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Development of a global network of distance doctoral programs in health leadership

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Abstract

A global effort is underway to create a network of executive professional doctoral programs based on a model implemented in 2005 in the United States at the University of North Carolina at Chapel Hill. That model leverages Internet video technology and a highly interactive pedagogical approach applied to the Doctoral Program in Health Leadership. The program, which confers a DrPH in health administration, anticipated the potential for technology-enhanced learning to prepare mid-career professionals for senior-level positions in organisations working domestically and internationally to improve the public's health. Through the coordinated efforts of worldwide partner institutions, the International Network for Doctoral Training in Health Leadership (NETDOC) is working to extend the program model, accelerating the pace and reach of urgently needed doctoral-level leadership training for senior health professionals around the world. Member schools have committed to share curricula, distance learning technology and school resources. They will function as a well-coordinated network in which faculty may teach across universities and students may take courses or portions of courses from schools other

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than the schools in which they are enrolled. By addressing the critical need for global leadership development within the senior public health workforce, we have an opportunity to contribute substantially to efforts to improve the health of people worldwide.

Keywords: International; Doctoral education; Distance education; Health leadership

We are working with schools around the United States and world to create a network of executive professional doctoral programs based on the model we developed and implemented in 2005. That model – the first Internet video-based doctoral program in public health (DrPH) – anticipated the potential for technology-enhanced learning to prepare mid-career professionals for senior-level positions in organisations working domestically and internationally to improve the public’s health. Through the International Network for Doctoral Training in Health Leadership (NETDOC), we are working with global partners to extend the program model and accelerate the pace and reach of urgently needed doctoral-level leadership training for senior health professionals around the world. Member schools will share curricula, distance learning technology and school resources. They will function as a well-coordinated network in which faculty may teach across universities and students may take courses or portions of courses from schools other than the schools in which they are enrolled.

By addressing the critical need for global leadership development within the senior public health workforce, we have an opportunity to contribute substantially to efforts to improve the health of people worldwide. This paper describes the significance, rationale and background for network development, current status of the network and future plans.

Significance and rationale

The International Network for Doctoral Training in Health Leadership (NETDOC) will increase capacity globally to produce first-rate future health leaders. The critical need for leadership training among the senior public health workforce worldwide has been well-documented.

In 1988, the United States Institute of Medicine (IOM, 1998) published a landmark report that concluded that to serve society effectively, it is imperative that the field of public health create a more efficient, scientifically sound system of practitioner and leadership development. A subsequent IOM report (2003) concluded that little progress had been made over the previous 15 years, again calling for leadership training for senior public health practitioners. At the same time, the World Health Organization (WHO 2010) and other groups (Canadian Health Leadership Network, 2006) articulated similar calls for health leadership training.

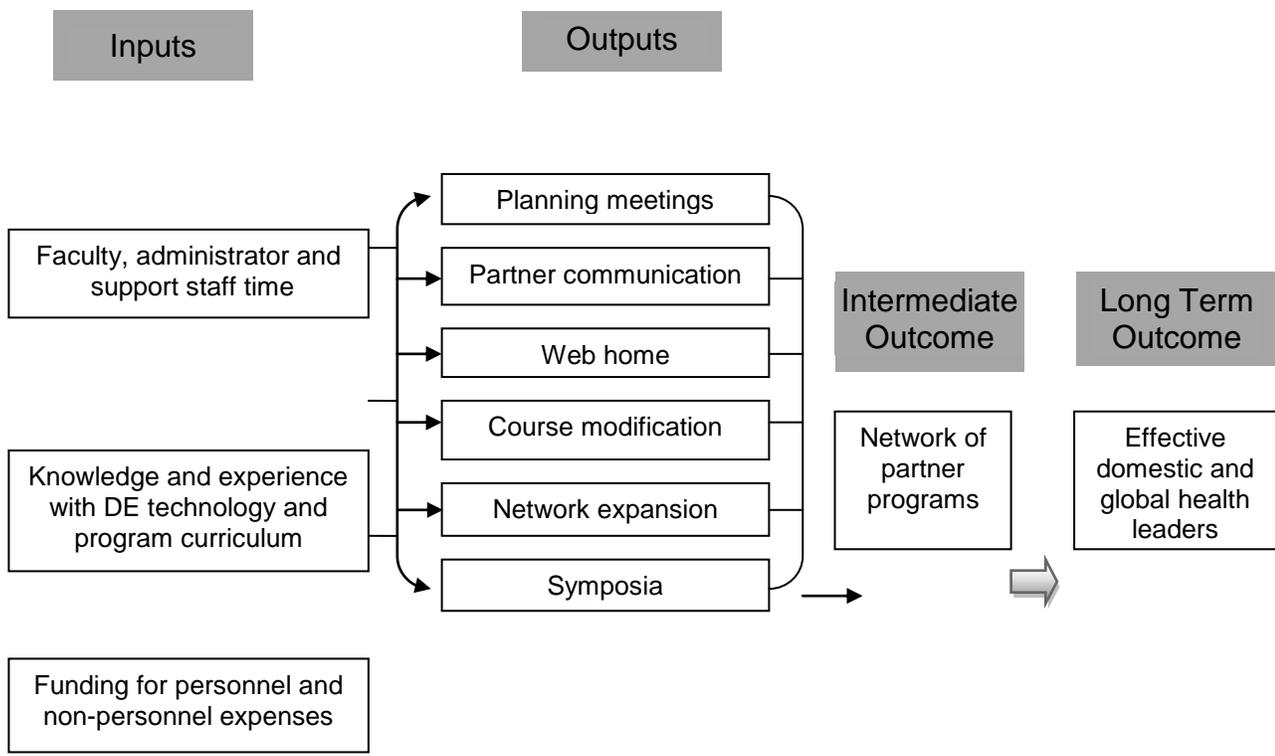
In addition to building global health leadership capacity, we believe that this cooperative network of partner programs will also maximise the quality of the individual doctoral programs included in the network. A very significant advantage for students in our own doctoral program is that the synchronous distance technology – a fundamental feature of the program – enables world-class health leaders and experts to teach courses regardless of where those individuals are located. At present, faculty from Boston, Massachusetts, Washington, DC, and Toronto, Canada teach courses in the University of North Carolina (UNC) program, in addition to our UNC-based faculty. Guest discussants also join class sessions from all over the world. The Network will enable UNC and other schools to expand their access to faculty expertise throughout the world. Diversity promotes excellence. We believe that opportunities for faculty and students to interact regularly with colleagues and peers around the world will enrich the learning experience for everybody and are, in fact, critical to training effective health leaders prepared to address global challenges that often have local implications.

The logic model depicted below illustrates the rationale for network development. Planning for the Network began in 2006 with inputs that included UNC faculty, administrators and support staff time devoted to establishing and pursuing relationships with receptive parties. Early efforts built on UNC program and technology experience and financial support provided by the Department of Health Policy and Management and a generous donor. Outputs have included a series of teleconferences and face-to-face meetings of partner institutions, as well as creation of a web home (<http://www.sph.unc.edu/docglobal/>),

establishment of a governance structure with steering committee and active subcommittees, and in 2009 the addition of three U.S. partner institutions. With the Network established, further development will include course and curriculum modifications, the launch of functional, Internet-based partner programs, and the establishment of annual symposia bringing together diverse faculty and students from partner programs around the world.

LOGIC MODEL

Situation: There is an urgent need for doctoral-level leadership training for senior health professionals around the world.



Background

The UNC Doctoral Program in Health Leadership (DrPH) prepares mid-career professionals for senior-level positions in organisations working domestically and internationally to improve the public's health (Havala Hobbs *et al.*, 2007). The distance format allows working professionals to complete doctoral leadership training while continuing full-time employment, remaining in country throughout the duration of their education. The DrPH program was launched in 2005 with the intent of including only U.S. students, but due to demand from international students, advances in distance technology, and because we believe international students enhance the learning experience for all of us, we began in 2007 to admit international students. As of 2010, we have admitted students from Canada, France, Hong Kong, Indonesia, Lebanon, Papua New Guinea, Switzerland, Uganda, Ghana, Malawi, and Swaziland.

However, the UNC program can admit no more than 12 learners per year. Demand greatly exceeds this capacity. Importantly, too, we hope in 2010 to begin scheduling one of our program's three annual face-to-face meetings with students overseas. These between-semester, three- to four-day in-person sessions are key to program success, greatly enhancing cohort cohesion. In addition to discussions with top leaders, courses end and begin during these meetings. A cooperative network of partner programs would greatly enhance opportunities for in-person interactions for students and faculty across programs during these visits or at jointly planned annual symposia.

For all of these reasons, we believed the timing was right to enter into a phase of active planning for an international network of partner programs. In addition to UNC, initial participants included BI Norwegian School of Management; l'Ecole des Hautes Etudes en Santé Publique (EHESP), France, King's College, London; London School of Hygiene and Tropical Medicine; University of California at Berkeley; University of Georgia; University of Minnesota; University of Toronto; and the University of the West Indies, Mona, Jamaica.

Current status

The first in-person meeting of twenty-two institutional representatives from nine schools was held in London, UK in late May 2009. This meeting followed a pre-meeting teleconference in March 2009 and was preceded by three years of informal discussions among parties to ascertain institutional interest in the creation of distance doctoral programs based on the UNC model. Informal discussions included a summer 2007 visit to London by UNC faculty for meetings at King's College London and the London School of Hygiene and Tropical Medicine; a December 2008 visit to Paris by UNC faculty for meetings in Paris and Rennes with l'Ecole des Hautes Etudes en Santé Publique (EHESP); and a February 2009 meeting with UNC faculty in Chapel Hill by faculty from the BI Norwegian School of Management and the Norwegian Knowledge Centre for the Health Services.

Meeting space and most meals for the May meeting were provided to participants by UNC, including support from a generous donor, but other travel expenses were borne by the respective institutions. Participants met for two and a half days for the primary purposes of learning about programming at others' schools, understanding barriers to distance doctoral programming at each school, and crafting an agenda for future meetings. One additional substantive discussion session was led by EHESP to educate participants about issues relating to higher education reforms underway in the EU, including the Bologna Process, with input from the North American schools. Another substantive discussion was led by the director of leadership at Kings Fund to facilitate a mutual understanding of the context, terminology, and content of leadership training programs for senior-level health professionals.

On the last day of the meeting, participants cooperated in drafting a brief statement of intent for the Network. With minor revision in late 2009, the Network charter now reads:

“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 doctoral health leadership programs. We are committed to sharing objectives, substance and expertise to maximise access to and quality of doctoral health leadership education worldwide” (NETDOC, 2009).

Network partners agreed to achieve these goals by:

- Delivering a structured program that incorporates an interactive course element, a practice-based element, and original research in health leadership practice;
- Applying the most appropriate technology-enhanced learning (TEL);
- Using flexible learning approaches;
- Understanding and meeting students’ needs;
- Contributing to developing curricula that anticipate and address vital issues;
- Contributing to original research in health leadership practice;
- Ensuring continuous quality improvement of the network’s goals, processes and outcomes;
- Developing collaborations at multiple levels;
 - Faculty;
 - Administration;
 - Students;
- Sharing evaluation outcomes and methods;
- Sharing best practices in health leadership education;
- Advocating for
 - The value of doctoral health leadership education programs;
 - Expanding access to doctoral health leadership education.

A governance structure was created, including a steering committee supported by four sub-committees. The steering committee is comprised of sub-committee chairs and an executive director. The executive director is currently a UNC faculty member, but the plan is for Network administration to eventually be rotated among partner institutions. Sub-committees include:

- Membership sub-committee;
- Content sub-committee;
- Technology and flexible learning sub-committee;
- Student experience sub-committee

Additional detail about Network governance, including meeting information, sub-committee charges, meeting agendas and notes, photos from the May 2009 meeting in London and contact information for key Network personnel are available online at <http://www.sph.unc.edu/docglobal/>.

The London School of Hygiene and Tropical Medicine in London hosted a second meeting of Network members in November 2009. Representatives of five schools met on site in London and others joined by teleconference. Participants met for two hours, working on coordination of efforts across committees, firming plans for further development, and discussing other operational matters.

Future plans

A five-year work plan will be finalised in 2010 and will serve as a blueprint for fulfilling the Network's charter going forward. A key initial activity will include identification of intended learning outcomes or competencies and development of a core set of courses that will serve as the focal point for student and faculty exchange. In addition, emphasis will be placed on the use of technology in course design and delivery, approaches to student support, and policies and procedures for expansion of the Network as additional potential partners are identified.

Through NETDOC, we look forward with great anticipation to working with colleagues around the world to build health leadership capacity within the senior public health workforce. Leveraging the model of the UNC Distance Doctoral Program in Health Leadership, and through the application of flexible learning approaches that take advantage

of new and emerging distance education technologies, we expect to contribute substantially to efforts to improve the health of people worldwide.

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