Meeting Notes:

Dr. Burks welcomed DAC members as the new Dean and CEO, and introduced Dr. Page as the new Executive Dean.

Dr. Page welcomed DAC members and looks forward to meeting everyone and learning more about their centers and departments.
Welcome & Approval of November 2018 Minutes

Cristy Page

Meeting Notes:

DAC November 2018 meeting notes approved.
Welcome

New Chairs

James Sanders, MD
Orthopeedica
April 2019

Craig Cameron, PhD
Microbiology & Immunology
September 2019

New Internal Communications Coordinator

Sierra Mckoy

Ongoing or Upcoming Chair Searches:
- Neurology
- Pathology
- Psychiatry
- Obstetrics & Gynecology
- Family Medicine
Meeting Notes:

Dr. Steiner, Sr. Associate Dean of Medical Education, presented information on behalf of the Education Committee, and reiterated their commitment to train caring physicians.

* Recent interventions (1-on-1 work, closer tracking on practice exams) helped to increase Step 1 pass rates over last year.
* Unintended consequence is that a large number of students were identified and unintended delays for application phase were a result. Long and short term solutions are needed that focus on curriculum delivery and examine closely the criteria for delays.
* Task force in place to explore short and long term solution. The task force will report to Education Committee in May.

Committee asked when Step 1 is given - happens after 18 months/end of foundation phase.

Committee member noted that perception is that student anxiety has been rising – not healthy.
Committee asked what other schools are doing? Some schools offer Step 1 later in curriculum, but concern that issues won't be identified and addressed early. Delivery of curriculum at other schools is often more focused and integrated also. Dr. Byerley added that newer programs are teaching to the test to achieve high performance in Step 1; we will continue to put quality training ahead of learning to the test. This is part of a national discussion. This conversation will be expanded in future meetings, including Chair meetings.

Committee asked about the delta between Step 1 and Step 2 scores? There has been an impressive increase of 20 points between Step 1 and Step 2 due to strong preparation.
Education Committee Improvement Plan

- **Improve the learning environment** ensuring that learners feel welcomed, respected, and assured of safeguards to protect their physical and psychological safety in the School of Medicine environments (LCME 3.4, 3.6, 5.4, 5.6, and 5.11)

- **Improve the assessment** of professionalism competencies across all courses in all phases of the curriculum/enhance the standardization of grading within the clerkships (LCME 9.4)

- **Promote optimal vertical and horizontal integration** of core curricular topics (including clinically important topics) across the curriculum (LCME 8.3, 7.1, and 7.5)

- **Improve professional development** for faculty and residents who teach (LCME 4.5 and 9.1)
Good News: Student USMLE Step 1 Scores are improving at UNC
## Unintended Consequence

<table>
<thead>
<tr>
<th>Year</th>
<th># Students Delays</th>
<th>Ave # of Extra Weeks To Study</th>
<th>Mean Step 1 Score for Delays</th>
<th>% Step 1 Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>20</td>
<td>5.8</td>
<td>208</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>5.9</td>
<td>205</td>
<td>97%</td>
</tr>
<tr>
<td>2016</td>
<td>8</td>
<td>5.7</td>
<td>216</td>
<td>95%</td>
</tr>
<tr>
<td>2017</td>
<td>26</td>
<td>17.1</td>
<td>207</td>
<td>92%</td>
</tr>
<tr>
<td>2018</td>
<td>29</td>
<td>12.8</td>
<td>218</td>
<td>99%</td>
</tr>
<tr>
<td>2019</td>
<td>54</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
</tr>
</tbody>
</table>
Train **Caring** Physicians

Care for patients
Care for ourselves
Care of each other

CPR
Meeting Notes:

Dr. Ma presented information from the Student Progress Committee. Added that increasing incidences of professionalism breaches may be a result of a greater weight on professionalism with new curriculum. Added that the University honor court delays in processing and reporting outcomes is delaying decisions.
Meeting Notes:

Michael Sledge, CFO for UNC School of Medicine and UNC Faculty Physicians presented.

Reviewed the major sources of revenue and discussed potential areas for growth (gift/endowment), the F&A available to help fund the research enterprise, and the percentage of funds allocated to central administrative functions. Discussed inflows and outflows available for allocation by the Dean/CEO, and the investment of reserves as highlighted in the strategic plan.

Committee had questions about F&A to campus. Mr. Sledge noted that the University will likely address the current distribution in future Funds Flow changes.

Committee asked about the dollars the hospital provides for services. Mr. Sledge noted that since that revenue is used to pay actual contracts/expense this was not included in the analysis presented.

Committee asked if we have a 3-year model to look more closely at commitments from Dean’s reservation that are not spent as projected. The current model takes this into account in the long term outlook.

Mr. Sledge offered to meet with individual Chairs/departments to discuss further.
What Do I Want to Accomplish?

- More transparency
- More knowledge
- New perspectives
- There is a limit to resources available
- Conversation starter
Here's What I'm Going to Show You

- Several significant "takeaway" metrics regarding our financials
- Total revenue base for the SOM
- Sources of the revenue base
- Total amount of funds the Dean/CEO has influence to allocate
- Total amount of funds allocated across all units
Significant Takeaways

- Percentage of revenue base directed to central administrative functions: 10%, $41.0M
- Percentage of revenue base that is gift/endowment related: 2%, $26.2M
- Percentage of overall revenue base from state funding: 12.8%, $173.4M
- Overall portion of revenues available to allocate: 2.4%, $31.7M
- Of the allocated portion, the percent that is State and F&A: 5%, $55.7M
- Ratio of F&A received by SOM to total Contracts & Grant revenue: 64%, $110.7M
FY19 SOM Budgeted Revenue

Total: $1,338.1M

- Clinical Departments: $787.2M (59%)
- Centers: $304.8M (23%)
- Basic Science Departments: $99.2M (7%)
- Other: $146.9M (11%)
# FY19 Budgeted Revenue by Area and Fund Type

<table>
<thead>
<tr>
<th>Funding</th>
<th>Basic Science Departments</th>
<th>Centers</th>
<th>Clinical Departments</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary &amp; Recharge</td>
<td>2.4</td>
<td>19.5</td>
<td>3.4</td>
<td>-</td>
<td>25.3</td>
</tr>
<tr>
<td>Clinical</td>
<td>-</td>
<td>1.4</td>
<td>640.9</td>
<td>40.8</td>
<td>683.1</td>
</tr>
<tr>
<td>Contract Trust</td>
<td>0.1</td>
<td>2.9</td>
<td>9.1</td>
<td>47.6</td>
<td>59.7</td>
</tr>
<tr>
<td>Contracts and Grants</td>
<td>76.4</td>
<td>241.8</td>
<td>88.3</td>
<td>3.0</td>
<td>409.5</td>
</tr>
<tr>
<td>Endowment Income</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Formula Allocation F&amp;A</td>
<td>3.5</td>
<td>10.2</td>
<td>3.8</td>
<td>24.4</td>
<td>41.9</td>
</tr>
<tr>
<td>Gift, Endow, Other</td>
<td>2.7</td>
<td>17.2</td>
<td>11.9</td>
<td>-</td>
<td>31.7</td>
</tr>
<tr>
<td>School Based Tuition</td>
<td>-</td>
<td>-</td>
<td>3.1</td>
<td>11.6</td>
<td>14.7</td>
</tr>
<tr>
<td>State Funding</td>
<td>14.2</td>
<td>11.7</td>
<td>26.8</td>
<td>16.0</td>
<td>68.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>99.3</strong></td>
<td><strong>304.7</strong></td>
<td><strong>787.2</strong></td>
<td><strong>146.9</strong></td>
<td><strong>1,338.1</strong></td>
</tr>
</tbody>
</table>

**Takeaway**
- 2.4% of revenue base is gift/endowment related
- 10% is the ratio of F&A received by SOM to total Contracts & Grant revenue
Inflow/Outflow Dean/HCS CEO Responsibility

Inflow by Fund Type
Total: $173.4M
- State Funding: $60 M (42%)
- Endowment Income: $30 M (25%)
- Formula Allocation F&A: $42 M (24%)
- Mission Bldng: $59.2 M (34%)

Outflow by Area
Total: $195.7M
- Administration: $26.3 M (13%)
- Centers: $33.4 M (17%)
- Clinical Departments: $52.5 M (32%)
- Basic Science Departments: $26.0 M (13%)
- Other: $16.9 M (9%)
- Clinical Margin: $4.9 M (2%)
- Mission Bldng: $31.4 M (16%)

21
Inflow Dean/HCS CEO Responsibility by Fund Type

Total: $173.4M

State Funding: $60.7M (40%)
Clinical Margin: $20.2M (24%)
Endowment Income: $3.5M (2%)
Formula Allocation & F&A: $42.0M (24%)

TAKEAWAYS
64% is the amount of state funding and F&A representing the overall pool of funds distributed based on formula/specific request.
12.8% overall revenue base available for formula/specific request distributions.
9% overall revenue base from state funding.
Outflow Dean/HCS CEO Responsibility by Area

Total: $195.7M

- Centers: $33.4M (17%)
- Clinical Departments: $62.9M (32%)
- Basic Science Departments: $26.8M (13%)
- Education: $10.5M (8%)
- Other: $4.9M (2%)
- Mission Based: $31.4M (16%)
- Administration: $26.2M (13%)

TAKEAWAY
2% of revenue base directed to central administrative functions.
What Do I Want to Accomplish?

- More transparency
- More knowledge
- New perspectives

- There is a limit to resources available
- Conversation starter
Meeting Notes:

Dr. Damania presented the recently released NIH rankings.

SOM did experience an increase in number of grants, but relative to national expenditures, rankings remained about the same.

Dr. Damania notes that because different structures at different schools, some schools of medicine include Public Health and Pharmacy funding in numbers reported.

Committee discussed rankings at University level, with other Universities earning larger grants (RO1s) and need for more support securing clinical trial grants.

Dr. Mayer-Davis asked about Nutrition rankings. Dr. Damania noted that this information was not captured in the Blue Ridge Institute for Medical Research (RMIMR) medical school reports, but will try to look into it further.
**UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Direct</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$192,045,437</td>
<td>$251,123,255</td>
</tr>
<tr>
<td>2016</td>
<td>$200,368,661</td>
<td>$268,497,435</td>
</tr>
<tr>
<td>2017</td>
<td>$208,588,659</td>
<td>$272,644,942</td>
</tr>
<tr>
<td>2018</td>
<td>$219,597,335</td>
<td>$293,009,911</td>
</tr>
</tbody>
</table>

Increase in Direct Costs between 2017 and 2018 = $11,008,676
Increase in Total Costs between 2017 and 2018 = $20,364,969
### 2018 NIH Awards to each Medical School (Direct versus Total Costs)

#### Ranked #6 among public medical schools

**Direct Costs**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name</th>
<th>Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNIVERSITY OF CALIFORNIA, SAN FRANCISCO</td>
<td>$430,482,890</td>
</tr>
<tr>
<td>2</td>
<td>JOHN Hopkins UNIVERSITY</td>
<td>$351,050,252</td>
</tr>
<tr>
<td>3</td>
<td>STANFORD UNIVERSITY</td>
<td>$293,755,333</td>
</tr>
<tr>
<td>4</td>
<td>WASHINGTON UNIVERSITY</td>
<td>$334,847,469</td>
</tr>
<tr>
<td>5</td>
<td>UNIVERSITY OF PENNSYLVIA</td>
<td>$304,266,093</td>
</tr>
<tr>
<td>6</td>
<td>UNIVERSITY OF PITTSBURGH</td>
<td>$350,599,188</td>
</tr>
<tr>
<td>7</td>
<td>YALE UNIVERSITY</td>
<td>$269,081,592</td>
</tr>
<tr>
<td>8</td>
<td>COLUMBIA UNIVERSITY HEALTH SCIENCES</td>
<td>$263,159,269</td>
</tr>
<tr>
<td>9</td>
<td>DUKE UNIVERSITY</td>
<td>$256,066,135</td>
</tr>
<tr>
<td>10</td>
<td>UNIVERSITY OF MICHIGAN AT ANN ARBOR</td>
<td>$251,457,248</td>
</tr>
<tr>
<td>11</td>
<td>VANDERBILT UNIVERSITY</td>
<td>$262,464,849</td>
</tr>
<tr>
<td>12</td>
<td>UNIVERSITY OF CALIFORNIA, SAN DIEGO</td>
<td>$242,567,456</td>
</tr>
<tr>
<td>13</td>
<td>UCANIN SCHOOL OF MEDICINE AT MOUNT SINAI</td>
<td>$228,388,125</td>
</tr>
<tr>
<td>14</td>
<td>UNIVERSITY OF CALIFORNIA, LOS ANGELES</td>
<td>$260,266,099</td>
</tr>
<tr>
<td>15</td>
<td>UNIVERSITY OF WASHINGTON</td>
<td>$222,229,245</td>
</tr>
<tr>
<td>16</td>
<td>UNIV. OF NORTH CAROLINA, CHAPEL HILL</td>
<td>$255,557,355</td>
</tr>
<tr>
<td>17</td>
<td>NORTHWESTERN UNIVERSITY AT CHICAGO</td>
<td>$248,522,222</td>
</tr>
<tr>
<td>18</td>
<td>DARTMOUTH UNIVERSITY</td>
<td>$159,917,172</td>
</tr>
<tr>
<td>19</td>
<td>NEW YORK UNIVERSITY SCHOOL OF MEDICINE</td>
<td>$179,978,009</td>
</tr>
<tr>
<td>20</td>
<td>BAYLOR COLLEGE OF MEDICINE</td>
<td>$174,636,912</td>
</tr>
</tbody>
</table>

**Total Costs**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Name</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNIVERSITY OF CALIFORNIA, SAN FRANCISCO</td>
<td>$517,171,903</td>
</tr>
<tr>
<td>2</td>
<td>JOHN Hopkins UNIVERSITY</td>
<td>$469,614,267</td>
</tr>
<tr>
<td>3</td>
<td>STANFORD UNIVERSITY</td>
<td>$459,255,250</td>
</tr>
<tr>
<td>4</td>
<td>WASHINGTON UNIVERSITY</td>
<td>$410,339,162</td>
</tr>
<tr>
<td>5</td>
<td>UNIVERSITY OF PENNSYLVIA</td>
<td>$425,225,150</td>
</tr>
<tr>
<td>6</td>
<td>UNIVERSITY OF PITTSBURGH</td>
<td>$415,669,520</td>
</tr>
<tr>
<td>7</td>
<td>YALE UNIVERSITY</td>
<td>$467,021,566</td>
</tr>
<tr>
<td>8</td>
<td>COLUMBIA UNIVERSITY HEALTH SCIENCES</td>
<td>$407,041,971</td>
</tr>
<tr>
<td>9</td>
<td>DUKE UNIVERSITY</td>
<td>$384,693,969</td>
</tr>
<tr>
<td>10</td>
<td>UNIVERSITY OF MICHIGAN AT ANN ARBOR</td>
<td>$337,098,546</td>
</tr>
<tr>
<td>11</td>
<td>VANDERBILT UNIVERSITY</td>
<td>$356,225,144</td>
</tr>
<tr>
<td>12</td>
<td>UNIVERSITY OF CALIFORNIA, SAN DIEGO</td>
<td>$334,739,126</td>
</tr>
<tr>
<td>13</td>
<td>UCANIN SCHOOL OF MEDICINE AT MOUNT SINAI</td>
<td>$300,783,250</td>
</tr>
<tr>
<td>14</td>
<td>UNIVERSITY OF CALIFORNIA, LOS ANGELES</td>
<td>$329,764,215</td>
</tr>
<tr>
<td>15</td>
<td>UNIVERSITY OF WASHINGTON</td>
<td>$307,657,712</td>
</tr>
<tr>
<td>16</td>
<td>NORTHWESTERN UNIVERSITY AT CHICAGO</td>
<td>$297,974,749</td>
</tr>
<tr>
<td>17</td>
<td>UNIV. OF NORTH CAROLINA, CHAPEL HILL</td>
<td>$295,099,947</td>
</tr>
<tr>
<td>18</td>
<td>DARTMOUTH UNIVERSITY</td>
<td>$250,451,123</td>
</tr>
<tr>
<td>19</td>
<td>NEW YORK UNIVERSITY SCHOOL OF MEDICINE</td>
<td>$250,043,079</td>
</tr>
<tr>
<td>20</td>
<td>BAYLOR COLLEGE OF MEDICINE</td>
<td>$241,022,517</td>
</tr>
</tbody>
</table>

[http://www.brims.org/nih_awards/nih_awards.html](http://www.brims.org/nih_awards/nih_awards.html)
All Basic Science departments in the UNC SOM ranked among the Top 10 in the nation

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>RANK</th>
<th>TOTAL DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biochemistry</td>
<td>#4</td>
<td>$19,289,805</td>
</tr>
<tr>
<td>BME</td>
<td>#6</td>
<td>$4,350,826</td>
</tr>
<tr>
<td>Genetics</td>
<td>#6</td>
<td>$30,180,580</td>
</tr>
<tr>
<td>Microbiology &amp; Immunology</td>
<td>#5</td>
<td>$21,607,680</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>#2</td>
<td>$23,117,687</td>
</tr>
<tr>
<td>Physiology</td>
<td>#9</td>
<td>$12,606,261</td>
</tr>
</tbody>
</table>

http://www.bmi.unc.edu/NIH_Awards/NIH_Awards.htm
Total 2018 NIH Awards to Clinical Departments

11 Clinical departments in the UNC SOM ranked among the Top 30 in the nation

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>RANK</th>
<th>TOTAL DOLLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>#5</td>
<td>$8,380,767</td>
</tr>
<tr>
<td>Dermatology</td>
<td>#24</td>
<td>$1,114,281</td>
</tr>
<tr>
<td>FNT</td>
<td>#71</td>
<td>$1,165,392</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>#12</td>
<td>$1,789,585</td>
</tr>
<tr>
<td>Medicine</td>
<td>#14</td>
<td>$56,069,197</td>
</tr>
<tr>
<td>Pathology</td>
<td>#29</td>
<td>$7,220,723</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>#3</td>
<td>$6,887,506</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>#26</td>
<td>$10,830,968</td>
</tr>
<tr>
<td>PM&amp;R</td>
<td>#19</td>
<td>$349,351</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>#10</td>
<td>$18,576,884</td>
</tr>
<tr>
<td>Radiology</td>
<td>#27</td>
<td>$6,153,903</td>
</tr>
</tbody>
</table>

http://www.somer.org/NIH_Awards/NIH_Awards.htm
Meeting Notes:

The strategic plan was a result of an inclusive and thoughtful year-long process with input from over 700 faculty, staff, and students.

After initial themes were identified, work groups were created to prioritize our goals moving forward.

The importance of our commitment to a positive, respectful climate for all at UNC SOM and UNC HCS was reiterated, along with the goal to increase familiarity with CPR².

Outlined strategic initiatives and school-wide priorities as set by working groups charged to evaluate.

Discussed need to develop an ongoing communication plan, with regular updates in VitalSigns and other communication vehicles.

Committee asked if distance learning, a priority announced by the Provost, would be included in this plan (for example, new Master’s programs). In discussing development of new programs, questions were raised about how tuition dollars are allocated, and how they could better incentivize development of new programs. Mr. Sledge offered to explore further with University counterparts. Dr. Byerley noted that the working group evaluated many ideas, and the items presented were the ones selected as top priority for the school for the next 5 years.

Committee had concerns about optics of most of investment in research and education, and less in lofty goals in other imperatives, such as service. Dr. Byerley noted that many
investments outlined in the plan overlap in mission; priority was to fund those through research or education initiatives. This feedback will be used to help better frame the conversations where there is overlap in missions, for example, highlighting how research has a direct impacts on the health of North Carolinians and beyond.

Dr. Byerley reminded that the priorities were selected over a year-long process with the help of multiple working groups, but that this will not encompass all of the initiatives that will continue to take place at the school of medicine.

Dr. Burks acknowledged Dr. Byerley and Dr. Damania for the time commitment invested in developing the strategic plan from the ground up. He recapped the ongoing budgetary work through funds flow to identify and free up revenue that can be used to invest in the school’s priorities defined through this process.
2018-2023 Strategic Plan
Forward Together
Commitment to Positive Respectful Relationships

- UNC SOM and UNC HCS value respect and professionalism
- We aspire to create a culture of belonging that supports wellness, making us the best place to work
- A lack of civility has unfortunately been tolerated in medicine
- Burnout rates have risen
- Burnout can lead to lapses in professionalism
- Professional lapses, bias, and incivility can compromise patient care
- Those lapses can also compromise the treatment of learners and limit the accomplishments of research

*We strive for a respectful climate based on positive relationships that supports outstanding patient care, meaningful scientific contributions, and a learning environment in which all can thrive*
To accomplish our new strategic plan requires a Commitment to Positive, respectful relationships

**CPR**

**Commitment** – we are dedicated to the cause

**Positive** – we are optimistically progressing toward improvement

**Respectful** – we demonstrate and expect civility, kindness, and inclusion

**Relationships** - we engage with others, showing compassion to them
Goals for DAC presentation of strategic plan

➢ Increase familiarity with CPR²

➢ Outline strategic initiatives developed through inclusive and thoughtful year-long process

➢ Advance awareness of school-wide priorities

➢ Generate enthusiasm for new investments

➢ After your feedback, launch strategic plan investments
UNC SOM Strategic Imperatives

In line with the University’s “Blueprint for Next”, the SOM Strategic Imperatives lead with our strengths. We will innovate with ambition, by the public, for the public.

We intend:

- **Research** that is highly innovative, focused on important health issues, and making a difference in the lives of those we serve
- **Education** where learners add value, while becoming leaders of the future
- **Service** and impact at the state, national and global levels
- **Diversity** reflecting our population, embedded in a culture of belonging
- **Faculty** who thrive and lead in their chosen career paths
- **Administrative infrastructure** empowered to fulfill our mission
Forward Together

- Guides the academic activities of the SOM 2018-2023
- Builds on our strengths
  - Outstanding research
  - Future-focused education
  - Enduring commitment to serving the people of NC
- Recognizes that the power is people
  - Emphasizes diversity and inclusion
  - Specifically supports faculty, staff, and learner success
Strategic Plan Investment

5-year investment, FY19-FY24, totaling $102,660,769

- $71.2M new investment from future revenue streams now purposed for these strategic items
- $10M directly from UNC Health Care to advance Precision Medicine
- $21.8M of currently invested funding directed at these strategic initiatives
## 5-year investment, FY19-FY24

<table>
<thead>
<tr>
<th></th>
<th>Continuing Strategic Funding</th>
<th>Strategic Increases to Current Programs</th>
<th>New Strategic Funding</th>
<th>Total Strategic Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research</strong></td>
<td>17,656,157</td>
<td>11,320,000</td>
<td>40,725,000</td>
<td>69,701,157</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>1,875,000</td>
<td>2,200,000</td>
<td>14,300,000</td>
<td>18,375,000</td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td>922,664</td>
<td></td>
<td>600,000</td>
<td>1,522,664</td>
</tr>
<tr>
<td><strong>Diversity &amp; Inclusion</strong></td>
<td>584,548</td>
<td></td>
<td>4,125,000</td>
<td>4,709,548</td>
</tr>
<tr>
<td><strong>Faculty &amp; Leadership Development</strong></td>
<td>988,215</td>
<td>2,239,185</td>
<td>5,625,000</td>
<td>8,852,400</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
<td>500,000</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21,442,036 already</td>
<td>16,343,733</td>
<td>65,875,000</td>
<td>103,660,769</td>
</tr>
</tbody>
</table>
Strategic Imperative: RESEARCH
**Research: Strategic Priority 1**

Develop vision and plan to guide investment for UNC to achieve national/global leadership in top research thematic areas

- Precision Medicine * (with HCS)
- Neuroscience *
- Immunology & Infectious Diseases *
- Cancer * (UCRF)
- Basic and clinical science collaboration *
- Further incentivize recruitment of under-represented faculty*

* represents new investment
**Research: Strategic Priority 2**

Set clinical departments on a path towards national leadership in research

- Physician Scientist Recruitment, Training and Education *
- Incentivize clinical K awardees *
- Improve on-site clinical research operations *
- Initiate clinical research coordinating center *

* represents new investment
Research: Strategic Priority 3

Increase engagement with industry as part of ongoing effort to grow translational and clinical research

- Deerfield partnership - Pinnacle Hill *
- Increase industry sponsored clinical trials (with VCR)

* represents new investment
Research: Strategic Priority 4

Strengthen infrastructure including organization, governance and administration to ensure research advances the cutting edge

- Core support *
- Bioinformatics support *
- Computational Medicine program* (with UCRF)
- Work with VCR on data science initiative

* represents new investment
Strategic Imperative: EDUCATION
**Education: Strategic Priority 1**

Ensure the SOM is training professionals for health care of the future, in collaboration with the health care system

- Ultrasound *
- Leadership curriculum *
- Interprofessional education *
- Preceptor support *

* represents new investment
Education: Strategic Priority 2

Optimize MD curriculum and its delivery to ensure engaged and prepared learners

- Expand FIRST *
- Office for Student Research *
- Office of Academic Excellence *
- Enhance active learning *
- Support clinical campuses *

* represents new investment
**Education: Strategic Priority 3**

Invest to maintain excellence in education, building infrastructure necessary to deliver cutting-edge curriculum

- Centralize simulation resources *
- Bolster PhD program *(with UCRF)*
- Re-establish office for Continuing Professional Development *
- Integrate the clinical campuses *
- Ensure successful completion of new Medical Education Building

* Note: The construction of the new Medical Education Building is being funded by the NC Bond Package ($68M), support from UNCHCS, and philanthropy.

* represents new investment
Strategic Imperative: SERVICE TO STATE AND WORLD
**Service: Strategic Priorities**

Engage across the state to produce the workforce needed in North Carolina and beyond

Focus service to rural North Carolina

Translate research into professional, commercial and societal uses for the citizens of North Carolina

Strengthen our global citizenship by thoughtfully expanding our clinical, research and educational outreach
Strategic Imperative: DIVERSITY AND INCLUSION
Diversity & Inclusion: Strategic Priorities

Build a more diverse community reflective of those we serve
- New investment fund to recruit/retain top faculty candidates *
- Recruit and support diverse students and trainees, faculty and staff, and SOM leadership *

Cultivate an environment that promotes a more inclusive culture

Strengthen institutional infrastructure and systems to support D&I efforts
- Invite diversity officers within each department to serve on the Diversity Council
- Modernize MED pipeline program
- Include evaluation markers of diversity and inclusion progress on annual chair evaluations
- Improve data management to guide/measure D&I efforts

* represents new investment
Strategic Imperative: FACULTY
**Faculty: Strategic Priorities**

**Establish UNC as a leader in faculty wellness and engagement**

- Address administrative burdens contributing to faculty stress
- Optimize mentoring
- Provide best-in-class quality-of-life benefits supporting faculty wellness
- Increase wellness scholarship and leadership nationally
- Support the well-being committee *

**Foster an institutional climate in which faculty thrive professionally in their careers, and within particular subpopulations**

**Enhance leadership development programming across the faculty career lifecycle**

* represents new investment
Strategic Imperative: ADMINISTRATION
Administration & Enabling Functions: Strategic Priorities

Improve communication effectiveness and nimbleness, both internally and externally

Substantially increase philanthropic support for the UNC School of Medicine and UNC Hospitals

Consolidate and modernize UNC SOM’s financial services, from budgeting to reporting

Provide best-in-class administrative support via a highly-qualified and empowered workforce and state-of-the-art resources
Metrics of Success – Process and Outcome Measures yet to be clarified but will include...

- Research
- Increased research funding
- Increased externally funded clinical trials
- Education
- Better learner performance
- Improved preceptor availability and quality
- Increased simulation and IPE utilization
- Service to the State and World
- Increased workforce numbers, global engagement
- Growth in entrepreneurial ventures
- Diversity
- Demographics and inclusion markers for students, trainees, staff, faculty, and leadership team members
- Faculty
- Culture and wellness measures improving
- Administration
- Improved efficiency, awareness, technology utilization, fundraising totals
Next Steps for Forward Together

- Vet the plan with leadership
- Publicize plan
- Charge initiative leaders to implement
- Develop metrics for tracking
- Develop dashboard
- Convene Strategic Plan Oversight Committee (SPOC) for quarterly tracking and reporting

2018-2023 Strategic Plan
Forward Together