AGENDA

1. CALL TO ORDER
   Mr. Steve Worley, Chair

2. APPROVAL OF MINUTES
   (DECEMBER 9, 2016)
   Mr. Steve Worley, Chair

3. AUDIT, INTEGRITY AND COMPLIANCE COMMITTEE DASHBOARD MEASURES
   Mr. Bill Cole, Executive Director, Audit and Compliance Services
   Mr. Alex Henson, Chief Information Officer

4. ERM STEERING COMMITTEE PROGRESS
   Mr. Tom Briggs, Assistant Vice President – Safety and Risk Management

5. ETHICS AND COMPLIANCE EDUCATION UPDATE
   Ms. Jacqueline Kniska, Integrity and Compliance Officer

6. CLOSED SESSION
   Freedom of Information Act Sections 2.2-3711(A) (1) and (7), specifically:
   University Counsel Litigation Update
   Ms. Madelyn Wessel, University Counsel

   Audit Updates:
   • Audit Reports for Information
   Mr. Bill Cole, Executive Director,
Audit Work Plan Status Report

Mr. Bill Cole, Executive Director
Audit and Compliance Services

Executive Session

7. RETURN TO OPEN SESSION AND CERTIFICATION
   Mr. Steve Worley, Committee Chair
   o Approval of Committee action on matters discussed in closed session, if necessary

8. ADJOURNMENT
   Mr. Steve Worley, Committee Chair
Committee Members Present

Mr. Steve L. Worley, Chair
Mr. Ronald McFarlane, Vice Chair
Mr. H. Benson Dendy III
Dr. Robert D. Holsworth
Mr. Keith T. Parker
Dr. Carol S. Shapiro

Committee Members Absent

Rev. Tyrone Nelson

Board Members Present

Mr. John A. Luke, Rector

Others Present

Mr. William H. Cole
Ms. Erin McClinton
Dr. Michael Rao, President
Ms. Michele Schumacher, Board Liaison
Ms. Madelyn F. Wessel
Staff from VCU and VCUHS

Call to Order

Mr. Steve L. Worley, Chair, called the meeting to order at 7:46 a.m.

Approval of Minutes

Mr. Worley asked for a motion to approve the minutes of the September 15, 2016 meeting of the Audit, Integrity and Compliance Committee, as published. After motion duly made and seconded the Minutes of the September 15, 2016 Audit, Integrity, and Compliance Committee
meeting were approved. A copy of the minutes can be found at on the VCU website at the following webpage [http://www.president.vcu.edu/board/minutes.html](http://www.president.vcu.edu/board/minutes.html).

**REPORTS AND RECOMMENDATIONS**

**Report from Auditor of Public Accounts**
Ms. Karen Helderman, Audit Director, Office of the Auditor of Public Accounts (APA), Commonwealth of Virginia, provided a summary of the APA’s audit of the University’s fiscal year 2016 financial. Ms. Helderman noted that the University received an unmodified audit opinion of the 2016 financial statements.

**Committee Dashboard Measures**
Mr. Bill Cole, Executive Director of Audit and Compliance Services, reviewed the Committee Dashboard Measures noting that all indicators are green except for Data Security and Compliance Oversight being yellow. A copy of the Dashboard is attached hereto as Attachment A and is made a part hereof.

**Enterprise Risk Management**
Mr. Thomas Briggs, Assistant Vice President for Safety and Risk Management, updated the Committee on the work of the ERM Steering Committee, and specifically reviewed two previously identified risks: (1) Attract, Develop and Retain People (Faculty and Staff)”; and (2) “Health, Safety and Security: Office of Environmental, Health and Safety”. He also noted that ERM Steering Committee has drafted a new charter that has been submitted to the President for approval and further that meetings are being scheduled with Risk Owners to review enterprise risks.

In addition, Chief of Police and Assistant Vice President for Public Safety, John A. Venuti, updated the Committee on the activities of the VCU Police Department through the use of a frequently asked question flyer, a copy of which is attached hereto as Attachment B and is made a part hereof.

**Data Governance**
Ms. Kathleen Shaw, Vice Provost for Planning and Decision Support, and Mr. Alex Henson, Chief Information Officer, presented an update on the Data Information Management Council (DIMC) Phase III specifically noting the investment in new technology to enhance reporting capabilities and support data integrity; reviewed the work plan deliverables for fiscal year 2017; and reviewed the two dimensions to the DIMC ongoing initiatives that include (1) issue identification and resolution, and (2) integrated data mart and self-service reporting development.

**Compliance Activities**
Ms. Jacqueline Kniska, University Integrity & Compliance Officer, provided an update on compliance activities which included a review of the annual compliance education noting the campus activities that had taken place during “Compliance Week (November 7-11, 2016)”.
Internal Quality Assessment

Mr. Cole also provided a report on the Audit and Compliance Services Department’s Quality Assurance and Improvement Program. He noted that in accordance with the International Professional Practices Framework (IPPF) of the Institute of Internal Auditors, Audit and Compliance Services must develop and maintain a quality assurance and improvement program that includes both internal and external assessments and that the assessment results must be communicated to the Board in accordance with the Institute of Internal Auditors (IIA) mandates. A copy of the report is attached hereto as Attachment C and is made a part hereof.

CLOSED SESSION

On motion made and seconded, the Audit, Integrity, and Compliance Committee of the Virginia Commonwealth University Board of Visitors convened into closed session pursuant to Sections 2.2-3711 (A) (1) and 2.2-3711 (A) (7) of the Virginia Freedom of Information Act to discuss certain personnel matters involving the performance of identifiable employees or faculty of the University, and to discuss the evaluation of performance of departments or schools of the University where such evaluation will necessarily involve discussion of the performance of specific individuals, including Audit Reports of individually identified departments and/or schools, and to consult with legal counsel and receive briefings by staff members regarding legal matters and actual or probable litigation relating to the aforementioned Audit Reports where such consultation or briefing in open session would adversely affect the negotiating or litigating posture of the University.

RECONVENCED SESSION

Following the closed session, the public was invited to return to the meeting. Mr. Worley, Chair, called the meeting to order. On motion duly made and seconded the following resolution of certification was approved by a roll call vote:

Resolution of Certification

BE IT RESOLVED, that the Audit, Integrity, and Compliance Committee of the Board of Visitors of Virginia Commonwealth University certifies that, to the best of each member’s knowledge, (i) only public business matters lawfully exempted from open meeting requirements under this chapter were discussed in the closed meeting to which this certification resolution applies, and (ii) only such public business matters as were identified in the motion by which the closed session was convened were heard, discussed or considered by the Committee of the Board.

<table>
<thead>
<tr>
<th>Vote</th>
<th>Ayes</th>
<th>Nays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Steve L. Worley, Chair</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mr. Ronald McFarlane, Vice Chair</td>
<td>X</td>
<td></td>
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<tr>
<td>Mr. Ben Dendy</td>
<td>X</td>
<td></td>
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<tr>
<td>Dr. Robert Holsworth</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
All members responding affirmatively, the motion was adopted.

**ADJOURNMENT**

There being no further business Mr. Worley, Chair, adjourned the meeting at 9:11 a.m.
Attachment A

AUDIT, INTEGRITY, AND COMPLIANCE COMMITTEE
DASHBOARD MEASURES

INFORMATION TECHNOLOGY GOVERNANCE - DATA INTEGRITY

**DATA GOVERNANCE PROGRAM** (development of program)

- Program progressing successfully
- Barriers / challenges encountered that may have an impact on issue resolution or implementation. Executive Council to resolve challenge.
- Significant challenge encountered; will require decision from Executive Leadership Team to resolve

**DATA SECURITY** (number of security incidents / breaches)

- No data breaches have occurred or seem likely to occur; security risks are well understood and being mitigated; resources viewed as aligned with threat and risk environment
- No breach has occurred, but minor security incidents or near-misses have occurred; significant audit findings have occurred but are being mitigated; some overload or barriers / challenges encountered that may require adjustment or reallocation of resources
- Significant breach requiring notification has occurred or conditions exist where significant barriers/challenges are likely to produce unacceptably high levels of risk

Notes: No major incidents or breaches have occurred since our last meeting.

Recently implemented countermeasures have helped to significantly reduce the usefulness of stolen credentials and improve the security posture of the University. Additional deployment of multi-factor authentication is underway, and a new web policy and associated procedures are in the process of being implemented along with an enhanced security architecture for applications provisioned in the University environment. In anticipation of continued growth in the adoption of encryption technologies on networks, additional endpoint security controls including defensive and forensics capabilities are being evaluated and implemented for high value assets. A risk based data management tool based on the VCU security framework is in the final stages of development and will be key in assisting VCU schools and departments in developing Data Management Plans for various distributed systems. New initiatives in the Information Security Office include:

- Implementation of a new architecture around the network and devices that are involved in credit card processing that are necessary to continue to ensure compliance to PCI (Payment Card Industry) Data Security Standards Work to develop an infrastructure to aid in compliance to newly emerging standards on CUI (Controlled Unclassified Information being issued by NIST (The National Institute of Standards & Technology). This is particularly important to maintaining eligibility to receive certain kinds of research grants.

ERM PROGRAM
Status of ERM mitigation plans

- Program progressing on schedule
- Program not on schedule; ERM Committee to address.
- Program significantly behind schedule; Executive Management attention required.

Notes: The ERM Steering Committee (Committee) continued their review of the highest ranked Risk Mitigation and Management (RMM) Plans. AN ERM software module has been implemented. A risk management consultant to assist with the next assessment phase has begun planning the next risk cycle.

PLANNED AUDIT STATUS

PLANNED AUDITS (status of audits - planned and unplanned to available resources)

- Progressing as planned and within overall budget
- Some overload or barriers / challenges encountered that may require adjustment or reallocation of resources to resolve
- Significant overload or barriers / challenges encountered resulting in major delays or changes to scheduled work plan

COMPLIANCE OVERSIGHT

Compliance requirements compared to known material violations

- No known noncompliance
- Challenges encountered that have an impact on resolution or implementation
- Significant compliance challenge encountered

Notes: Institutional infrastructure to ensure compliance with the multitude of federal and state laws and regulations as well as university policies and procedures still requires attention.
Attachment B
Is VCU safe?
Yes. In Spring 2016, 97% of students, faculty and staff surveyed reported feeling safe on VCU’s campuses. VCU Police has 99 officers who patrol 24/7, 81 hospital security guards at VCU Health and more than 50 private security guards. Each residence hall has security staff checking ID’s and hundreds of security cameras are installed to help police monitor major events and find suspects.

When will I receive Alert messages?
Alert texts are issued when there is an active, ongoing threat to the VCU community. Email crime alerts (timely warnings) are issued when police determine that a crime, as defined by the federal Clery Act, has occurred on or near VCU’s core campus geography. Public safety information, including select arrest information, is also posted to alert.vcu.edu.

What is VCUPD doing about sexual assault?
Since 2010, VCUPD has adopted a survivor-centered approach to sexual assault investigations. Sexual assaults are treated as traumatic events; survivors are provided the support and wellness resources they need. In fall 2016, VCU Police launched the You Have Options program to let survivors decide how much information they provide to police, including the option to remain anonymous.

Who does VCUPD collaborate with?
VCU Police has strong working relationships with the Richmond Police Department, Virginia State Police and other law enforcement agencies. VCUPD has a dedicated external relations officer who serves as a liaison with the neighborhoods surrounding the Monroe Park Campus. The department routinely works with groups of students and staff and is open to all collaborative efforts.

Why is VCU in the news for crime?
VCU is mandated by the federal Clery Act to issue timely warnings on criminal incidents. In addition to students, faculty and staff members receiving alerts, members of the local media are also registered for alerts and review alert.vcu.edu for public safety updates. VCUPD works with the media to provide accurate, useful information to the public, without jeopardizing investigations.

Where can I get more information about police operations and outreach?
Safety information, daily incident logs and other resources are maintained on police.vcu.edu. Alert information and public safety advisories are posted on alert.vcu.edu. VCU Police also utilizes social media to connect with the community on Facebook, YouTube, Twitter and Instagram (@VCUPD).
Audit and Compliance Services (ACS) is responsible for providing internal audit services to both the Virginia Commonwealth University (VCU) and VCU Health System. The department has identified the International Professional Practices Framework (IPPF) as its conceptual framework. The IPPF represents authoritative guidance by the Institute of Internal Auditors (IIA) and mandates conformance with the following elements.

- Core Principles for the Professional Practice of Internal Auditing
- Definition of Internal Auditing
- Code of Ethics
- **International Standards for the Professional Practice of Internal Auditing (Standards)**

ACS maintains a quality assurance and improvement program to provide continual evaluation of conformance with the IPPF, to assess the efficiency and effectiveness of the internal audit activity, and to identify opportunities for improvement. This evaluation is done through internal and external assessments.

Internal assessments of the ACS’ internal audits are conducted through ongoing monitoring by the audit management team as part of their supervisory review and through periodic self-assessments by the Special Projects and Quality Assessment Manager. A summary of the most recent periodic self-assessment review is provided below.

An external quality assessment (QA) report (dated October 2014) was issued by ACUA members (Association of College and University Auditors) and presented to the board in December 2014. The highest rating of generally conforms was received. As stipulated by the Standards, the next external assessment is due in five years or 2019. All areas identified in the 2014 external QA report have been addressed to-date except for recording the university information technology final annual risk assessment documentation in the audit workpaper format; this one risk assessment’s support data was lost during the implementation of the audit workpaper software.

**Internal Periodic Self-Assessment Results Performed by Special Projects and Quality Assessment Manager**

The most recent periodic internal audit assessment of the work papers was performed by Anne Sorensen and was communicated directly to the Executive Director as recommended by the IIA Practice Advisory. Overall, the work paper assessment was rated as “generally conforms,” the highest assessment scale rating listed in the IIA Quality Assessment Manual. The most notable opportunities for improvement are identified below; however, none of these areas were deemed to represent situations or deficiencies that would have a significant negative impact on the internal audit activity’s effectiveness or overall conformance with the Standards.

- Increase sampling knowledge
- Refine workpaper documentation and review process in the new audit workpaper system
- Consistently record consulting service engagements in workpaper format
- Finalize workpapers in the automated audit system that will be retired
- Standardize use of recording internal metric data
In addition to the work paper review, Anne Sorensen has participated in departmental meetings and trainings, observed the implementation of various best practices, confirmed the implementation of progress with the external quality assessment recommendations, and reviewed board and other office support documentation. Based on such exposure during fiscal year 2016 to date, the following statements can be made.

- ACS is effectively achieving the IIA Core Principles.
- ACS is considered to be in conformance with the definition of Internal Auditing.
- The internal auditors of ACS are in conformance with the IIA Code of Ethics.

This assessment did not identify any significant areas of nonconformance with the IPPF.
<table>
<thead>
<tr>
<th>PRESENTATION TITLE: Audit, Integrity, and Compliance Committee Dashboard Measures</th>
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</thead>
<tbody>
<tr>
<td>Presenter Name and Title: Bill Cole, Executive Director</td>
</tr>
<tr>
<td>Responsible University Division: Audit and Compliance Services</td>
</tr>
<tr>
<td>BOV Committee: Audit, Integrity, and Compliance Committee</td>
</tr>
<tr>
<td>Quest Theme(s) and Goal(s) to be Addressed:</td>
</tr>
</tbody>
</table>
| **Key Presentation Messages** | 1. The committee’s dashboard measures primarily utilize the following signal light rating method:  
Green = No Significant Matters/Delays,  
Yellow = Known Matters/Delays requiring increased management action/resources or senior management monitoring, and  
Red = Significant challenges/issues encountered resulting in delays, budget overages, or institutional risk  
2. This Committee’s currently rated measures are:  
Data Governance Program Status, rated Green  
Data Security, rated Yellow  
ERM Implementation Time Line; rated Green  
Planned Audits; rated Yellow  
Special Projects; rated Green  
Compliance Oversight; rated Yellow |
| Governance Implications | Appropriate resources and business practices are in place to address these dashboard measures. |
| Governance Discussion Questions | Do the “yellow” measures require any special attention by the committee? |
| Next Steps for Management (Responsible Division Head; Timeframe for Action) | Take appropriate measures to address Dashboard measures that show need for improvement. |
| Next Steps for Governance (Responsible Board Member; Timeframe for Action) | Continue to monitor the Dashboard measures provided at each Audit, Integrity, and Compliance Committee meeting. |
DATA INTEGRITY

DATA GOVERNANCE PROGRAM (development of program)

- Program progressing successfully
- Barriers / challenges encountered that may have an impact on issue resolution or implementation. Executive Council to resolve challenge.
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Notes: No major incidents or breaches have occurred since our last meeting.

The most significant threats observed in the environment are phishing and email scams of increasing sophistication and attacks against websites and web applications. Many scams have shifted recently to target fiscal administration personnel and individual employees with the goal of both financial fraud and identity theft. Additional education and communications have been made to high risk personnel, and we continue efforts in educating our users across VCU.

From the web applications perspective, the University has made significant strides in establishing an application security program, and the first phase of implementing a secured code repository is complete. We are currently undergoing evaluation of a comprehensive application vulnerability assessment platform for the second phase of the program.

ERM PROGRAM

Status of ERM mitigation plans

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Notes: The ERM Steering Committee (Committee) continued their review of the highest ranked Risk Mitigation and Management (RMM) Plans. An ERM software module has been implemented. A risk management consultant to assist with the next assessment phase has begun planning the next risk cycle.

PLANNED AUDIT STATUS

**PLANNED AUDITS** (status of audits - planned and unplanned to available resources)

Notes: Due to staff turnover the work plan is currently behind schedule and is being adjusted.

**SPECIAL PROJECTS** (status of special projects - planned and unplanned to available resources)

- Progressing as planned and within overall budget
- Some overload or barriers / challenges encountered that may require adjustment or reallocation of resources to resolve
- Significant overload or barriers / challenges encountered resulting in major delays or changes to scheduled work plan

COMPLIANCE OVERSIGHT

**Compliance requirements compared to known material violations**

- No known noncompliance
- Challenges encountered that have an impact on resolution or implementation
- Significant compliance challenge encountered

Notes: Institutional infrastructure to ensure compliance with the multitude of federal and state laws and regulations as well as university policies and procedures still requires attention.
## Presentation Title: ERM Steering Committee Progress

### Presenter Name and Title: Tom Briggs, Assistant Vice President for Safety & Risk Management

### Responsible University Division: Administration
**BOV Committee:** Audit, Integrity, and Compliance Committee

### Quest Theme(s) and Goal(s) to be Addressed:

### Key Presentation Messages
- Workshops have been held with Risk Owners in January and March 2017

### Governance Implications
- Maintain expectations of those involved with ERM governance.

### Governance Discussion Questions
1. Were any of the risks modified substantially?
2. Were there any new risks identified?

### Next Steps for Management (Responsible Division Head; Timeframe for Action)
- Where applicable, actively participate in the:
  - Findings will be validated with Risk Owners via Origami in April 2017
  - Findings will be presented to new ERM Steering Committee in May of 2017
ENTERPRISE RISK MANAGEMENT (ERM)
STEERING COMMITTEE PROGRESS

Recent Activities
Workshops were held by the Safety and Risk Management Department and their consultants with Risk Owners and Process Owners on January 10-12 and March 7–9. The following risk topics were reviewed:

- Budgeting, Forecasting, Resource Allocation & Cross-subsidization
- Funding: Academic
- Safety: VCU Police and Emergency Management
- Facilities and Space
- Safety: OEHS
- Decentralized Operations, Processes and Procedures
- IT Disaster Recovery and Information Protection
- Parking & Transportation
- Research & Clinical Trails Administration Process
- Funding: Research & Cost Sharing
- Staff: Attract, Develop and Retain People
- Operationalization of Quest for Distinction - Vision, Brand and Goals
- Athletics
- Student Legal Affairs including Title IX Compliance
- General Counsel & Compliance
- Health Sciences
- Data Analytics, IT Functionality & Shadow Systems
- Development and Alumni Support
- Faculty: Attract, Develop and Retain People
- Enrollment Management
- Global Education

Next Steps
- ERM findings will be validated with Risk Owners via Origami in April 2017
- ERM findings will be presented to new ERM Steering Committee for final approval in May of 2017
# Board of Visitors Executive Summary
## March 2017

<table>
<thead>
<tr>
<th>PRESENTATION TITLE:</th>
<th>Ethics and Compliance Education Update</th>
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<tbody>
<tr>
<td>Presenter Name and Title:</td>
<td>Jacqueline Kniska, University Integrity &amp; Compliance Officer</td>
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<tr>
<td>Responsible University Division:</td>
<td>Audit and Compliance Services</td>
</tr>
<tr>
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</tr>
<tr>
<td>Quest Theme(s) and Goal(s) to be Addressed:</td>
<td></td>
</tr>
<tr>
<td>Key Presentation Messages</td>
<td>In its fourth year, the Integrity &amp; Compliance Office has led a universitywide training initiative for all employees covering key expectations of based in ethical conduct; policy requirements; and reflect risk based areas of focus. This year content was enhanced to reflect role-based messaging (for supervisors). Significant improvements in the overall compliance rate (compared to last year) have been made due to increases in Cabinet level messaging and a doubling of reflexive email reminders to complete. Updated data will be shared at the meeting. This report is provided to the governing authority in order to support assurances that appropriate, timely training based in key policy and a risk reflective perspective is covered. Tracking the compliance rate assists in furtherance of accountability and demonstrated effectiveness of VCU’s Compliance and Ethics Program.</td>
</tr>
<tr>
<td>Governance Implications</td>
<td>This is informational in nature and provides assurances to the governing authority that administration is actively engaged in addressing identified ethical and compliance related issues universitywide and has annual training in place to timely remind employees of expectations and avenues available to identify any potential for patterns or practices of misconduct.</td>
</tr>
<tr>
<td>Governance Discussion Questions</td>
<td>1. Are there any specific areas or risks that require the Committee’s attention relative to the Compliance Education? 2. Are you receiving the necessary cooperation and assistance from university administration and compliance partners in providing the education?</td>
</tr>
<tr>
<td>Next Steps for Management (Responsible Division Head; Timeframe for Action)</td>
<td>Continued support in treating this request as mandatory and explore options for incentivizing completion or penalizing for non-completion.</td>
</tr>
<tr>
<td>Next Steps for Governance (Responsible Board Member; Timeframe for Action)</td>
<td>Continued support in addressing any identified issues as they become apparent.</td>
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Annual Employee Education Requirement

In support of fostering and promoting an ethical and compliance-oriented environment, the Ethics and Compliance Program strives to positively influence and impact employee behavior. One of the ways this is accomplished is through annual ethics and compliance-based training, required of all employees. The purpose of this online course is to remind and inform employees of the university’s expectations, key universitywide policies and the tools and resources available to help meet these expectations.

The course begins with an attestation of understanding the Code of Conduct, the duty to inquire if there are questions, and VCU’s commitment to non-retaliation. The course is split into three modules, each concluding with a comprehension quiz. A total of 25 or greater from a possible 30 points is a passing score.

This year was the fourth cycle of this education initiative covering the topics listed below. Based on the current risk environment, this year contained additional focus on available resources; privacy and network use; addressing concerns; and non-retaliation:

- Ethical Behavior
- Voicing Concerns & Non-retaliation
- Addressing Concerns (for supervisors only)
- Civility and Respect
- Diversity, Accessibility & Equal Opportunity
- Sexual Misconduct & Gender Equity
- Workplace Health, Safety and Security
- Interest Disclosure and Conflict of Interests
- Research Integrity
- Managing & Safeguarding Records/Information
- Computer and Network Use & Privacy
- External Communications & Our Brand

The Integrity and Compliance Office announced the 2016 annual requirement during National Compliance and Ethics Week on November 9, 2016. By February 14, 2017 the compliance rate for core-employees was 92%.

The overall compliance rate for all employees improved significantly (from 67% last year to 89% for 2016), stemming from significant increases in all employee-types. The employee-types with the most improvement were adjunct faculty (+57%); Qatar faculty (+44%); and hourly/other (+35%). Law Enforcement remained at 100%, while other employee-types improved as well: professional faculty (+4%), administration faculty (+5%), teaching and research faculty (+12%), student employees (+15%), classified (+9%) and clinic/MD faculty (+21%).
2016 Integrity and Compliance Education Requirement
Compliance Rates by Employee-Type

89% of Total Faculty
- 89% Full Time Faculty
- 87% Part Time & Adjunct Faculty

92% of Total Staff
- 97% Full Time Staff
- 79% Part Time & Hourly Staff

89% Overall*
92% Core Faculty & Staff
(not including P/T Faculty or Staff or Student Employees)

*Rates as of 2/14/2017