

Academic Programs Committee – Full Committee
Resolution on Proposal for Department of Population Health Sciences

On December 7th, 2016, the full Academic Programs Committee met with Ted Pappas, Vice Dean of Medical Affairs, and Leslie Curtis, Director of the Center for Pragmatic Health Services Research, Duke Clinical Research Institute, to discuss the proposal for a new Department of Population Health Sciences. Documents reviewed prior to this discussion included the proposal for a new department, letters of support, and BSFSC comments on the creation of a Department of Population Health Sciences.

Preamble

The APC agrees that this new department offers many important benefits, especially the provision of a tenureable academic home for non-clinical faculty (e.g., epidemiology). The APC also understands that the stated desire to create a graduate program is very important, but recommends that the issues surrounding a new graduate program be handled separately from establishing a new department.

Resolution

APC approves the proposal to convert the Population Health Sciences program into an academic department.

Several comments and suggestions emerged from the committee's discussion, as listed below. These suggestions were shared with Leslie Curtis and successfully incorporated into a new draft proposal, as shared with APC on January 9, 2017.

- 1) When relevant, responses to the comments resulting from the BSFSC Review within the School of Medicine should be addressed in the proposal. We suggest that these revisions all be in a distinctive font color to allow readers to see the evolution of the proposal.
- 2) The proposal should clarify that at the moment, many faculty with "basic science" population health profiles have positions with clinical departments; and that they are clustered within: the VA group; DCRI; DGHI; and DCI.
- 3) The plan for moving faculty to the new department and for mitigating unintended consequences for existing departments should be described in detail, including the MOUs from participating entities. In addition, letters of support from those entities that could be impacted negatively should be included (e.g., the Department of Community and Family Medicine).
- 4) The final budget for the new department should be included in the proposal.
- 5) The proposal should state more clearly the anticipated benefits of the new department, separate from the establishment of a new graduate program. Advantages such as the provision of a tenureable academic home for non-clinical faculty (e.g., epidemiology), the co-location of faculty in related areas, and the establishment of a more cohesive framework for faculty mentoring should be discussed and even emphasized.
- 6) The complementarity of the new department, in the contexts of other cognate departments, schools, or institutes throughout Duke and across the Triangle, should be described in more detail, including anticipated partnerships and collaborations with University departments, schools, or institutes.
- 7) Plans to promote and achieve diversity within the new department need to be discussed in detail, which should emphasize both the existence of a strong pipeline of talent and the opportunities to deepen that pipeline.
- 8) The detailed discussion of the graduate program should be removed from the proposal in order to simplify its review. Instead, it is sufficient to mention that a separate graduate program proposal will

be considered later. Nonetheless, some basic issues should be addressed, such as clarifying the future teaching capacity of the department and describing current teaching contributions that are already taking place.

- 9) The proposal should describe the metrics of success against which the department will be judged upon review, after it is established. Two key indicators of success for the department that surfaced in the APC discussion were its ability to serve as a portal for/coordinator of health-related collaborations for scholars/researchers across the University; as well as a coordinator of access to de-identified electronic health data.

Vote: 23 approve; one abstain; two did not vote