



Department of Health Policy and Management  
**Global Doctoral Health Leadership Consortium**

**LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE  
KEPPEL STREET  
London, WC1E 7HT**

Wednesday, November 11, 2009

### MEETING NOTES

#### Present in London:

Stuart Anderson, LSHTM  
Rhonda Cockerill, UT  
Suzanne Hobbs, UNC  
Caroline Jones, LSHTM  
Anne Karin Lindahl, BINSM  
Pat Reynolds, KCL  
Tina Smith, UT

#### Present by phone:

Sandra Dratler, UC-Berkeley  
Anne Ehrenberg, UM  
Debra Olson, UM  
Louise Lemieux-Charles, UT

Meeting began at 3:00pm GMT

The group welcomed Tina Smith from the University of Toronto. Tina directs the master's degree program in health policy, management and evaluation at U of T. After reviewing the agenda, subcommittee reports were given with discussion following each report.

#### Student Experience Subcommittee

Written report delivered to members prior to meeting by chair Susan Helm-Murtagh. Comment was made that attention should be given to establishing a student group as a means to link alumni with each other and maintain ties with doctoral programs/network. Further discussion was deferred.

#### Membership Subcommittee

Written report was delivered to members prior to meeting by chair Stuart Anderson. Initial discussion centered on clarifying the unit of membership in the consortium (eg school/university, department, program, etc.) There appeared to be consensus that, where possible, school/university level affiliations made sense and might confer advantages by readily identifying highly reputable schools and universities. Stuart noted that involvement in the consortium should be compatible with the strategies of member schools or universities.

The group discussed the idea of establishing a fee to be paid by members in each membership category, but further discussion about the details was deferred at this time. The group also briefly discussed the idea of voting rights for full members as potentially one feature distinguishing full from provisional members. Further discussion was deferred to a later date.

The term “provisional member” was discussed. There was consensus that this term could be misconstrued to mean that an organization was on “probation” or was otherwise having punitive or corrective action taken against it. Since the spirit of the network is to assist schools that are interested in establishing high-quality doctoral programs in health leadership, the group agreed to change this membership category to “Associate” member.

There was consensus to approve a motion (Stuart Anderson) to ratify current “founding members” as full members of the consortium, with confirmation of the status of the University of the West Indies following contact with faculty there by Sue Hobbs.

The group discussed a suggestion to change the name from “Global Doctoral Health Leadership Consortium” to “International Network for Doctoral Training in Health Leadership” or NETDOC. There may be a strategic advantage to use of the term “network” in future funds-seeking efforts. Differences in members’ understanding of the terms “global” and “international” as well as use of the terms “network” and “consortium” were discussed. “Global” to some schools connotes work in developing nations, whereas others use the term synonymously with “international.” There appeared to be consensus that the term “international” would encompass the work of all partner schools and accurately captured the intention of individual schools from around the world to partner with each other. Barring any objections from members not present at this meeting, the group will move forward and henceforth be referred to as NETDOC. Sue Hobbs will change Web site text to reflect this.

The group also discussed the wording of the network charter. Ideas generated by those who attended the International Conference on Professional Doctorates earlier in the week prompted the suggestion to operationalize the term “quality” (eg. “... sharing objectives, substance and expertise to maximize access to and quality of doctoral health leadership education worldwide.”) There was agreement that this would be done by adding the following bullet points to the list (“We will achieve this by: ....”) –

- Contributing to original research in health leadership practice
- A structured program that incorporates an interactive course element, a practice-based element, and original research in health leadership practice

Sue Hobbs mentioned that UNC-Chapel Hill would like to host a full consortium meeting in the near future. The week of May 10<sup>th</sup> was proposed, but several members reported that they would be unable to attend at that time. An alternate date of the week of April 19<sup>th</sup> was proposed. Sue will check with UNC colleagues and follow up.

## Technology and Flexible Learning Subcommittee

Pat Reynolds presented results from a survey she conducted of students, faculty and staff associated with member schools, focusing on organizational capacity and experiences with distance education and flexible learning approaches. A PowerPoint presentation conveying major points was distributed via email and will be posted on the NETDOC web site.

Members agreed that one individual from each founding institution should be appointed to this subcommittee to serve as a conduit between the subcommittee and school. These linkages will be particularly important as the network begins to craft a delivery mechanism for the core course curriculum that will be shared among network partners.

## Curriculum Subcommittee

Written report was delivered to the full membership via email by chair Egil Marstein (unable to participate in today's meeting) prior to the meeting. Subcommittee members present helped to guide discussion. The group discussed the distinctions between uses of the terms "health" and "public health" in the context of the network name. There was agreement that we would drop all descriptors before the word "health," referring simply to "doctoral health leadership programs."

Discussion continued on the topic of the intended scope of the use of the term "health." While the emphasis of learning is expected to be at the systems level (as opposed to individual, clinical care), there was consensus that the systems in question may be large or small, international or at the community level, depending upon circumstances. The group discussed the need for the curriculum subcommittee to lay out curriculum design parameters or competencies. The newly devised Association of Schools of Public Health (ASPH) DrPH competencies may be a useful starting point, though they represent only a core or minimal content to be included in a professional doctoral program in public health and may be augmented to include the international, health leadership context.

There was consensus that the subcommittee might be more accurately defined by changing the name to "Content Subcommittee." Further progress on development of technology aspects of course design (the domain of the Technology and Flexible Learning Subcommittee) will be deferred until content aspects are formulated.

End of subcommittee discussions

## Next Steps

It was agreed that at this point, subcommittees would meet and revise charters and proposed work plans as needed, with revisions to be sent to Steering Committee. A Steering Committee meeting will be scheduled, at which time a comprehensive work plan will be created and sent to the full network membership for approval. Work will proceed, with an eye to another face-to-face network meeting in Chapel Hill in the spring.

On the table for discussion at a future meeting: Issues pertaining to intellectual property rights as well as quality assurance.

The meeting adjourned at 5:00pm GMT