



Department of Health Policy and Management
Global Doctoral Health Leadership Consortium

**WINSTON HOUSE
3 Bedford Square
London, WC1B 3RA**

Wednesday, May 27 – Friday, May 29, 2009

MEETING MINUTES

In attendance:

From UNC-Chapel Hill:

Suzanne Hobbs
Ned Brooks
Sandra Greene
Tom Ricketts
Susan Helm-Murtagh
Wendy Sarratt

From EHESP:

Antoine Flahault
Laurence Theault
Jean-Paul Dumond
Moise Desvarieux

From King's College:

Pat Reynolds

From LSHTM:

Stuart Anderson
Caroline Jones

From BI Norwegian School of Management:

Anne Karin Lindahl
Egil Marstein

From University of California-Berkeley

Sandra Dratler

From University of Georgia: Joel Lee

From University of Minnesota:

Debra Olson
Anne Ehrenberg

From University of Toronto:

Louise Lemieux-Charles
Rhonda Cockerill

Guest: Karen Lynas, King's Fund

Wednesday, May 27th

The meeting started at 9:00am. Sue Hobbs welcomed the group. Individuals introduced themselves, and Sue reviewed the purpose of the meeting and plans for the week:

1. Continue discussion of a shared vision for an academic collaborative – the global doctoral health leadership consortium.

2. Learn more about each others' interests and needs
3. Devise a plan for moving forward

Sue presented an overview of the UNC-Chapel Hill Gillings School of Global Public Health and the Department of Health Policy and Management. Ned Brooks then discussed the development and rationale for the distance doctoral program in health leadership at UNC. Discussion followed. UNC students Susan Helm-Murtagh and Wendy Sarratt shared their perspectives of the student experience in the program, and Tom Ricketts and Sandra Greene joined in to share faculty perspectives on teaching and advising in the program. Sue Hobbs concluded by reviewing the rationale for development of the Global Doctoral Health Leadership Consortium. Criteria for participation considered important by UNC-CH include:

1. Use of a cohort model
2. Compatible technology that permits faculty and student exchange across programs
3. Participation in faculty and student exchange

UNC will set up a web site repository for consortium-related materials and will initially administer the site and consortium planning activities leveraging funds from a private donor.

After lunch, Laurence Theault led a discussion about EU Degree Reform, the Bologna Process and the credit transfer system. Others joined in to offer their perspectives on developments in higher education around the world. Following this discussion, the group began a series of presentations by representatives of each university or school in attendance, with special emphasis on current programming and barriers to establishment of a distance doctoral program in health leadership. Presentations were made by Antoine Flahault of l'Ecole des Haute Etudes en Santé Publique (EHESP); Caroline Jones, London School of Hygiene and Tropical Medicine, and by Pat Reynolds of King's College London.

Next, Karen Lynas, director of leadership for King's Fund, led a group discussion on the nature and meaning of "Health Leadership Training" to help facilitate a common understanding of the objective of program curricula.

Thursday, May 28th

University and school presentations continued with Egil Marstein and Anne Karin Lindahl describing programming at the BI Norwegian School of Management, followed by Rhonda Cockerill and Louise Lemieux-Charles of the University of Toronto and Sandra Dratler from the University of California – Berkeley. After a break, Joel Lee presented on behalf of the University of Georgia, followed by Deb Olson for the University of Minnesota.

After lunch, Wendy Sarratt and the UNC team presented on the use of technology in the doctoral program at UNC-Chapel Hill, including discussion of the student and faculty experiences. Next, Pat Reynolds presented on innovations in use at King's College London, including development of the IVIDENT system and potential applications.

At this point, Tom Ricketts led a discussion summarizing key points raised thus far in the meeting. Following a break, the group continued discussion and reset the agenda for the

remainder of the afternoon and Friday morning. Discussion ensued concerning characterization of the mission or aim of the consortium, the meaning of “leadership training” and how to systematize curriculum content, the meaning of the term “global” and advantages of sharing expertise and best practices across systems, as well as how to differentiate doctoral from master’s degree level training. The group noted that stories or other leadership cases or examples might be able to be shared among parties. The group expressed interest in developing a logic model to depict expected outcomes or benefits of the cooperative network of partner programs. Deb Olson suggested that the leadership courses might comprise the core courses to be shared among partner programs for the purpose of faculty and student exchange.

Friday, May 29th

Discussion continued in the morning. Participants discussed various organizations’ interests in building leadership capacity in the developing world versus imperatives to serve national interests. Discussion also included differentiation between “academic” and “professional” degree programs (the doctoral program in health leadership at UNC-CH is a terminal professional degree program). The group noted that informal, as much as formal, relationships in the consortium have value. The group collectively crafted a statement of purpose for the consortium, detailed several bullet-point features of the consortium and also identified some “parking lot” issues for later discussion or consideration (including benchmarking, funding sources and governance structure). Notes and a copy of the statement of purpose are appended with these minutes. Items to be added to the next meeting agenda were listed. The group agreed to meet again in late June/early July via teleconference and Internet video.

The meeting adjourned at 12:00noon.

Global Doctoral Health Leadership Consortium

Statement of Purpose

The world's complex, interdependent and ever-changing health environment creates a need for increased health leadership excellence and capacity. We are an international, collaborative network of educational institutions that offer or intend to offer professional distance doctoral programs in health leadership. We are committed to sharing objectives, substance and expertise to maximize access to and quality of doctoral health leadership education worldwide.

Among our intended activities:

- Applying the most appropriate technology-enhanced learning (TEL) methodologies
- Using flexible learning approaches
- Advocating for:
 - The value of doctoral health leadership education
 - Increased access to doctoral health leadership education
- Continuous quality improvement of the network's goals, processes and outcomes
- Sharing evaluation outcomes and methods
- Understanding and meeting students' needs
- Collaboration at multiple levels
 - Faculty
 - Administration
 - Students
- Developing curricula that anticipate and address vital issues
- Sharing best practices in health leadership education

Parking Lot

- Benchmarking
- Network funding
- Governance structure
 - Form
 - New membership in consortium
 - Criteria
 - Process
 - Differentiated tiers (?)

Next Meeting

- Via Breeze and teleconference
- Potential agenda topics include:
 - Refine charter
 - Begin development of governance structure
 - Draft one-year work plan
 - Establish subcommittees
 - Determine commitment of resources
 - Establish criteria for participation in consortium
 - Identify potential funding sources
 - Determine collaboration tools

- Target is to meet by late June/early July

Action Items/Next Steps

What	Who	By When
Email meeting documentation to participants	Joel Lee – Univ. of Georgia	29/05/2009
Draft “straw man” one-year work plan and agenda for next meeting	UNC	Early June
Schedule next meeting for late June	UNC	Early June