research capability Develop Data Science research capability Convert ideas into IP to accelerate innovation
Research and Operations Project Director	<ul style="list-style-type: none"> Manage Center ops (budget, dissemination, symposia) Manage Collaboration ops (ad board, fellows, meetings) Research coordination; ensure planning & execution of disparate research projects (stakeholder coordination, best practices, dissemination)
Research Assistant Professor Implementation Scientist	<ul style="list-style-type: none"> Secure grants & publish evidence on pharmacy practice effectiveness, identify environmental influencers Identify intervention components, determine effectiveness, measure implementation outcomes
Implementation Science Post Doc	<ul style="list-style-type: none"> Support implementation grants; field assessments; data assimilation & dissemination tools
Research Assistant Professor Health Services Research	<ul style="list-style-type: none"> Develop adherence & population health models via research collaborations with payers, providers, vendors & life science industry Secure grants & publish evidence on economic & clinical benefit of applied med optimization services
Clinical Epi/Applied Bio stats (2 positions)	<ul style="list-style-type: none"> Applied data analytics supporting research projects (e.g. CMMI, ACCP) & research collaborations Develop, test & implement prospective predictive analytic tools for research collaborations
Communications Consultant	<ul style="list-style-type: none"> Develop CMOPP communication strategy (research dissemination, ad board, PR, social media, media relations, trade shows) Support faculty grant writing activities
Student Intern	Assist Director on business plan and symposium planning

6. Description of space, facilities, and equipment needs and how those needs will be met both immediately and in the five years of operation.

Space was renovated within the UNC Eshelman School of Pharmacy to house the Center and provide an open, collaborative environment for research and faculty-student interaction. An endowment provided by the UNC Eshelman School of Pharmacy Foundation covered the cost of the initial renovation. It is anticipated that startup funds will cover basic A-V and computer equipment for the first three years, and then funding from the endowment, contracts and grants will cover ongoing equipment needs to achieve the goal of self-sustainability.

7. Five-year budget detailing personnel and non-personnel costs and sources of revenue, including state funds, non-state funds, and in-kind support.

The Center director is a full time faculty member within the UNC Eshelman School of Pharmacy. Startup funds will be provided by the school to cover staff and the operational budget over the first 3 years. Additional funding includes a \$3 million endowment from the UNC Eshelman School of Pharmacy Foundation, which will provide approximately \$140,000 per year to fund student and post doc positions. Additional funds will be procured through grants and contracts over the first five years to create a path to self-sustainability. Existing research that CMOPP will manage in 2016-2018 includes:

- Transforming Primary Care Practice through Comprehensive Medication Management (ACCP award), a \$2.4 million award to evaluate medication optimization best practices in primary care
- Community Pharmacy Enhanced Services Network (CPESN), a \$15 million CMMI award to Community Care of North Carolina (UNC Eshelman School of Pharmacy is subcontractor in the amount of \$2.5 million) to transform payment and delivery in the community pharmacy setting
- Eshelman Institute for Innovation, a \$600,000 award to develop the technology platform to assimilate and disseminate best practices in medication optimization
- CMMI Transforming Primary Care Initiative, a \$18 million dollar award to CCNC to transform primary care practice with medication optimization component (UNC Eshelman School of Pharmacy is a subcontractor in the amount of \$500,000)

Table 2. 5-Year Anticipated Personnel/Non-Personnel Costs

	Years 1-2	Years 3-5	Total
Center Personnel costs	\$1,140,000	\$2,250,000	\$3,390,000
Non-personnel costs	\$168,200	\$252,300	\$420,500

Table 3. 5-Year Anticipated Revenue from Grants/Contracts/Endowments

	Years 1-2	Years 3-5 (projected)	Total
Endowment	\$280,000	\$420,000	\$700,000
Grants and Contracts	\$550,000	\$5,000,000	\$5,550,000

8. Acceptance of requirements for periodic review of the director and of the center or institute and requirements related to political and legislative activity. Specific dates for the initial director and center/institute reviews must be noted.


The Center director will be responsible for the day-to-day programmatic, fiscal, and personnel decisions of the unit.

The Center director will not engage in political activity while on duty, as described in UNC Policy Manual Section 300.5.1 and will receive comprehensive annual training concerning I.R.S restrictions on political and legislative activities. All professional Center staff will receive comprehensive annual training concerning I.R.S. restrictions on political and legislative activity.

The Center director will undergo an annual performance review during the first quarter of the following year. The Center will undergo a review every five years during the first quarter of the following year as a mechanism for evaluating its relevance and effectiveness as an academic and administrative entity.

Thank you for the opportunity to submit a request for authorization to establish a new center. We look forward to working with the Vice Provost for Academic Initiatives to answer any questions or further discuss the Center for Medication Optimization through Practice and Policy (CMOPP).

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jon C. Easter". The signature is fluid and cursive, with the first name "Jon" and last name "Easter" clearly legible.

Jon Easter
Director, Center for Medication Optimization through Practice and Policy
Professor of the Practice
UNC Eshelman School of Pharmacy



UNC
SCHOOL OF DENTISTRY

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

OFFICE OF THE DEAN

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December 15, 2016

Carol Tresolini, PhD
Vice Provost for Academic Initiatives
104 South Bldg., 3000
CAMPUS

Dear Dr. Tresolini:

As a follow up to our conversation on November 22, 2017, I would like to request that the University begin the “decommissioning” process for both the Center for Oral and Systemic Diseases located in the Department of Periodontology and the Center for Pain Research and Innovation located in the Department of Endodontics, both in the School of Dentistry. A review of the Policies and Procedures Governing Centers and Institutes indicates that each of these two units would be more appropriately classified as a coordinating entity. These units are disciplined-based and housed in a single department. They do provide strengthened and enriched programs but lack sufficient resources to support the tripartite endeavors of the University. Dr. Everett and I have met with both Dr. Gary Slade and Dr. Steve Offenbacher and explained the reason for this request.

I assume these units were referred to as “Centers” in a previous document submitted to the University and thus became so named in a somewhat informal manner.

Let me know if you need additional information.

Sincerely,

Ken May, DDS
Interim Dean

C: Dr. Eric Everett
Dr. Steve Offenbacher
Dr. Gary Slade
Dr. Ashraf Fouad



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

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January 11, 2017

Carol P. Tresolini, PhD
Vice Provost for Academic Initiatives
104 South Building
Chapel Hill, NC 27599-3000

Dear Dr. Tresolini,

I would like to request that the University begin the decommissioning process for the Center for Bioethics, and instead re-classify it as a coordinating entity within the Department of Social Medicine. The Center for Bioethics no longer meets the definition of center or institute as described in Section II of the *Policies and Procedures Governing Centers and Institutes*. The School of Medicine does not consider the Center for Bioethics to be a stand-alone center.

If the Centers and Institutes Review Committee require additional information, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink that reads "Wesley Burks". The signature is written in a cursive, flowing style.

A. Wesley Burks, MD
Executive Dean, UNC School of Medicine
Curnen Distinguished Professor of Pediatrics

Resolution 2017-3. On Authorizing the Titles “Teaching Assistant Professor” and “Teaching Associate Professor” for Fixed-Term Faculty.

The Faculty Council resolves:

The Board of Trustees is asked to amend Section 2.b.5 of the *Trustee Policies and Procedures Governing Academic Tenure in the University of North Carolina at Chapel Hill* to read as follows:

Fixed-term faculty and other special faculty ranks: Appointments may be made to fixed-term faculty and other special faculty ranks with title designations “Professor of the Practice,” “Lecturer,” “Senior Lecturer,” “Teaching Assistant Professor,” “Teaching Associate Professor,” “Teaching Professor,” “Artist in Residence,” “Writer in Residence,” and any of the faculty rank designations provided in paragraphs (1) through (4) of this subsection with the prefix-qualifier “Adjunct,” “Clinical,” “Teaching,” or “Research,” under the conditions and with the incidents herein provided. Such an appointment, utilizing any of the foregoing title designations, is appropriate for one who possesses unusual qualifications for teaching, research, clinical service, academic administration, or public service from an academic base, but for whom none of the professorial ranks nor the instructor rank is appropriate because of the limited duration of the mission for which appointed, or because of concern for continued availability of special funding for the position, or for other valid institutional reasons.

Submitted by the Chair of the Faculty and the Fixed-Term Faculty Committee.

ACADEMIC PERFORMANCE

Presentation to the
UNC–Chapel Hill Board of Trustees
University Affairs Committee

March 22, 2017

James W. Dean, Jr.
Executive Vice Chancellor and Provost



Overview

- Graduation Rates
- Research & Development Expenditures
- Tuition and Fees
- Average Faculty Total Compensation



COMPLETION RATES

Graduation Rates: 2008 Entering First-Year Cohort

Latest Rates in 4-Years:
UNC-Chapel Hill
82.0% for 2012 Cohort

Latest Rates in 6-Years:
UNC-Chapel Hill
91.4% for 2010 Cohort

	4-Year		6-Year
Virginia	87.4%	Pennsylvania	95.6%
Duke	87.1%	Duke	94.9%
Pennsylvania	86.9%	Virginia	94.2%
Johns Hopkins	86.7%	Northwestern	93.3%
Northwestern	85.4%	Johns Hopkins	93.1%
UNC-Chapel Hill	80.4%	UCLA	91.0%
So. California	75.7%	Michigan	90.9%
Michigan	75.6%	So. California	90.8%
UCLA	71.8%	Berkeley	90.7%
Berkeley	71.7%	UNC-Chapel Hill	90.4%
Maryland	67.0%	Maryland	84.6%
Pittsburgh	65.3%	Washington	83.7%
Washington	61.3%	Wisconsin	83.7%
Minnesota	58.5%	Pittsburgh	81.9%
Wisconsin	54.7%	Texas	80.6%
Texas	52.2%	Minnesota	78.4%



Research and Development Expenditures FY 2015

Total		Federally-Funded		Business-Sponsored	
Johns Hopkins	\$2,305,679	Johns Hopkins	\$1,992,837	Duke	\$240,640
Michigan	\$1,369,278	Washington	\$906,768	Pennsylvania	\$97,755
Washington	\$1,180,563	Michigan	\$735,447	Berkeley	\$75,480
Wisconsin	\$1,069,077	Pennsylvania	\$611,620	Texas	\$75,268
Duke	\$1,036,698	UNC-Chapel Hill	\$585,758	Johns Hopkins	\$66,221
UCLA	\$1,021,227	Pittsburgh	\$561,210	Michigan	\$60,408
UNC-Chapel Hill	\$966,781	Duke	\$559,217	UCLA	\$55,613
Minnesota	\$880,618	Wisconsin	\$533,286	Washington	\$42,081
Pennsylvania	\$864,068	UCLA	\$489,404	So. California	\$32,862
Pittsburgh	\$861,205	Minnesota	\$476,029	UNC-Chapel Hill	\$28,998
Berkeley	\$788,505	So. California	\$421,227	Minnesota	\$25,520
So. California	\$691,031	Northwestern	\$393,186	Wisconsin	\$23,708
Northwestern	\$656,167	Berkeley	\$346,262	Northwestern	\$21,615
Texas	\$650,608	Texas	\$346,215	Virginia	\$17,404
Maryland	\$505,699	Maryland	\$332,393	Pittsburgh	\$16,531
Virginia	\$373,218	Virginia	\$203,401	Maryland	\$8,144



AFFORDABILITY

Tuition and Fees 2016–17

	Undergraduate In-State	Undergraduate Out-of-State	Graduate In-State	Graduate Out-of-State
UNC-Chapel Hill	\$8,834	\$33,915	\$11,606	\$28,817
Texas	\$9,626	\$29,758	\$8,104	\$16,156
Maryland	\$10,180	\$32,344	\$14,558	\$29,618
Wisconsin	\$10,488	\$32,738	\$11,942	\$25,269
Washington	\$10,753	\$34,791	\$16,266	\$28,314
UCLA	\$12,918	\$39,600	\$16,405	\$31,507
Berkeley	\$13,875	\$40,557	\$13,683	\$28,785
Minnesota	\$14,224	\$48,598	\$17,334	\$26,214
Michigan	\$14,402	\$45,410	\$21,794	\$43,674
Virginia	\$15,722	\$45,066	\$18,124	\$28,598
Pittsburgh	\$18,618	\$23,888	\$22,578	\$36,734
Public Peer Average	\$13,081	\$37,275	\$16,079	\$29,487



SALARY COMPETITIVENESS

Average Faculty Total Compensation 2015–16

Full Professors		Associate Professors		Assistant Professors	
Pennsylvania	\$260,600	Pennsylvania	\$182,200	Pennsylvania	\$171,700
Duke	\$254,800	Johns Hopkins	\$169,200	Berkeley	\$152,000
UCLA	\$251,100	UCLA	\$168,600	Northwestern	\$147,000
Northwestern	\$244,500	Duke	\$163,800	Johns Hopkins	\$141,300
Johns Hopkins	\$242,700	Northwestern	\$161,500	Duke	\$137,800
Berkeley	\$239,800	Berkeley	\$160,100	UCLA	\$137,300
So. California	\$225,200	So. California	\$149,800	So. California	\$132,900
Virginia	\$204,200	Virginia	\$142,000	Virginia	\$121,800
Michigan	\$203,600	Michigan	\$140,800	Michigan	\$121,700
UNC-Chapel Hill	\$187,200	Wisconsin	\$133,000	Washington	\$119,000
Texas	\$183,400	UNC-Chapel Hill	\$129,600	Texas	\$115,100
Minnesota	\$177,800	Washington	\$128,200	Wisconsin	\$114,400
Wisconsin	\$166,200	Minnesota	\$127,700	Minnesota	\$113,700
Washington	\$160,600	Texas	\$123,200	UNC-Chapel Hill	\$112,000



Discussion



Faculty Retention & Recruitment Update for Tenured & Tenure-Track Faculty

Analysis of Recent Data (7/1/2015 – 6/30/2016)
& Comparison with Previous Years



What are the primary metrics?

- How many tenured or tenure track faculty members received external offers?
- What percentage of our counter-offers were successful in retaining faculty with offers?
- How many tenure and tenure-track faculty does UNC recruit from other universities?



Numbers of External Offers for Tenured/T-T Faculty

2002-2003: 75

2003-2004: 69

2004-2005: 32

2005-2006: 48

2006-2007: 58

2007-2008: 26

2009-2010: 87

2010-2011: 110

2011-2012: 78

2012-2013: 76

2013-2014: 56

2014-2015: 53

2015-2016: 53



External Offers made to our Tenured/T-T Faculty

Breakdown of the 53 External Offers made:

- 28 - College of Arts and Sciences
- 8 - School of Medicine
- 5 - Gillings School of Global Public Health
- 3 - School of Education
- 3 - Kenan-Flagler Business School
- 2 - School of Law
- 1 - School of Government
- 1 - School of Media and Journalism
- 1 - School of Nursing
- 1 - Eshelman School of Pharmacy



Major competitors – Making more than 2 external tenure or tenure track offers to UNC faculty

2011-2012:

Vanderbilt (5 offers)

Duke (4 offers)

Miami (3 offers)

Pittsburgh (3 offers)

Ohio State (3 offers)

2014-2015:

Arizona State (2 offers)

Duke (2 offers)

Ohio State (2 offers)

Penn State (2 offers)

Colorado-Boulder (2 offers)

U of Texas (3 offers)

U of Washington (4 offers)

2012-2013:

Duke (4 offers)

Vanderbilt (4 offers)

Ohio State (4 offers)

South Carolina (3 offers)

NCSU (3 offers)

2015-2016:

Duke (5 offers)

Emory University (2 offers)

European University Institute (2 offers)

University of Kentucky (2 offers)

University of Zurich (2 offers)

2013-2014:

Duke (3 offers)

Pittsburgh (3 offers)

U of Washington (4 offers)



How many tenured and tenure-track faculty did we lose to external offers?

- In 2007-2008, we lost 33 faculty, 8 due to failed retentions.
- In 2009-2010, we lost 58 faculty, 29 due to failed retentions.
- In 2010-2011, we lost 78 faculty, 46 due to failed retentions.
- In 2011-2012, we lost 35 faculty, including 10 due to failed retentions.
- In 2012-2013, we lost 48 faculty, including 15 due to failed retentions.
- In 2013-2014, we lost 20 faculty, including 8 due to failed retentions.
- In 2014-2015, we lost 16 faculty, including 6 due to failed retentions.
- In 2015-2016, we lost 11 faculty, including 3 due to failed retentions.

A failed retention is a faculty member who got a counter offer and left anyway.



Which UNC Schools suffered a loss due to External Offers?

In 2015-2016, we lost 11 faculty, including 3 due to failed retentions:

- 9 - College of Arts & Sciences (includes the 3 due to failed retentions)**
- 1 - School of Medicine**
- 1 - Gillings School of Global Public Health**



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Retention Success Rates for Tenured/T-T Faculty (stayed/total external offers in %)

2002-2003: 30%

2003-2004: 62%

2004-2005: 68%

2005-2006: 53%

2006-2007: 72%

2007-2008: 69%

2009-2010: 50%

2010-2011: 61%

2011-2012: 69%

2012-2013: 37%

2013-2014: 64%

2014-2015: 68%

2015-2016: 79%



Counter Offers

- Of the 53 who got external offers this year, UNC gave 39 ($39/53 = 74\%$) of them counter offers.
- Of those 39 we gave counter offers to, 36 ($36/39 = 92\%$) decided to remain at UNC, and 3 left anyway.
- 3 decided to stay even with no counter offer.



UNC lost 8 Tenured Faculty

July 1, 2015 – June 30, 2016

	<u>Male</u>	<u>Female</u>	<u>Total</u>
White/Caucasian	6	-	6
African-American	-	1	1
Hispanic	1	-	1
Asian	-	-	-
			8

7 to Universities:

Bowling Green State University
Colorado University
Duke University (2)
Princeton
University of California – Berkeley
University of Zurich

1 to businesses/NGO:

RTI



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UNC Lost 3 Tenure-Track Faculty

July 1, 2015 – June 30, 2016

	<u>Male</u>	<u>Female</u>	<u>Total</u>
White/Caucasian	-	2	2
American Indian	-	-	-
African American	-	-	-
Asian	-	-	-
Hispanic	-	1	<u>1</u>
			3

1 to universities:

University of Zurich

2 to businesses/NGO:

USAID

Unknown



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7/2015 - 6/2016

**94 FACULTY WERE
RECRUITED TO UNC
WHO ARE
TENURED (18)
AND TENURE-TRACK FACULTY (76)**



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Cost of Retentions

of UNC Tenured & Tenure-Track Faculty

7/1/2015 – 6/30/2016

- **\$271,300 from Provost funds to retain 8 faculty in Health Affairs**
- **\$130,166 from Provost funds to retain 12 faculty in Academic Affairs**
- **We requested \$119,793 from General Administration in our efforts to retain 6 of our faculty, of which they agreed to fund \$102,449**
 - **\$10,000 for 1 Health Affairs faculty**
 - **\$92,449 for 5 Academic Affairs faculty**
- **Combined funds totaled \$503,915 for retention support**



Retention and Recruitment Lessons

1. **UNC exists within a competitive academic market**
2. **External offers to our faculty were down over previous years**
3. **When faculty members get raises or pre-emptive retentions, they generate fewer external offers**
4. **Counter offers work and are often successful in retaining faculty members with external offers**
5. **Carolina actively hires tenured and tenure track faculty from other universities**
6. **Annual tracking of retentions and recruitments is necessary to take the pulse of UNC's faculty**

