

Development of a common curriculum core for doctoral training in health leadership: perspectives from an international collaboration

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The International Network for Doctoral Training in Health Leadership (NETDOC) is a global, collaborative network of educational institutions that offer or intend to offer professional distance doctoral programmes in health leadership. Members are committed to sharing objectives, substance and expertise to maximize access to and the quality of doctoral health leadership education worldwide. One of the approaches by which the Network envisions achieving these goals is for member programmes to share curricula, distance learning technology and school resources. Another approach is for programmes to be coordinated such that faculty may teach across schools and students may take courses or portions of courses from schools other than those in which they are enrolled.

To achieve these aims, Network members have worked together to create a framework for a common curriculum core. Challenges to creation and implementation of the curriculum core have included aligning members' understandings of terminology, desired competencies, and preferences for the expression of shared values and ideas for the framework, as well as balancing the need for specificity with the consensus view that the curriculum must not be overly prescriptive. Administrative integration of multiple and varying institutional systems to

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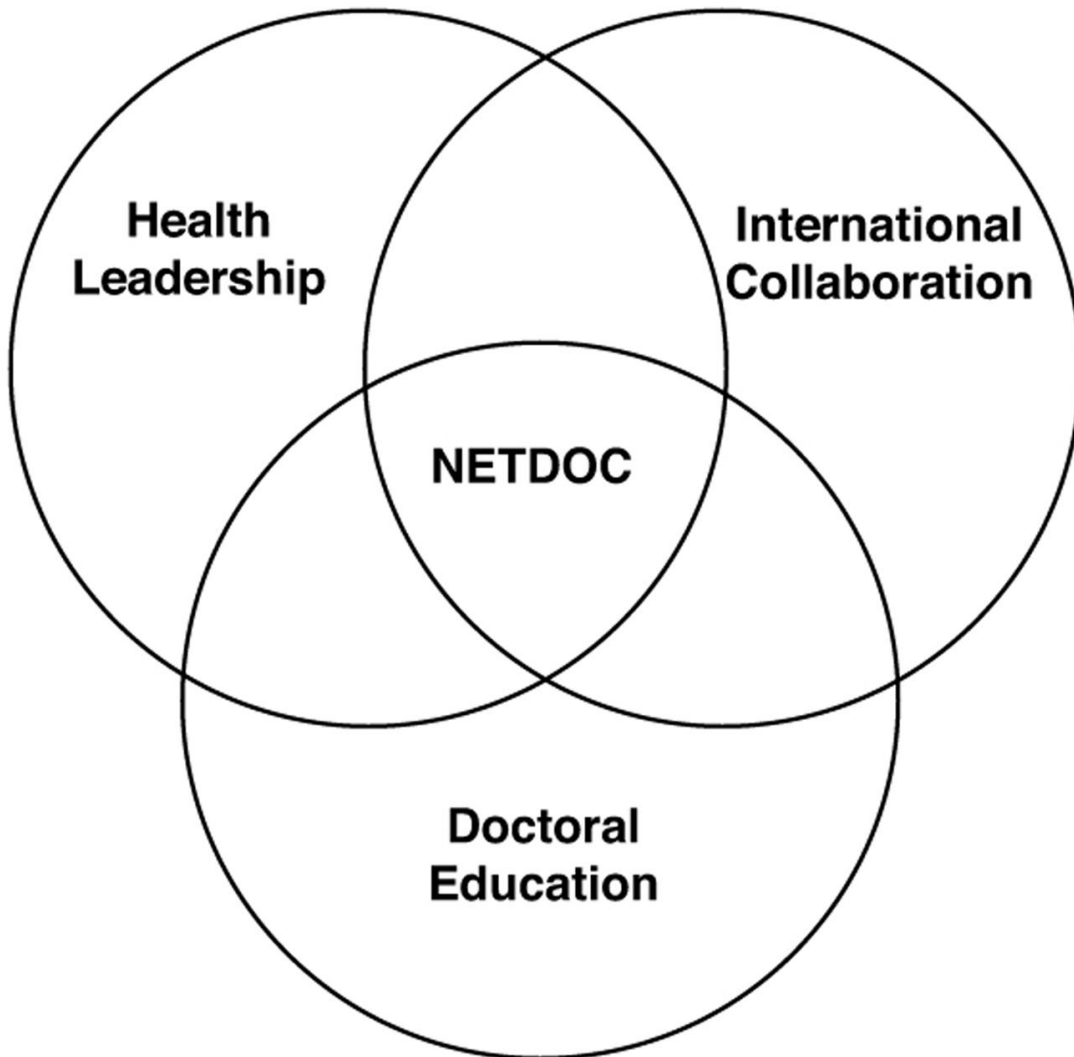
accommodate a common curriculum is another challenge. Authors representing partner schools in the U.S., U.K. and Norway share their perspectives on Network progress, which includes inputs from eleven institutions in the U.S., Canada, the U.K., France, Jamaica and Norway.

Introduction and Background

The International Network for Doctoral Training in Health Leadership (NETDOC) is a global, collaborative network of educational institutions that offer or intend to offer professional distance doctoral programmes in health leadership (Hobbs & Brooks, 2010). Members are committed to sharing objectives, substance and expertise to maximize access to and the quality of doctoral health leadership education worldwide.

One of the main aims of NETDOC is to train senior-level health practitioners by bringing together cutting edge evidence-based developments in three key areas: doctoral education; health leadership; and international collaboration (Figure 1.) The urgent call by governments and health authorities worldwide for such an effort has been previously described (Hobbs & Brooks, 2010; Hobbs et al., 2007).

Figure 1 Key Areas of Evidence-based Development



Networks have been central to strategies for the promotion of education in health and medicine for many years. The networks formed have served many different functions. Some have been networks of education institutions (MEDINE and others). Not all relate to higher education institutions; The European Network of Health Promoting Schools was launched in 1992 as an initiative to promote health education in schools (Barnekow & Rivett, 2000). Other networks have very targeted objectives as channels of communication such as the International Network

for the Study and Prevention of Emerging Antimicrobial Resistance, which acts as an early warning system for emerging antimicrobial-drug resistant pathogens (Richet et al., 2001).

In recent years, higher education has become increasingly internationalised and globalised. New and emerging organisational models for institutions and networks have been made possible by open and distance learning and by information and communications technology (Hanna & Latchem, 2002). Hanna and Latchem question whether altruism or commercialisation will prevail in the internationalisation of education and relate their discussion to the four scenarios for higher education espoused by Collis and Gommer (2001). This theme has been explored by a number of other authors, including Taylor (2004) and Luijten-Lub, Van der Wende and Huisman (2005).

There is now an extensive literature on network theories that underpin network governance, network management and network structure. Three key types of active network have been described; enclave networks, hierarchical networks and individualistic networks (Goodwin et al., 2004). Enclave networks are commonly a close-knit group with a high level of social cohesion, common bonds, and a flat structure with a high level of equality between members. This describes the structure of NETDOC, now formally in its second year of existence as an organization.

One of the approaches by which NETDOC envisions achieving its goals is for member programmes to share curricula, distance learning technologies and school resources. Another approach is for programmes to be coordinated such that faculty may teach across schools and students may take courses or portions of courses from schools other than those in which they are enrolled.

To achieve these aims, Network members have worked together to create a framework for a common curriculum core. Challenges to creation and implementation of the curriculum core have included aligning members' understandings of terminology, desired learning objectives

and competencies, and preferences for the expression of shared values and ideas for the framework, as well as balancing the need for specificity with the consensus view that the curriculum must not be overly prescriptive. Administrative integration of multiple and varying institutional systems to accommodate a common curriculum is another challenge.

In this paper, authors representing partner schools in the US, Norway, the UK and Canada present their joint perspectives on Network progress, which has now had input from eleven institutions in the US, Canada, the UK, France, Jamaica and Norway. The member institutions are listed in Table 1. Whilst some of these are in the process of developing professional distance doctoral programmes in health leadership, others have well-established programmes (Hobbs et al., 2007; Anderson et al., 2010; DeClerq, 2008).

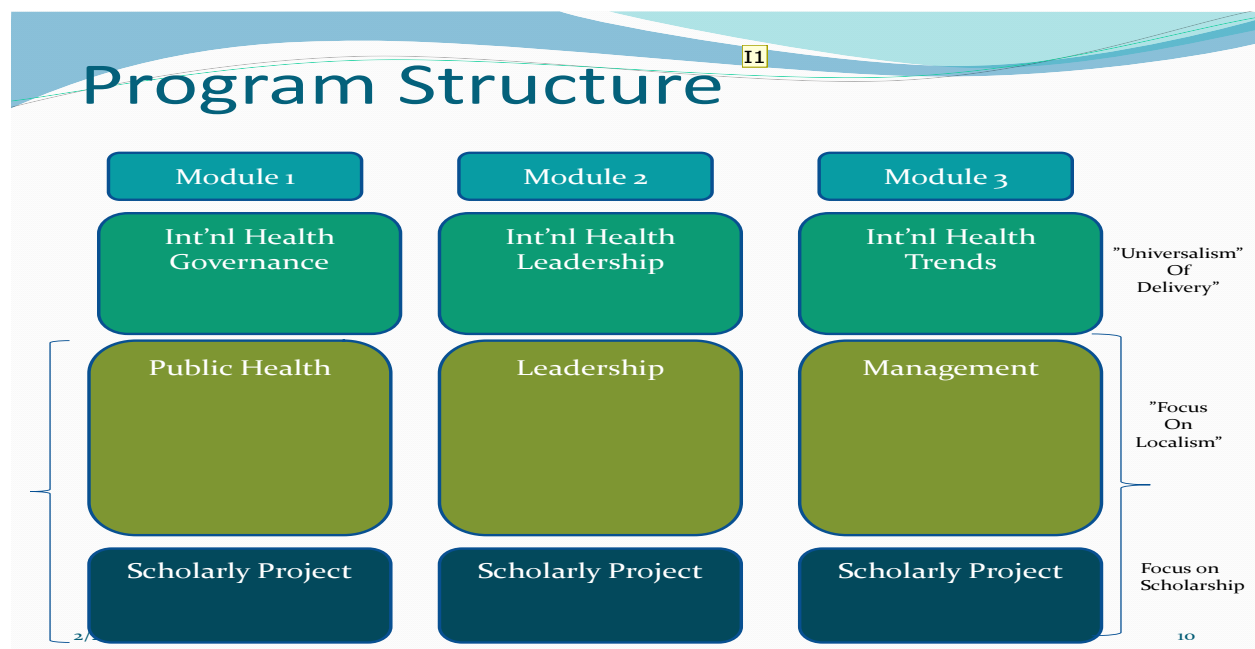
Table 1: Members of International Network for Doctoral Training in Health Leadership (NETDOC) as of 2011

Institution	Country
University of Toronto	Canada
I'École des Hautes Etudes en Sante Publique (EHESP), Paris	France
University of the West Indies, Mona	Jamaica
BI Norwegian School of Management	Norway
Kings College London Dental Institute	UK
London School of Hygiene and Tropical Medicine	UK
University of California, Berkeley	USA
University of Georgia	USA
University of Alabama, Birmingham	USA
University of Minnesota	USA
University of North Carolina at Chapel Hill	USA

Defining Common Ground

Given the Network's remit, a common curriculum core was identified as an essential tool and priority need for enabling meaningful collaboration among schools. Therefore, substantial effort was put into the development of the framework, and a Content sub-committee was charged with managing the process. The sub-committee first considered a possible structure for the complete doctoral programme based on shared learning objectives. Doctoral programmes in this area typically consist of three distinct elements; a taught element, a practice-based element and a piece of original and scholarly research. This overall framework is illustrated in Figure 2.

Figure 2:



The sub-committee then set about developing a more detailed common curriculum core as the foundation of the taught element. Recommendations of the sub-committee were later ratified by the full NETDOC membership.

The curriculum core is governed by the following prescripts:

- NETDOC membership does not require that schools offer doctoral degree programmes that adhere to a specific degree type. In other words, the professional doctoral degree in health leadership may be termed a DrPH, PhD, DHSc, and other variations.
- NETDOC is a collaborative network with the chief aim of being a community resource for the improvement of individual schools' doctoral programmes in health leadership.
- Member schools will draw on international networks, institutions and professional resources to generate a curriculum that enables learners to apply best leadership practices and system solutions in their organizations.

The common curriculum core serves as a guiding framework for the establishment of independent and/or joint programmes among Network schools. The framework is meant to support member schools in establishing doctoral programmes that address leadership training in the global context with attention to key, transferable skill clusters that at the same time allow for customization of individual programmes as appropriate to meet local health leadership training needs.

Doctoral-level curricula in health leadership are supported by a substantial base of evidence that has accumulated over the past ten years with regards to the leadership of healthcare organisations. This process has been assisted by the work of government funded agencies in several countries, including the Service Delivery and Organisation Research Programme of the National Institute for Health Research in Great Britain, and the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research in Canada.

The NHS Institute for Innovation and Improvement has developed an evidence-based framework for leadership development, the Clinical Leadership Competency Framework. The evidence base for health leadership has recently been reviewed (Hartley & Benington,

2010), and a number of publications have appeared which synthesise current thinking in this area (McKimm & Swanwick, 2011; Stanley, 2011).

In addition to the prescripts guiding the common curriculum core, a set of shared values was described by Network membership, which further helped to shape the development of the curriculum framework. These established that the curriculum should embody the following characteristics:

- Allow for compatibility with recommendations for quality health services as provided by a nation's institutional health organizations or authorities;
- Present and reflect on the commonalities in international health policies and governance practices;
- Support the highest ethical practices and professionalism expected of health services leaders;
- Focus on evidence-based strategies to enhance the public 's health;
- Consider country- and region-specific governance and cultural factors whenever topics relating to health services in the sector are considered.

Building the Structure

Keeping in mind the prescripts and values-driven characteristics desired in the curriculum by Network members, a framework was envisioned. This framework for the common curriculum core was further refined and described by the following features:

- Modular design that does not presuppose a particular programme length or require schools to depart from their organization's usual and customary school schedule;

- Inclusion of a scholarly project (a thesis or dissertation) to be completed within an approved time frame;
- A curriculum structure that can accommodate a local/domestic academic focus or the specialized interests or expertise of individual programmes such as international trends within governance, leadership and services innovations.

Moreover, the curriculum structure includes a shared vision for the type of student the programs seek to attract. Students are mid- to senior-level professionals with prior master's degrees working full-time in health-related organizations. They have at least several years of experience in positions with substantial management responsibilities. Each has already demonstrated leadership capacity as well as the motivation and passion for working to improve the public's health.

Students bring to the program their own insights and curiosity about organizational challenges they intend to share with others and explore during their studies. The curriculum is designed, then, to encourage and support students to work in a collaborative learning environment and to pursue imaginative, innovative solutions to complex organizational problems. Theses or dissertations include plans for change that bring to bear the leadership skills and abilities deepened through the curriculum. If implemented, these plans – the products of doctoral-level theses or dissertations – would improve the public's health.

The curriculum structure also includes another substantial shared element designed to maximize the depth and breadth of learning for students and faculty alike. An annual forum or symposium, to be hosted and rotated among Network partner schools, is designed to address global health leadership challenges. During these face-to-face meetings, students, faculty and alumni discuss, debate and share important ideas and developments in health services research and practice. The first of such symposia was held in May 2011 in Paris, France with students and faculty from four NETDOC member schools participating. Symposia provide larger, more diverse learning environments than individual programs can provide, thereby enriching and improving the quality of programs individually and collectively.

A competencies approach was chosen as the most practical means of establishing and benchmarking minimum standards for teaching and learning among member programmes. Each competency domain reflects a universal category of knowledge, skills and abilities, the mastery of which can be demonstrated by graduates of any member programme.

Our conceptual model specifies three broad domains:

- Universal skills and abilities. Within this domain is content related to skill clusters that are transferable across borders. Topics include international health governance, international health leadership, financial leadership, and international trends in health care needs and services, among others.
- Local realities. Within this domain is content related to health advocacy, leadership and management relevant within the context of a localized environment.
- Scholarship. Within this domain is content related to critical analysis skills and the ability to communicate practice-based knowledge to professional peers and the wider lay audience.

The Content sub-committee did not at this time specify detailed, measurable competencies comprising each domain. Attempting to do so was deemed impractical and would have been a major impediment to progress in devising a core curriculum that encouraged and supported student and faculty exchange. Instead, individual programmes may choose to provide this level of detail independently. Previous work that may inform that process includes the competency frameworks used by extant doctoral programmes in health leadership (Hobbs et al, 2007; Anderson et al., 2010; DeClerq et al, 2008), other health leadership training programmes (Wright et al, 2003), and a DrPH competency model developed by the Association of Schools of Public Health (ASPH, 2011).

Progress to date

The tasks of aligning diverse members' understandings of terminology, their organizational needs, goals, and values, as well as of reconciling preferences with regards to operational issues such as learning objectives and competencies, are complex and time-consuming; they make development of a common core curriculum challenging. Making progress thus far has necessitated an iterative approach, at times requiring members to revisit and clarify or refine aspects of the framework before moving forward.

This aspect of the process was not a surprise to NETDOC members. The DrPH competency model developed by ASPH used a Delphi process and took three years to complete (ASPH, 2011). In comparison, the process engaged in by NETDOC required about one year from its initial inclusion on the organization's work plan to completion in 2011. A summary of the challenges inherent in devising a common curriculum core and remedies or approaches taken to mediate the challenges are summarized in Table 2.

Table 2: Challenges and Remedies to Creating a Common Curriculum Core

Challenges	Remedies
Aligning members’ understandings of terminology, desired learning objectives and competencies	Governing prescripts or overall mission of the organization was clarified at the outset of the process
Reconciling members’ preferences for the expression of shared values and ideas for the framework	A shared set of values was articulated among members and a set of characteristics for the common curriculum was described
Balancing the need for specificity with the consensus view that the curriculum must not be overly prescriptive	Features of a shared curriculum framework were described
Administrative integration of multiple and varying institutional systems to accommodate a common curriculum	Applying a competencies approach using broad domains but stopping short of detailed, measurable competencies
	An iterative approach was used to allow for reflection and revision as needed

The Way Forward

The next step in creation of the common curriculum core centers on the development of an initial module that may be shared among all member programmes and that will accommodate some level of faculty and student interaction across programmes. The agreed-upon topic – comparative health systems – is a content area of use to all member schools and will serve as a means to pilot test aspects of the initial curriculum framework prior to attempts to scale it up further.

Collaboration on the initial module will take into consideration global needs for coordination and leadership in the delivery of health services. In this way, NETDOC may play an international leadership role in facilitating efficient and effective deployment of health resources within and across borders and between public and private institutions.

Conclusion

The process of devising a common curriculum core has been challenging. However, it has also been rewarding. As progress continues toward a shared curriculum structure, intent and delivery concepts that will achieve the Network's goals, members will have the satisfaction and benefits of having designed and achieved them together. In addition, the results and experiences of Network partners in development of a collaborative curriculum core may prove useful to other institutions interested in developing similar doctoral training programmes, whether individually or in collaboration with international partners.

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