

## **Administrative Response to the External Review of The Dalla Lana School of Public Health and Next Steps**

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The Provost and the Dean of Medicine commissioned an external academic review of the Dalla Lana School of Public Health (DLSPH) with particular emphasis on the Master of Public Health degree program and the current status of the DLSPH with respect to accreditation standards set out by the Council on Education for Public Health (CEPH) in the United States. The reviewers were asked to assess specifically the readiness of the DLSPH, in the long term, for CEPH accreditation. We are most grateful to the reviewers, Professor Richard S. Kurz, Dean of the School of Public Health, University of North Texas Health Science Center, and Professor Robert E. McKeown, Chair of Epidemiology and Biostatistics, University of South Carolina. They have provided a comprehensive and expert analysis that identifies the challenges and opportunities for the DLSPH across all of its academic programs. The following is our administrative response focusing on the recommendations and advising about next steps for the strategic planning of the DLSPH.

### **THE MPH PROGRAMS**

#### ***A. Consistency of Programs with Standards, Educational Goals and Learning Expectations***

The current MPH programs were not specifically designed around the CEPH competencies. Originally established 30 years ago (as the MHSc), this program was discipline-focused and designed to meet discipline-specific learning objectives, with a small core learning domain, common to all MPH programs.

Though the reviewers recognized that the competencies for each program within the MPH are well stated and appropriate, further documentation of a clear mission statement and the core goals and objectives for the MPH and articulation of outcome-based specific learning goals and objectives for each program should also be more explicitly in place. This will be a focus of the upcoming curriculum renewal exercise.

#### ***B. Assessment of Indicators***

The demand for the part time MPH program has been relatively constant across the fields of study, with generally less than 25% of the students being enrolled part time. The major exception is the Family and Community Medicine field in the MPH, in which over 60% of the students are enrolled part time. With the introduction of the MScCH the majority of these part time students transferred to this new, shorter degree program, resulting in an apparent decline of part time students in the MPH.

The ongoing evaluation of a professional curriculum requires explicit measures of competencies and iterative feedback for continual quality improvement. The MPH program must continue to develop effective evaluation procedures that are focused on the acquisition of knowledge and practical competencies by the MPH students.

### ***C. Appropriateness of Program Structure, Mode of Delivery, Curriculum and Length***

The reviewers recognized that there was appropriate variability between the MPH programs. However the total number of FCE (full course equivalent) required for the degree is identical at 10.0, of which typically 2.0 to 3.5 FCE are practicum credits. Many students in Community Nutrition, Epidemiology and Health Promotion take 3 to 3.5 FCE as practica.

Once outcomes-based learning goals and objectives are more clearly articulated, it follows that the learning activities required for MPH students to achieve these core competencies will be equally clear and feasible. The successful delivery of the curriculum through student engagement in self-directed learning and research-based practica will be readily justified as long as the documentation and evaluation processes are in place with an evaluation feedback. A common curriculum for the public health core is evolving and in a more developed format would provide the consistency across programs described by the reviewers. It is essential that case-based learning and other practical and integrating learning methods continue to be applied to on-campus coursework to prepare students for their future careers in public-health related fields.

All the programs include 'skills development' courses, in which learning takes place in real-world settings and conditions, allowing for the integration of practice-based skills and knowledge. For example, community nutrition students work with local agencies to develop proposals for new programs. The on-campus coursework is a mixture of theoretical and practical application, which evolves as the program progresses.

### ***D. Appropriateness of Student Evaluation Methods***

Practicum preceptors are currently provided with program-specific learning objectives and most are quite familiar with the program focus. The recent hiring of a Practicum & Alumni Relations Coordinator will facilitate this. It should be noted that some of the placements are based on individual, learner-centered objectives, given that our students come with very diverse backgrounds and therefore have individual needs.

The DLSPH will continue to ensure that all teachers, including practicum preceptors, are provided with timely communication with respect to core curricula and outcomes-based goals and objectives. Further, all faculty who teach must be familiar with student assessment methods and measures and engage in both formative and summative evaluation in keeping with accepted standards for health professions education.

### ***E. Quality of Teaching and Relationship to Research***

Students are asked to complete course evaluations for each of the over 70 courses offered by the School. The vast majority of the courses are rated very highly. There have recently been issues with one or two courses. The School leadership is currently

taking specific action to resolve these issues. The DLSPH will continue to provide the highest quality of instruction. As the outcomes-based specific learning goals and objectives are more clearly articulated, curricular changes and new learning experiences will be developed, managed and evaluated by the program leaders.

#### ***F. Contributions of Graduates***

Although general surveys are conducted of all graduate students at the University of Toronto that do provide useful information overall, the reviewers are referring to specific feedback about their experience in the MPH program. Several of the programs do this in both formal and informal processes. Regular contact with the graduates of all the programs across the DLSPH is highly recommended both to understand the outcomes and impact of the education programs and to stay in touch with alumni. As mentioned above, this will be facilitated by the recently hired Practicum and Alumni Relations Coordinator. Offerings of continuing education and professional development for alumni would provide updates on new developments in public health disciplines and may provide a route for recruitment of practicum preceptors. We will continue to seek advice from practicing alumni regarding curriculum development.

#### ***G. CEPH Competency Requirements***

We are in agreement with the recommendation that health service administration competency or competencies should be added to the core competency set. The Department of Health Policy, Management and Evaluation will work in partnership with the DLSPH to ensure the necessary courses are developed, and provided as soon as possible. An appropriate financial arrangement between the two graduate departments may be required to enable this shared teaching.

### **THE MScCH PROGRAM**

The MScCH program is a set of inter-disciplinary program offerings that serve the needs of practicing health professionals related to public and community health including education. These offerings have evolved previously in the Department of Public Health Sciences, in part because there was no other logical graduate unit home for them. Nevertheless, basic public health knowledge in each of these disciplines should be considered if they remain in the DLSPH. These are highly valued programs and integrate continuing education within primary care, occupational health and mental health to name a few, that serve the graduates very well in their advanced practice and education career settings.

### **THE PHD PROGRAM**

We are gratified to learn that the reviewers consider the PhD program as a strength of the DLSPH and this is a credit to the excellent research offerings and graduate supervision now in place. Our faculty members are expected to contribute to the required graduate student stipend from their research funding, but are discouraged from employing their own students to work on research projects that are not part of

the student's doctoral research. The DLSPH has recently established a working group to review and make recommendations regarding doctoral stream student funding policies and practices.

The Faculty of Medicine currently has approximately 60% of its doctoral (MSc/PhD) students off campus in affiliated sites, mostly hospitals/research institutes. PhD students in the DLSPH are located off campus if their research is undertaken, and their supervisor is located, within an affiliated institution. As more strategic partnerships are developed with affiliated institutions, it is likely that more PhD students will be supported within these off-campus locations.

We are gratified to learn that the DLSPH is already in compliance with many of the CEPH accreditation standards. Careful examination of those in which the DLSPH does not currently comply will be undertaken through the strategic planning process. Some issues, e.g., monitoring diversity of students and faculty, are recognized as requiring attention across the Faculty of Medicine and policies and procedures that will be adopted over the next year will apply to the DLSPH.

## **NEXT STEPS**

### **1. Strategic Planning – Next 3 Years**

The Interim Director of the DLSPH and the Dean of Medicine will co-chair a Strategic Planning exercise over the next 4 months to articulate the academic goal and objectives for the DLSPH for the next 3 years. They will strike a Strategic Planning Committee composed of faculty, staff and students of the DLSPH along with representatives of cognate academic units and institutions. This plan will be in place by the fall of 2011. It will give direction in transition while a new Director is recruited and establishes new leadership for the DLSPH.

### **2. Graduate Program Curriculum Renewal and Coordination**

As of July 1, 2011, the Vice Dean Graduate Affairs, Professor Andrea Sass-Kortsak will be seconded to the DLSPH for one year as the Associate Director and Graduate Coordinator and will report to the Interim Director. She will chair the graduate curriculum committee and lead a renewal process informed by the external review. This process will need to consider CEPH accreditation requirements, but in a Canadian context. For example, the Pan-Canadian Public Health Network's Guidelines for MPH programs in Canada (2007) will also be considered. Ultimately, in addition to curriculum renewal, to address accreditation of the DLSPH by CEPH, it will be necessary to examine carefully the resources required. The reviewers have identified several CEPH accreditation requirements that are currently not being met by the MPH Degree program. These will be considered in the strategic planning and curriculum renewal process that has begun.

The Associate Director will oversee all education programs in the DLSPH. The graduate program administrative staff will report to the Graduate Coordinator and this position will be redefined to be filled by a permanent senior academic faculty member by July 1, 2012.

### **3. Establish New and Renewed Partnership with External Stakeholders**

The graduates of the MPH and other graduate programs in the DLSPH and the research conducted by the DLSPH should effectively serve the public health needs of Canada. An external advisory committee of major stakeholders including senior leaders from the Ontario Ministry of Health, the Ontario Agency for Health Protection and Promotion, the fully affiliated hospitals has been struck by the Interim Director and the Dean of Medicine. The intent is to provide guidance with respect to strategic planning and partnerships for the DLSPH. It is important that future directions for the education and research programs of the DLSPH lead new developments in public health service delivery including disease prevention and health promotion. These directions will be incorporated into the Strategic Planning process and implemented expeditiously.

### **4. Establish Fiscal Balance and Sustainability**

The fiscal management of the DLSPH is under review by the Interim Director and the Dean of Medicine. The role and function of all specific infrastructure and administrative expenses are being analyzed. It will be necessary to ensure that the top priority for the DLSPH will continue to be the recruitment and retention of outstanding tenure and tenure-stream faculty who are exceptionally productive both as individual researchers and in inter-disciplinary research teams.

The financial contributions from partner institutions and agencies are of strategic importance for the DLSPH to achieve its mission. However, all tenured and tenure-track positions must be completely backed up by base operational revenues within the DLSPH independent of agreements about shared expensing of these positions.

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