



FOR RECOMMENDATION

PUBLIC

OPEN SESSION

TO: Committee on Academic Policy and Programs

SPONSOR: Susan McCahan, Vice-Provost, Academic Programs
CONTACT INFO: (416) 978-0490, vp.academicprograms@utoronto.ca

PRESENTER: See Sponsor
CONTACT INFO:

DATE: December 6, 2019 for January 14, 2020

AGENDA ITEM: 4

ITEM IDENTIFICATION:

New Graduate Program Proposal: Doctor of Public Health (DrPH), Dalla Lana School of Public Health

JURISDICTIONAL INFORMATION:

The Committee on Academic Policy and Programs has the authority to recommend to the Academic Board for approval new graduate programs and degrees. (*AP&P Terms of Reference, Section 4.4.a.ii*)

GOVERNANCE PATH:

1. Committee on Academic Policy and Programs [for recommendation] (January 14, 2020)
2. Academic Board [for approval] (January 30, 2020)
3. Executive Committee [for confirmation] (February 12, 2020)

PREVIOUS ACTION TAKEN:

The proposal for the Doctor of Public Health received approval from the Dalla School of Public Health School Council on November 25, 2019.

HIGHLIGHTS:

This is a proposal for a professional doctoral degree program called Doctor of Public Health (DrPH) to be offered by the Graduate Department of Public Health Sciences, Dalla Lana School of Public Health. Students will complete 6.5 full-course equivalents (FCEs) as follows: 5.5 FCEs of core courses and 1.0 FCE of elective courses. Students will also complete a comprehensive

examination, an applied research project through a practicum placement and a thesis. The degree program length is four years. The mode of delivery will be a blend of face-to-face and online. In order to maximize flexibility for DrPH students who may be working, the curriculum will be delivered throughout the calendar year, using a combination of in-person and online formats.

The DrPH will foster advanced knowledge in evidence-based public health by providing the knowledge and skills needed to interpret and critically appraise different types of evidence, conduct applied research and propose/implement evidence-based changes to policy or practice. The program aims to advance public health education, addressing evaluation and translation of evidence in policy- and practice- decision-making contexts. The program is based on existing areas of faculty expertise within the Dalla Lana School of Public Health (including Public Health Sciences and the Institute of Health Policy, Management and Evaluation). Currently there are no other schools in Canada that offer this level of advanced professional education in public health.

The focus of the program is to contribute to emerging needs in public health to address increasingly complex issues. Graduates will develop skills and knowledge in four major competency areas, as defined by the Council on Education for Public Health: (1) Data & Analysis; (2) Leadership, Management, Governance; (3) Policy & Programs; and (4) Education & Workforce Development. DrPH graduates will be prepared for senior leadership careers in public, not-for-profit organizations, as well as for-profit organizations.

Potential applicants will have at least five years of mid-level management experience in a relevant field or organization, and will have completed a master's degree in a relevant public health sciences or health services-related discipline.

Consultation took place within the Faculty as well as with the Lawrence S. Bloomberg Faculty of Nursing and the Faculty of Medicine. The proposal was presented to the Council of Health Sciences Deans.

The program was subject to an external appraisal on September 12, 2019 by Professors Sara Bennett, Johns Hopkins University and Eugene Declercq, Boston University. The appraisers made a number of suggestions, which resulted in changes to the program as described in the Dean's administrative response to the appraisal report.

FINANCIAL IMPLICATIONS:

The new financial obligations resulting from this program will be met at the divisional level.

RECOMMENDATION:

Be it Recommended,

THAT the proposed degree program, Doctor of Public Health (DrPH), as described in the proposal from the Dalla Lana School of Public Health dated November 28, 2019 be approved effective September 1, 2021.

DOCUMENTATION PROVIDED:


- *Cover*
- *Proposal for a Doctor of Public Health*



UNIVERSITY OF
TORONTO

University of Toronto New Graduate Program Proposal

Full name of proposed program: (i.e., Master of Arts in History; Master of Science in Sustainability Management)	Doctor of Public Health
Degree name and short form: i.e., Master of Arts, M.A.; Master of Science in Sustainability Management, M.Sc.S.M.	DrPH
Program name: i.e., History; Sustainability Management	Public Health
Professional program: yes or no	Yes
Unit (if applicable) offering the program: i.e., site of academic authority. Where a program is housed elsewhere (in physical terms), this should also be indicated. If a new graduate unit is contemplated, please indicate here.	Public Health Sciences
Faculty/division:	Dalla Lana School of Public Health (DLSPH)
Dean's office contact:	Nancy Baxter, Associate Dean, Academic Affairs, DLSPH
Proponent:	Erica Di Ruggiero, Associate Professor, DLSPH
Version date: (please change as you edit this proposal)	November 28 th , 2019

Development & Approval Steps	Date (e.g., of external appraisal site visit, final sign off, governance meeting, quality council submission, ministry submission)
New Program Consultation Meeting	November 26, 2018
Consultation Proponents/Dean's Office/Provost's Office	
Provost's Advisory Group	June 19, 2019
External Appraisal	September 12, 2019
Decanal signoff In signing off I confirm that I have ensured appropriate: <ul style="list-style-type: none"> ✓ compliance with the evaluation criteria listed in UTQAP section 2.3 ✓ consultation with the Office of the Vice-Provost, Academic Programs early in the process of proposal development ✓ Consultation with faculty and students, other University divisions and external institutions 	 Adalsteinn Brown, Dean August 14, 2019
Provostial signoff In signing off I confirm that the new program proposal: <ul style="list-style-type: none"> ✓ Is complete ✓ Includes information on all the evaluation criteria listed in UTQAP section 2.3 	Susan McCahan, Vice-Provost, Academic Programs August 14, 2019
Unit-level approval (if required)	not applicable
Faculty/divisional governance	November 25, 2019
Submission to Provost's office	
AP&P	January 14, 2020
Academic Board	January 30, 2020
Executive Committee of Governing Council	February 12, 2020
The program may begin advertising as long as any material includes the clear statement that, "No offer of admissions will be made to the program pending final approval by the Quality Council and the Ministry of Training, Colleges and Universities (where the latter is required)."	
Ontario Quality Council	February 28, 2020
Submitted to the Ministry (in case of a new graduate degrees and programs, new diplomas)	TBD

New Graduate Program Proposal

Doctor of Public Health (DrPH) Graduate Program

Public Health Sciences

Division 4: Dalla Lana School of Public Health

Table of Contents

1	Executive Summary	4
2	Effective Date & Date of First Review.....	5
3	Academic Rationale	5
4	Fields/Concentrations.....	8
5	Need and Demand	9
6	Enrolment	12
7	Admission Requirements.....	12
8	Program Requirements, Learning Outcomes, Degree-Level Expectations (DLEs), and Program Structure	14
9	Assessment of Learning.....	29
10	Program Description & Calendar Copy.....	30
11	Consultation.....	31
12	Resources.....	33
13	Quality and Other Indicators	41
	Appendix A. Courses	43
	Appendix B. Graduate Calendar Copy	49
	Appendix C. Library Statement	51
	Appendix D. Student Support Service.....	54
	Appendix E. Comparator DrPH Programs	57
	Appendix F. Sample Student Pathway	59
	Appendix G. Curriculum Vitae (see attached)	60
	Appendix H. Report from External Appraisers.....	61
	Appendix I. Administrative Response to Appraisal Report.....	68
	Appendix J. Response from the Vice-Provost, Academic Programs.....	71

1 Executive Summary

Please provide a brief overview of the proposed program summarizing the key points from each section of the proposal. (You may wish to complete this section last.) This may need to be used on a stand-alone basis:

The Dalla Lana School of Public Health (DLSPH) is proposing to offer a new professional doctorate degree program, formally known as a Doctor of Public Health (DrPH). The program fosters advanced knowledge in evidence-based public health policy and practice.

There is a growing need and demand for public health professionals who have advanced professional education and the skills to implement improvements in our public health and health care systems in Canada and globally. In addition, there are a large number of public health and health system organizations that require individuals with advanced education in the effective translation of knowledge and in transformative leadership. This new doctorate degree builds on and complements existing Masters and PhD programs respectively, and allows students to continue their academic education, in addition to developing other advanced professional competencies.

Offering a DrPH will allow the University of Toronto to fill a current education gap in Canada by equipping professionals with doctoral-level education to confront and effectively respond to the changes in the public health and health care systems (Sherman, Hoen, Lee & Declercq, 2017).¹ This program emphasizes competencies that support the comprehensive evaluation and **translation** of evidence in policy- and practice- decision-making contexts, and thereby, complements DLSPH's research-intensive PhD programs. By further integrating advanced education with professional competency development and a significant practical/field experience, graduates of this program will be equipped with the knowledge, skills, methods and tools to effectively apply evidence to public health policy and practice. These professionals will be well-positioned to lead public health and health system organizations, address complex health and health system challenges, and will be able to adapt and effectively respond to emerging health needs, threats and changing health systems.

The DrPH will be a unique graduate education offering in Canada – currently there is no approved DrPH program in this country and Canadian students must attend Universities outside the country to receive this type of doctoral-level education. The DrPH is also well aligned with the University's partnerships with leading health institutions to address the emerging needs of complex health systems, and with the [DLSPH's Academic Plan](#), which outlines plans to further build a “full life-cycle of public health and health systems education and modernize the School's delivery of education to meet the needs of today's and tomorrow's learners”. With the addition of a DrPH, the DLSPH will bring itself into closer alignment with major comparator Schools of Public Health, such as Harvard University and Johns Hopkins University (both in the United States).

¹ Sherman et al. (2017), Source: <https://journals.sagepub.com/doi/full/10.1177/0033354916682204>

2 Effective Date & Date of First Review

Anticipated date students will start the program: September 2021

First date degree program will undergo a UTQAP review and with which unit²: 2024 as part of the Dalla Lana School of Public Health Provostial review.

3 Academic Rationale

Please use the headings below:

- Identify what is being proposed and provide an academic rationale for the proposed program (what is being created and why?).
- Explain the appropriateness of the program name and degree nomenclature
- If relevant, describe the mode of delivery (including blended or online; placement, etc.) and how it is appropriate to support students in achieving the learning outcomes of the program.
- Context
 - ▶ Discuss how the program addresses the current state of the discipline or area of study. (Identify pedagogical and other issues giving rise to the creation of this program. Where appropriate, speak to changes in the area of study or student needs that may have given rise to this development.)
 - ▶ Describe the consistency of the program with the University's mission as specified within the [*Statement of Institutional Purpose*](#) and unit/divisional academic plan and priorities.
- Distinctiveness
 - ▶ Identify any unique curriculum or program innovations or creative components.

Public health is the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society involving different public, not-for-profit, and private sector actors. Some public health infrastructure is in plain view like the health care delivery system comprised of different organizations (e.g. hospitals, public health units). Some of it involves a balance between society and individuals like the role of public policies that influence smoking, healthy eating and physical activity behaviours, mental health, poverty, housing, and other factors that affect our health. Public health professionals design, implement, and evaluate the health and health equity impacts of programs and policies that address these and other issues. They also conduct research to understand what

² Programs that are inter- and multidisciplinary must identify a permanent lead administrative division and identify a commissioning officer for future cyclical program reviews.

factors are driving health and disease and disability in individuals and populations, and how they affect different sub-groups of the population who are more vulnerable. These professionals lead organizations at the forefront of designing and implementing health programs and services in the face of changing demographics and other influences on health and health systems. The education of public health professionals involves a combination of undergraduate and graduate level program offerings.

The Dalla Lana School of Public Health (DLSPH) at the University of Toronto offers professional and doctoral, graduate level programs in public health sciences and health policy, management and evaluation. These include masters programs (e.g. Masters of Public Health) and doctoral programs (e.g. PhD in Health Policy, Management and Evaluation). Almost 1,000 graduate students are currently enrolled in doctoral and master's programs at the School.

DLSPH proposes to offer a new graduate education program, formally known as a Doctor of Public Health (DrPH). The DrPH is a professional degree, which fosters advanced knowledge in evidence-based public health by providing the knowledge and skills needed to interpret and critically appraise different types of evidence, conduct applied research, and propose/implement evidence-based changes to policy or practice. Through the integration and application of knowledge and skills in data analysis, leadership, policy and program management, and effective communication, DrPH graduates will be prepared for senior leadership careers in public, not-for-profit organizations, as well as for-profit organizations. Beyond the PhD, a research-intensive doctoral-level program, there is currently no program to support professionals who want advanced doctoral-level professional education and aspire to become public health and health system leaders. Recognized as “a way to fulfill the chasm between research and practice”³, the DrPH program is proposed to fill a current gap in public health education. The DrPH has been a recognized degree since 1988 and has since been adopted by more than 12 top-ranked academic institutions worldwide. The number of DrPH programs around the world, and the demand for the program from potential students is increasing, reflecting the growing need for “multi-skilled practitioners”.³ According to Sherman et al. (2017), the need for this advanced education is imperative as “public health challenges become more global and complex” (p. 120).³ The DrPH is commonly accepted nomenclature, although abbreviations for the degree vary (others include: DrPH, or DPH, or Dr.P.H) (Lee, Furner, Yager & Hoffman, 2009, p. 177).⁴

At present, there are no other schools in Canada that offer this level of advanced professional education in public health. Thus, the establishment of such a program at the University of Toronto continues the leading role of the DLSPH in public health education nationally, and is also consistent with the [University's mission](#) to be “an internationally significant research university, with undergraduate, graduate and professional programs of excellent quality.”

³ Sherman et al. (2017), Source: <https://journals.sagepub.com/doi/full/10.1177/0033354916682204>

⁴ Lee et al. (2009), Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2602921/>

Hosted within the DLSPH, the addition of a DrPH program is an important and necessary step for: (1) filling a current education gap in Canada; (2) responding to public health workforce needs for highly skilled public health leaders; and (3) responding to prospective student demand and interest in pursuing advanced education in public health and health systems. The current proposal for the new DrPH is also consistent with DLSPH's mission to catalyze public health and health systems scholarship built on engagement, excellence and impact. Delivery of the DrPH will be one of the key areas of focus for the DLSPH to build "a full life-cycle of public health and health systems education" and modernize "delivery of education to meet the needs of today's and tomorrow's learners" as articulated in [Leading for Public Health and Health System Improvement: The Dalla Lana School of Public Health Academic Plan 2019-2024](#). Through its education programs, the DLSPH aims to prepare leaders to meaningfully contribute to improvements in health at a population level and health services at a system level.

The DLSPH is exceptionally well suited to deliver a DrPH program, given our outstanding faculty with expertise in such areas as health system and public health leadership, evidence appraisal and public health knowledge translation and implementation, public health policy and ethics, and Indigenous public health. The DLPSH also has extensive experience in public health and health systems education at the masters and doctoral level and ranks as the top Canadian school of public health and among the top global schools in both the Academic World Ranking (Shanghai) and US News and World Report league tables. Equally important are our extensive connections and networks with community and academic partners including status/adjunct faculty, which will be discussed in the faculty resources section, and alumni positioned throughout GTA hospitals, provincial organizations (Public Health Ontario, the Ontario Ministry of Health and Long Term Care, Ontario Health (which will integrate previous agencies such as Health Quality Ontario and Cancer Care Ontario with which we have historically strong relationships), local and regional agencies (e.g. public health units, community health centres), National Agencies (Public Health Agency of Canada, Canadian Partnership Against Cancer, Canadian Public Health Association), and International Organizations (Pan-American Health Organization, World Health Organization).

Distinctiveness of Program

The DrPH will complement currently offered research-intensive PhD degree programs in Public Health Sciences, and Health Policy, Management, and Evaluation by emphasizing the evaluation and translation of evidence in policy- and practice- decision-making contexts. The new program will contribute to a stronger health workforce that is better prepared to confront global and local public health and health system challenges. To facilitate this, the DrPH program will offer a unique curriculum of courses that are grounded in the following competency domains (outlined in the [foundational competencies for DrPH](#) program graduates in accredited Schools of Public Health by the Council on Education for Public Health [CEPH]): (1) Data & Analysis; (2) Leadership, Management, Governance; (3) Policy & Programs; and (4) Education & Workforce Development. The proposed DrPH is distinctive because it will combine foundational knowledge in public health and health systems, alongside opportunities to develop competencies in *applied* research and analysis (via a

thesis), evaluation, knowledge translation, effective implementation of policies and programs, and transformative leadership to influence policy and practice; this is in contrast to other more research-intensive doctorate programs in public health, which do not include this breadth of applied research, policy and practice relevant offerings. As outlined by Declercq, Caldwell, Hobbs & Guyer (2008), the DrPH thesis emphasizes “...the scholarship of scientific knowledge to solve *real-world* public health problems” (p. 1569).⁵

For example, a PhD dissertation, broadly in the public health sciences field, might explore the prevalence of the human papillomavirus (HPV) amongst a particular population group. In comparison, a DrPH thesis⁶ would use these findings to characterize the barriers, facilitators, and communicate effective implementation strategies that would improve and support the uptake of the HPV vaccine in a public health setting. By developing these competencies, the DrPH graduate is ideally positioned as “a transformative leader with expertise in evidence-based public health practice and research” (Sherman et al., 2017, p. 1).

Mode of Delivery

While the program will be expected to be completed in four years, students may take up to a maximum of six years to complete. This format will ensure that students who do not have the flexibility to leave the workforce (but are a key target for a DrPH), can still pursue doctoral-level training. To maximize flexibility for DrPH students (many who will be working), the curriculum will be delivered throughout the calendar year, using a combination of in-person and online formats. The program will also include intensive, experiential learning opportunities, which are described later in the proposal. The competencies will be further developed through an applied research project (supervised by DLSPH faculty, with co-supervision with adjunct/status faculty who are leaders in public health and health system organizations), giving students the opportunity to apply their knowledge and skills within real-world settings. Building on the learning from the applied research project, students will also complete a thesis to demonstrate competencies in applied research acquired through the DrPH to understand an existing/emerging public health or health system problem. Collectively, these learning opportunities will support students in achieving the program’s learning outcomes (described in Section 8).

4 Fields/Concentrations

Not applicable

⁵ Declercq et al. (2008), Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2509619/>

⁶ https://sph.unc.edu/files/2016/10/walker_hpmdrph_abstract.pdf

5 Need and Demand

- Provide a brief description of the need and demand for the proposed program and how this has been determined, focusing, as appropriate, on:
 - ▶ student interest
 - ▶ societal need
 - ▶ employment opportunities for prospective graduates
 - ▶ interest expressed by potential employers
 - ▶ professional associations
 - ▶ Government agencies or policy bodies.
- How is the program distinct from other programs at U of T? (Address, if relevant, how this program might affect enrolment in other related programs offered here.)
- With specific reference to the impact on need and demand, describe how the proposed program relates to (is similar to or different from) existing programs offered by other universities in North America and Internationally (with specific reference to Canadian and Ontario examples).
- Please fill out and refer to the table in appendix E listing the comparator programs.

Need and demand for the DrPH are best exemplified through the increasing number of DrPH programs in other countries, and the increasing number of applications and expanding cohort sizes within current programs in neighbouring jurisdictions (Lee et al., 2009; Sherman et al., 2017). For example, Sherman et al. (2017) used data from the US Association of Schools and Programs of Public Health (ASPPH) to report that the number of schools/programs with a DrPH offering increased from 18 in 2000 to 38 in 2015. In parallel with DrPH offerings, the number of students in DrPH programs has also increased, from 605 students in 2002 to 1,526 students in 2015 (Sherman et al., 2017).

To contextualize the need and demand for a DrPH at the University of Toronto, an environmental scan was conducted by DLSPH in the early stages of program development to assess the current scope of DrPH program availability and interest in such a program within Canada. This included consultations with Canadian DrPH graduates, local, provincial and national public health employers, as well as a scan of other universities in Canada. This early research informed the subsequent development of the proposal. To our knowledge, only one other Canadian university, the University of Montréal, is nearing the final stages of establishing a DrPH; this program, once launched, would primarily serve a Francophone market.

Student Demand

We consulted selected public health professionals in Canada who went abroad to the US or UK to pursue a DrPH program. These consultations revealed that the DrPH offers a unique

curriculum for professionals who want to pursue advanced education in public health that is not primarily research-focused. Instead, the DrPH provides opportunities to expand competencies in knowledge translation, leadership, and management primarily applicable to roles outside of academia.

Key informants shared that a DrPH program would meet the need of domestic professionals who want to expand their skills and public health competencies and that the lack of such a program in Canada remains a barrier. In addition to meeting the needs of domestic students, a DrPH program holds the potential to attract international students to the University of Toronto because of its global engagement and location in one of the most multicultural cities in the world. Our initial consultations with partner institutions in other countries (e.g. China, Kenya) suggest that establishing Canada's first DrPH program presents an opportunity for the University of Toronto and the DLSPH to be a global leader in this next phase of public health education.

Market & Societal Needs

Initial consultations with local, provincial and national employers have also revealed a strong interest and support for this level of public health education. These consultations were conducted between April and May 2018 with key informants from: Public Health Agency of Canada, Canadian Public Health Association, Toronto Public Health, Public Health Ontario and Peel Public Health. We also consulted the Public Health Alumni Association at the University of Toronto. The key results are summarized below:

- **Program Need:** Key informants acknowledged that there currently is a gap in advanced public health education, especially as it relates to effectively translating knowledge into action, and in policy analysis, and evaluation. In a similar vein, there was wide recognition that master's-level education is not sufficient to fully support these competencies. Many of our key informants recognized that there are few opportunities to train public health professionals for advanced roles in leadership, implementation, and management as it relates to the practice of public health.
- **Program Structure:** Key informants unanimously recognized that the DrPH would be best suited primarily to professionals who already have graduate training (e.g. MPH or MHA) and are working in a public health or health care setting. There was less agreement on the breadth/length of work experience before entering the program, with most suggestions ranging from 5 – 15 years. Key informants also predominantly vocalized the desire to offer a program that is less research-focused, compared to a PhD.
- **Market Demand:** Key informants identified a number of career opportunities that could be pursued by DrPH trained professionals, including: leadership positions in non-governmental organizations (NGOs) or director roles within public health units, regional health authorities and other similar agencies, as well as in the private sector

(e.g. in occupational and environmental health). From our initial assessment of the Canadian context, DrPH graduates have successfully obtained leadership positions within government and non-governmental organizations.

Given ongoing conversations with academic partner institutions abroad (e.g. China, Kenya), we also anticipate interest from international students who are seeking advanced practice degrees to equip them with the skills needed for leadership within health system organizations within their home countries.

Discussions with DLSPH Faculty corroborated these findings and also revealed that there would be strong interest from physicians and other health care professionals. Such individuals are often in management or leadership roles with limited advanced education particularly in the areas of leadership, management, governance, policy, and workforce management specific to public health practice.

There was recognition that the private sector would likely be willing to sponsor their employees to pursue the DrPH degree as the education would help fill a gap in large organizations that would benefit from having public health professionals with advanced knowledge, leadership, and management skills. Given that no other DrPH program exists in Canada, and the only DrPH program currently planned will serve the Francophone market, this program would also have national reach and attract candidates from outside Ontario.

In summary, through these consultations, interviews with potential employers, and our internal consultations with the DLSPH community, we found strong support for a DrPH program that can better equip professionals for the advanced practice of public health.

Distinguishing Features

The DrPH will not compete with either of the two existing DLSPH PhD degree programs. They are the PhD in Public Health Sciences, which has four fields (Biostatistics, Social and Behavioural Health Sciences, Epidemiology, Occupational and Environmental Health), and the PhD in Health Policy, Management and Evaluation, which has three concentrations (Clinical Epidemiology and Health Care Research, Health Professions Education Research, and Health Services Research). While the PhD is research-intensive and focuses on the generation of new knowledge, the DrPH differs as the focus is on the use of evidence and research to inform practice and policy development. As another distinguishing feature, the DrPH curriculum will be delivered throughout the calendar year, using in-person and online formats and combining courses with a practice-oriented research project and a thesis. This is different from the current PhD education at the DLSPH, which only focuses on coursework and a dissertation. Our internal consultations with faculty also suggest that the availability of a DrPH will provide a more suitable alternative to prospective applicants who are seeking an advanced professional doctoral degree rather than a research intensive doctoral degree. Consequently, it is expected that the proposed program will not affect enrolment in other related program offerings.

Comparable Features

The proposed program is comparable in terms of the number of required courses (see Appendix A), applied research project, a comprehensive examination, as well as a thesis, to other U.S. DrPH programs, specifically at Harvard University, Johns Hopkins University, and University of North Carolina (at Chapel Hill). Additional details are provided in Appendix E.

6 Enrolment

- Please provide details regarding the anticipated in-take by year, reflecting the expected increases to reach steady state. Include approximate domestic/international mix. This table should reflect normal estimated program length. (Please adjust the table as necessary.)
- Please provide an explanation of the numbers shown and their relation to the Faculty/division's enrolment plan. Please be specific where this may differ from approved enrolment plans.

The DLSPH seeks to launch the new program and admit the first cohort of students in September 2021. Enrolment in the DrPH program will be in addition to the current approved enrolment plan for the DLSPH.

- Approximate anticipated numbers at start: **10 (including at least 1 international student and 9 domestic)**
- Approximate anticipated numbers at steady state: **15 per year of which up to a 1/3 will be international**

Table 1: Graduate Enrolment Projections*

Year of Study	2021-22	2022-23	2023-24	2024-25	2025-26*	2026-27	2027-28
Year 1	10	12	15	15	15	15	15
Year 2	0	10	12	15	15	15	15
Year 3	0	0	10	12	15	15	15
Year 4	0	0	0	10	12	15	15
Total	10	22	37	52	57	60	60

*Please note when the program expects to reach steady state.

7 Admission Requirements

- Provide a formal statement of admissions requirements as they will appear in the SGS Calendar entry.

- Explain how the program’s admission requirements are appropriate for the learning outcomes established for completion of the program.
 - ▶ How will they help to ensure students are successful?
 - ▶ Provide sufficient explanation of any admissions requirements that are above or in addition to the normal minimum requirements for a graduate program at this level (including higher GPA, specific knowledge or skills – e.g., prior calculus; prior professional practice; additional language, interviews, portfolio, letters of intent, etc.) For example, are there specific undergraduate or master’s programs from which students may be drawn?

Below are the admissions requirements for the program as they will appear in the University of Toronto School of Graduate Studies Calendar (See also Appendix B).

Applicants will be admitted under the General Regulations of the School of Graduate Studies⁷ which state applicants must have a master's degree. Additional admissions requirements for the DrPH include: at least five years of mid-level management experience in a relevant field/organization, an average grade equivalent to a B+ or better in a previous master's degree program and at least two letters of reference. Applicants must also satisfy the DLSPH’s additional admission requirement to have, at minimum, completed a master’s degree in a relevant public health sciences or health services -related discipline, such as:

- Master of Public Health, Master of Science (with a health-related thesis), Master of Health Administration, Master of Health Science

Practising Health Care Professionals (e.g., Medicine, Nursing, Dentistry, Dietetics, or similar discipline) with relevant post-graduate study will also be considered for admission in exceptional circumstances.

Candidates with less than five years relevant experience may also be considered in exceptional circumstances.

These requirements are in line with comparator programs (see Appendix E) and supported by the Association of Schools & Programs of Public Health (ASPPH).⁸

The professional work experience requirement is appropriate for the program learning outcomes, as it will allow students to build upon the knowledge and expertise gained from their experience throughout their applied research (an applied project and a thesis). Having prior leadership experience in public health and health systems will enable students to place their learnings in context and will form the scaffold for program learning outcomes. For example,

⁷ General Regulations of Graduate Studies, University of Toronto <https://sgs.calendar.utoronto.ca/general-regulations#4>

⁸ ASPPH (2014) “DrPH for the 21st Century”

identifying and critiquing theoretical and methodologic approaches to understanding public health and health system problems and solutions will be informed by the past experiences of the student in such settings.

The application process includes:

- Two confidential letters of reference that indicate to the admissions committee the applicant's aptitude and suitability to the DrPH program, and how it will support advancement of their contributions to the public health workforce. At minimum, one letter should attest to the candidate's academic aptitude and potential, while one letter should describe the candidate's skills, potential, and suitability from a public health practice perspective.
- A letter of intent, written by the applicant, which addresses the applicant's previous education, work experiences, future career goals in line with a DrPH, and subject-matter interests. Any external obligations during the doctoral program should be communicated through the letter of intent.

Admissions will be administered through the Public Health Sciences graduate office and the DrPH Admissions Committee, to ensure that successful applicants meet all admissions requirements.

8 Program Requirements, Learning Outcomes, Degree-Level Expectations (DLEs), and Program Structure

- In a curriculum map, or in the table below, or in another format appropriate for the discipline, state the program learning outcomes and program requirements, and show how the program learning outcomes are appropriate for the degree-level expectations.
- Discuss how the design, structure, requirements and delivery of the program are appropriate for the program learning outcomes and degree-level expectations. Please include:
 - ▶ The sequencing of required courses or other learning activities, etc.
 - ▶ The mode of delivery of the program (face-to-face; blended or online; placement, etc.) and how it is appropriate to support students in achieving the learning outcomes of the program and the degree-level expectations. Whether the program will be offered on a full-time basis only or will also be offered part-time and if so, why.
 - ▶ The program length for both full-time and part-time students. Address how the program requirements can reasonably be completed within the proposed time period.

- ▶ Describe how the specific elements of the curriculum (e.g., Internships, etc.) will be administered.
- ▶ A clear indication of how faculty “scholarship and research is brought to bear on the achievement of Degree-Level Expectations” (UTQAP 1.1)
- ▶ For research-focused graduate programs, provide a clear indication of the nature and suitability of the major research requirements for degree completion. For professional graduate programs, how the research expectations of the degree-level expectations will be met.
- ▶ Describe how the program structure and delivery methods reflect universal design principles and/or how the potential need to provide mental or physical health accommodations has been considered in the development of this program.
- Please include the standard text which has been inserted in the box.

The program learning outcomes for University of Toronto (U of T) students in PhD and professional doctorates, such as the DrPH, must meet the same degree level expectations (DLEs) (see DLE table below for descriptions of each doctoral-level DLEs). The U.S. ASPPH⁹ has a similar expectation in that DrPH programs are required to be comparable to research-based doctoral programs with a rigorous curriculum and similar credit hour requirements. The proposed DrPH program design requires a period of coursework with a practical application of skills and knowledge through an applied research project and thesis. A core set of courses will provide an interdisciplinary orientation to public health and health system topics, such as policy analysis, knowledge translation, implementation and program and policy evaluation. Overall, the emphasis will be placed on fulfilling the previously mentioned CEPH competency domains, in particular: data and analysis; leadership; management and governance; policy and programs; and to some extent, education and workforce development.

Students will also have opportunities to pursue elective courses (See Appendix A for a prospective list of courses for a DrPH student). Where warranted, we will work with students on a case by case basis to replace a very limited number of core courses with electives that allow the development of the same competencies, but with some additional focus or investigation.

The course content and field experience (via the applied research project) are very similar to DrPH programs offered elsewhere in the world (see Appendix E). The curriculum (6.5 FCE + applied research project + thesis) will be designed to be completed full-time in four years, with coursework offered throughout the calendar year. There is great interest in a flexible program from individuals currently working in policy and practice settings who may not be able to leave their positions to go back to school full-time. A flexible curriculum delivered throughout the year will allow students to maintain a connection to their workplace (at least on a part-time basis). Informal consultations with public health employers suggest that they

⁹ DrPH for the 21st Century (ASPPH, 2014)

are prepared to confer some flexibility to their employees to enable participation in the DrPH program. The ability for students to embed the applied research project required after Year I, the work for the comprehensive examination, and the applied thesis (that builds on the applied research project) in the work environment will position students to take advantage of opportunities in their public health setting as well as those related to other DLSPH networks and partnerships with Canada’s public health infrastructure.

The DLSPH is committed to a learning environment that is inclusive, free of discrimination and harassment, responsive to the Calls to Action of Canada’s Truth and Reconciliation Commission, and guided by the DLSPH [Statement on Equity, Diversity and Excellence](#). Our program design and course offerings will ensure students have a thorough understanding of social determinants of health and are enabled with tools to promote equity and inclusion in public health practice. The program will be implemented in keeping with the University’s collaborative process that acknowledges a collective obligation to develop an accessible learning environment that both meets the needs of students and preserves the essential academic requirements of the University’s courses and programs. As with our other programs, students enrolled in the DrPH who require mental or physical accommodations will be encouraged to seek out supports available through [Accessibility Services](#). These students will be able to progress through the DrPH at a more modest pace and complete the program over a longer time frame.

Whereas the Province’s Quality Assurance Framework requires that students complete a minimum of two-thirds of courses at the graduate level, the University of Toronto requires graduate students to complete all of their course requirements from amongst graduate level courses. This proposed program complies with this requirement. This approach will expose all students to the full breadth of courses that are aligned with the aforementioned [CEPH competencies for DrPH programs](#): (A) Data & Analysis; (B) Leadership, Management, Governance; (C) Policy & Programs; and to some extent (D) Education & Workforce Development.

Year I (3.5 FCE coursework + Applied Research Project)

Fall	<ul style="list-style-type: none"> • CHL5005H Public Health Research (0.5 FCE) (D) • CHL5624H Historical, Ethical and Philosophical Foundations of Public Health (0.5FCE) (B, C, D) • CHL4001H Contemporary Approaches to Population Health and Health Equity (0.5 FCE) (multiple domains) – NEW! • RST9999Y Thesis (enrollment)
Winter	<ul style="list-style-type: none"> • 1st Methods course, including data analytics (0.5FCE) (A) <ul style="list-style-type: none"> • Options (see Appendix A for comprehensive list): HAD6501H Intro to Methods/Methodologies for HPER; HAD5724H Quantitative Methods for Health Services Management and Policy; HAD5742H Mixed Methods for Health Services Research; CHL5424H Advanced Quantitative Methods in Epidemiology; HAD5763H Advanced Methods in Health Services Research;

Summer	<p>CHL5133H Evaluating Quantitative Public Health Research; CHL5122H Advanced Qualitative Research; CHL5129H Introduction to Mixed Methods Research for Public Health; students may also submit alternative methods offerings for approval from DrPH program director.</p> <ul style="list-style-type: none"> • CHL4002H Critical Appraisal and Use of Evidence (0.5 FCE) (A) – NEW! • CHL4003H Leading High-Performing Health Systems (0.5FCE) (B) – NEW! • RST9999Y Thesis (enrollment)
Summer	<ul style="list-style-type: none"> • CHL4004H Global Health Policy (0.5FCE) (C) – NEW! • RST9999Y Thesis <p>(Students will begin thesis work via their Applied Research Project; this will be conducted off campus in an organization, which could be the student’s workplace or other agency, if not working) (16 weeks; co-directed with a field supervisor in an implementing agency; leadership log) (multiple domains)</p>

(A) = Data & Analysis; (B) = Leadership, Management & Governance; (C) = Policy & Programs; (D) = Education & Workforce

Year II (2.5 FCE course work + comprehensive exam + Thesis):

(A) = Data & Analysis; (B) = Leadership, Management & Governance; (C) = Policy & Programs; (D) = Education & Workforce

Fall	<ul style="list-style-type: none"> • CHL4005H Governance & Financial Leadership (0.5 FCE) (B) – NEW! • CHL5132H Population Health Intervention Research (0.5 FCE) (A) (2nd methods course) • 1 Elective (0.5 FCE) (multiple domains) (in line with student interests and skill gaps) • RST9999Y Thesis
Winter	<ul style="list-style-type: none"> • HAD5778H Comparative Health Systems and Policy (0.5 FCE) (B, D) • 1 Elective (0.5 FCE) (multiple domains) (in line with student interests and skill gaps) • Comprehensive Exam (multiple domains) – using a field-oriented challenge or case study, the exam will assess knowledge and skills acquired to date about theories and methods, and demonstrate an ability to synthesize this knowledge, and support the student in selecting an appropriate thesis topic (students are expected to complete this exam at the end of the spring or no later than the summer of their second year) • RST9999Y Thesis
Summer	<ul style="list-style-type: none"> • RST9999Y Thesis (finalize proposal building on applied research project)

Years III and IV (0.5 FCE course work + Thesis):

(A) = Data & Analysis; (B) = Leadership, Management & Governance; (C) = Policy & Programs; (D) = Education & Workforce

Fall to Summer	<ul style="list-style-type: none"> • HAD5765H Case Studies in Health Policy (i.e. pressing topics in public health and health systems (interactive seminar; opportunity for students to present dissertation ideas in progress and discuss case studies) (0.5 FCE) (A, B, C) • Candidacy Achieved by the end of year 4, but with a time limit of up to 6 years; RST9999Y Thesis
----------------	---

Research Requirements: For this professional program, research requirements will be met through completion of the core research-related courses, an applied research project that relates to the thesis, and the final thesis. Learning outcomes are further detailed in Table 2.

The student will **complete a comprehensive examination and one applied research project, all scaffolded to support the thesis.** The comprehensive exam will test the student’s knowledge and understanding of relevant theories and methods as they apply to a field-oriented challenge. Students will receive preparation for this comprehensive exam through coursework and their applied research project. Consequently, students will only take this examination when most of their course work is completed. Completion of the exam will indicate the student’s preparedness and competency to successfully complete and defend their thesis.

The research project will provide an opportunity for applied learning and practical engagement with a relevant organization, in most cases identified by the student. This applied project will allow students to develop their dissertation proposal in preparation for the final thesis. A placement agreement will be made between the school and the sponsoring organization.

The **thesis** must be an independent piece of work on an applied research topic of significance to the practice of public health within or outside of Canada. Completion of the thesis will demonstrate the student’s ability to produce original applied research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication. The thesis will focus on generating new translational knowledge and creating value for a public health change, as opposed to a PhD-equivalent of focusing on public health outcomes or applications of new methods. Students will engage with the literature and practice-based experiences to identify a problem and provide new learning on implementing public health change. In other words, the thesis should demonstrate the student’s mastery of the skills and knowledge to lead or create substantial change in programming or policy development, or develop new methods or strategies to accomplish either of these two goals. Consequently, the DrPH thesis results in a different product than the traditional PhD, but maintains the same level of rigor, critical analysis, and peer review. Notably, this is comparable to the DrPH programs offered by Harvard University, Johns Hopkins University, and the University of North Carolina.

The thesis will consist of the following elements:

- Preparation and submission of a final thesis documenting a critical literature review, analysis of the proposed topic, proposed research question(s), methodologies, findings, and implications for policy and practice
- Submission of tracked leadership log and journaling of field experiences, as well as a leadership change plan outlining how the recommendations from the project will be put into practice

Program Delivery & Specifics (Courses)

In the first 3 years, students will be expected to be on campus for 2 weeks (6 hours per day) in the Fall term and during 2 additional intensive weeks in the Winter term (see table below). Courses will be made available in the following formats: modular (face-to-face and online), face-to-face, or online. Some courses also employ a combination of formats. Online courses have been developed in alignment with the U of T School of Graduate Studies [Guidelines for eLearning in Graduate Academic Programs](#). See Appendix A for further details about courses.

Term / Year	Year 1	Year 2	Year 3	Year 4
Fall	Two week intensive (6 hours/day)	Two week intensive (6 hours/day)	Two week intensive (6 hours/day) (Candidacy Achieved) Thesis	Thesis
Winter	Two week intensive (6 hours/day)	Two week intensive (6 hours/day)	Two week intensive (6 hours/day) Thesis	Thesis
Summer	Applied Research Project	Comprehensive Examination (May)	Thesis	Thesis

The program will ensure that applicants are aware of the full-time requirements, including the combination of online and in-person course delivery formats, through regular communication and review of the program’s structure and expectations upon entry. Resources will be provided to all students to ensure that they are successful in completing the program within the allotted time. This includes access to mental and physical health accommodations from the [University of Toronto Student Life](#) services:

- [Accessibility Services](#)
- [Health and Wellness](#)
- [Academic Success](#)

Table 2: Doctoral DLEs¹⁰, Program Learning Outcomes & Requirements

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
<p>Expectations: This Doctorate in Public Health (DrPH) is awarded to students who have demonstrated:</p>			
<p>1. Depth and Breadth of Knowledge A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice.</p>	<p>This is reflected in students who are able to:</p> <p>PLO 1.1: Identify, synthesize and critique the breadth of evidence required to understand public health and health system problems from different disciplinary perspectives in local and global settings.</p> <p>PLO1.2: Identify and critique different theoretical and methodological</p>	<p>The program design and requirements that ensure these student outcomes for depth and breadth of knowledge are:</p> <p>1.1 Courses – Courses addressing topics such as public health research (CHL5005H), history of public health and health systems (CHL5624H), population health and health equity, global health policy, and financial leadership will provide students with strong foundations in the broader interdisciplinary field of public health and its effective management. They will create opportunities to synthesize and critique evidence, critically debate and discuss emerging realities, challenges, and how these relate to professional practice and students’ subject-matter interests.</p> <p>1.2 Applied Research project will allow students to demonstrate their</p>	<p>Student achievement will be assessed through:</p> <p>1.1 For the core, seminar courses, a combination of oral presentations and written assignments are required to assess a student’s ability to identify relevant sources of evidence, synthesize and defend sources selected. These methods will primarily be administered through course work to assess students’ depth and breadth of learning in required knowledge domains.</p> <p>1.2 Applied Research project - Regular written feedback and responsiveness to</p>

¹⁰ All U of T master’s programs use the master’s DLEs established by the School of Graduate Studies. These have been pre-populated into the table. If this is a proposal for a doctoral program, please use the established doctoral DLEs to populate the DLE column (all U of T DLEs are available on the [VPAP website](#)).

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
	<p>approaches to support in-depth understanding of public health and health system problems and potential solutions.</p>	<p>knowledge and understanding of professional public health practice.</p> <p>1.2 Courses – Courses addressing topics such as critical appraisal and use of evidence (CHL4002H), methods (e.g. HAD6501H or HAD5736H), population health intervention research (CHL5132H), and comparative health systems (HAD5778H) will provide strong foundations in theoretical and methodological approaches, with relevance to students’ research topics of interest.</p>	<p>guidance from field placement advisors will contribute to assessment of students’ ability to apply knowledge in a real-world professional public health practice setting.</p> <p>1.2 Through course work, students’ ability to critique different approaches to public health and health systems, theories and methods will be assessed through written reflective assignments and presentations.</p> <p>1.2 Student achievement in synthesizing knowledge, including appropriate theories and methods to their applied research topic interest will be assessed through the successful completion of a comprehensive examination.</p>
<p>2. Research and Scholarship</p> <ul style="list-style-type: none"> • The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at 	<p>This is reflected in students who are able to:</p> <p>PLO2.1 Design and implement applied and original research of direct relevance to public health, health system policy and/or practice.</p>	<p>The program design and requirements that ensure these student outcomes for research and scholarship are:</p> <p>2.1 Courses – Completion of courses addressing topics such as methods and</p>	<p>Student achievement will be assessed through:</p> <p>2.1 A combination of oral presentations, in-class and online</p>

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
<p>the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems;</p> <ul style="list-style-type: none"> • The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and • The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication. 	<p>PLO 2.2 Conceptualize, design and implement applied research projects that generate new knowledge about a program, policy or problem of direct relevance to public health, health system practice.</p>	<p>data analysis (e.g. HAD6501H or HAD5736H) and critical appraisal of evidence (CHL4002H) will provide students with opportunities to test out and produce original research ideas as applied to a public health or health system policy and/or practice problem.</p> <p>2.2 Applied Research Project – this will involve working in the field with a public health organization to address a complex challenge, for which the student will conduct a critical review of the literature, identify gaps and weaknesses in current knowledge and aim to recommend appropriate solutions or strategies for resolution.</p> <p>2.2 Thesis– This outcome will also be addressed through the deliverables for the thesis, where the students will be required to integrate learning acquired through coursework and an applied research project conducted in the field to produce a dissertation that makes an independent and original contribution to addressing a public health problem of significance to a practice setting. The thesis committee will provide ongoing feedback to facilitate the attainment</p>	<p>debates and discussions, and written assignments administered through course work will be used to assess student achievement in applying research and critical appraisal methods and data analysis approaches.</p> <p>2.2. Applied Research Project and related outcomes (e.g. Literature review, feedback from field advisors) will directly inform their thesis proposal and thesis work. Student achievement will be assessed through evaluation of detailed research and applied problem solving reports, tracked leadership log and journaling of field experiences, as well as through field placement supervisor evaluations.</p> <p>2.2 Student achievement will be assessed through: completion of a thesis proposal, written thesis and oral thesis defense demonstrating an ability to integrate knowledge from course and applied research.</p>

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
		<p>of this learning outcome. The committee will help the student overcome challenges to developing their project, which will strengthen the student’s skills in implementation.</p>	<p>Students will be required to complete a leadership change plan that outlines how the recommendations from the thesis will be put into practice. Throughout the program, student achievement will be regularly assessed by their thesis committee members through regularly written feedback and committee meetings.</p>
<p>3. Application of Knowledge The capacity to</p> <ul style="list-style-type: none"> • Undertake pure and/or applied research at an advanced level; and • Contribute to the development of academic or professional skills, techniques, tools, practices, ideas, theories, approaches and/or materials. 	<p>This is reflected in students who are able to:</p> <p>PLO3.1 Make informed and sound judgments on complex issues in public health and health systems, sometimes requiring new approaches and management strategies.</p> <p>PLO 3.2 Apply a substantial body of knowledge about appropriate theories and methods in public</p>	<p>The program design and requirements that ensure these student outcomes for application of knowledge are:</p> <p>3.1 Courses – Required courses addressing topics such as change leadership and financial management, and case studies on pressing topics will provide students with in-depth knowledge and opportunities (through an applied research project) to apply best practices and approaches to effectively lead teams. This can also be met by elective courses.</p>	<p>3.1 A combination of oral presentations, in-class debates and group work through coursework will be used to assess student achievement in making informed and financially sound judgements as applied to real-world case example, and to demonstrate competencies in applying effective strategies for leading teams through class assignments and field experience in leading teams.</p>

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
	<p>health and health systems to an applied research topic of interest.</p> <p>PLO 3.3 Effectively lead teams and influence decision-making about policies, programs and practices in public health or health systems.</p>	<p>3.2 Thesis- integrate learning acquired through coursework and an applied research project to produce a thesis that makes an independent and original contribution to addressing a public health problem of significance to a practice setting.</p> <p>3.2, 3.3 Applied Research Project - students will apply knowledge and skills acquired through course work on how to effectively deal with complex health system issues, how to lead teams to influence decision-making through exposure to field experience, including to lead a project team of professionals, as well as the design and execution of an applied research project in a practice setting.</p>	<p>3.2, 3.3 Student achievement will be assessed through completion and defense of thesis, evaluation of detailed applied research and problem solving reports, of tracked leadership log and journaling, of field experiences on dealing with complex system and leadership issues from their applied research project, and through field placement supervisor evaluations.</p> <p>3.3 Student achievement will be assessed by completion of a leadership change plan including explicit recommendations from the thesis and how they will be operationalized in a relevant practice setting.</p>
<p>4. Professional Capacity/ Autonomy</p> <ul style="list-style-type: none"> • The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous 	<p>This is reflected in students who are able to:</p> <p>PLO4.1. Demonstrate an ability to exercise intellectual independence as a skill for remaining</p>	<p>The program design and requirements that ensure these student outcomes for professional capacity/ autonomy are:</p>	

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
<p>initiative in complex situations;</p> <ul style="list-style-type: none"> • The intellectual independence to be academically and professionally engaged and current; • The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and • The ability to evaluate the broader implications of applying knowledge to particular contexts. 	<p>engaged in the field public health.</p> <p>PLO4.2 Demonstrate an ability to exercise sound judgement in the planning, implementation and evaluation of policies and programs to advance population health, health systems and health equity.</p> <p>PLO 4.3 Critically appraise ethical issues arising in the design and implementation of policies, programs</p>	<p>4.1 Courses – Required courses in (leading health system organizations, critical appraisal, financial management, and case studies on pressing topics) will provide students with ample opportunities to develop the skills needed to exercise independent judgement in complex situations, using case studies and problem-based learning approaches.</p> <p>4.1 Applied Research Project - students will lead an independent project, identify, explore and demonstrate an ability to exercise professional judgement vis-à-vis ethical issues in real-world practice settings in public health.</p> <p>4.2 Courses: Required courses in the history of public health and health systems (CHL5624H) (which includes ethics), population health and health equity, and case studies in pressing topics (HAD5765H), that provide opportunities to develop the skills needed to exercise ethical judgement, using case studies of ethical dilemmas, and problem-based learning approaches.</p> <p>4.3 Thesis - Students will illustrate their intellectual independence, through the</p>	<p>4.1 A combination of oral presentations, written assignments in-class participation, administered through course work will be used to assess student achievement in exercising intellectual independence.</p> <p>4.1. Through interactions with clients, co-workers, and mentors within the field placement environments, students will explore and deal with ethical issues in practice. Their ability to exercise sound judgement will be assessed through written and oral feedback by the field supervisor.</p> <p>4.2. A combination of oral presentations, in-class and online debates administered through coursework will be used to assess student achievement in applying ethical principles and exercising sound and ethical judgement.</p>

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
	<p>and practices, and apply ethical concepts of social justice and equity.</p>	<p>application of knowledge to resolving/ responding to a complex public health challenge, as well as their ability to analyze ethical issues related to their thesis topic.</p>	<p>4.3 Student achievement will be assessed through completion of a thesis proposal, written thesis and oral thesis defense thereby demonstrating an ability to integrate ethical issues in thesis work.</p> <p>4.3 Students will be required to complete a leadership change plan that outlines how the recommendations from the research thesis will be put into practice, with careful consideration of any ethical issues.</p>
<p>5. Communication Skills The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively.</p>	<p>This is reflected in students who are able to:</p> <p>PLO 5.1 Assess and apply effective knowledge translation strategies to communicate and influence policy/programmatic decisions and actions at local, national and/or global levels.</p>	<p>The program design and requirements that ensure these student outcomes for communication skills are:</p> <p>5.1 Courses – Much of the coursework and recommended elective courses in critical appraisal and applied knowledge translation (e.g. CHL4002H Critical Appraisal and Use of Evidence) specifically will test students’ ability to effectively communicate knowledge in writing and verbally, with different audiences in mind.</p>	<p>5.1 A combination of oral presentations (plus communication in online discussions) and written assignments (e.g. literature reviews, systematic reviews) for different audiences administered through coursework will be used to assess student achievement in communicating and translating knowledge effectively. Grades will assess the quality of</p>

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
	<p>PLO 5.2 Demonstrate the ability to work as part of multi-disciplinary teams to design and evaluate projects that promote population health, health systems and health equity outcomes.</p>	<p>5.1 Comprehensive Examination – the examination will involve a written component to determine the student’s ability to respond to a field-oriented challenge.</p> <p>5.1 Thesis – The process of writing the final assignment (i.e. sharing findings, receiving and integrating feedback from peers and committee members) will help students develop sophisticated writing skills to clearly convey their applied research findings and recommendations.</p> <p>5.2 Applied Research Project - students will learn how to work in multidisciplinary teams through exposure to different health professionals, through an opportunity to lead and execute an applied research project with a team in a policy or practice setting.</p>	<p>the writing and critical thinking.</p> <p>5.1 Student achievement will be assessed through successful completion of the comprehensive exam, and thesis that will assess how clearly the student is able to communicate complex ideas and recommendations directed at practice effectively.</p> <p>5.2 Assessment of ability to work in multi-disciplinary teams will be conducted through observation from field placement supervisor on student’s performance in teams, and assessment of project reports in terms of how well they reflect different disciplinary perspectives.</p>

Doctoral DLEs (based on the Ontario Council of Academic Vice-Presidents [OCAV])	Doctoral Program Learning Objectives and Outcomes (PLO)	How the Program Design and Requirements Supports the Attainment of Student Learning Outcomes	Assessment of Student Achievement Relative to the Established Program Learning Outcomes and DLEs
<p>6. Awareness of Limits of Knowledge An appreciation of the limitations of one’s own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines.</p>	<p>This is reflected in students who are able to:</p> <p>PLO 6.1 Demonstrate an understanding of the gaps and boundaries of the public health discipline as it relates to their research topic of interest.</p> <p>PLO 6.2 Demonstrate the limitations of their theoretical and methodological approach to the study of their problem.</p>	<p>The program design and requirements that ensure these student outcomes for awareness of limits of knowledge are:</p> <p>6.1, 6.2 Comprehensive Examination – the examination will involve a written component and provide an opportunity for the student to demonstrate an in-depth understanding of the theoretical and methodological gaps and boundaries of the public health discipline, as it relates to field-oriented challenge.</p> <p>6.2. Applied Research Project will provide students with the opportunity to reflect on the strengths and limitations of their work, as well as its’ contribution to the organization and the greater body of knowledge.</p>	<p>6.1 Student achievement in understanding limits and boundaries of public health and health systems practice will be assessed through successful completion of the comprehensive exam.</p> <p>6.2 Student achievement will be assessed through evaluation of tracked leadership log and journaling of field experiences on working in multidisciplinary teams, as well as through field placement supervisor evaluations.</p>

9 Assessment of Learning

- Appropriateness of the proposed methods for the assessment of student achievement of the intended program learning outcomes and degree-level expectations.
- Describe plans for documenting and demonstrating the level of performance of students consistent with the DLEs. (Assessment of Teaching and Learning examples in [Guide to Quality Assurance Processes](#))

Progress aligned with the doctoral degree learning expectations (DLEs) will be assessed throughout the student's course of study, and specifically in relation to the following categories of performance:

- **Course Work:** Each course will have specific, defined learning expectations, with course-specific methods for assessing student performance. These may include: examinations, oral presentations, reports/papers, participation in class discussion, etc. These assessments will be conducted at multiple points throughout the courses.

Assessment will vary by course; however, all students will be evaluated in accordance with the graduate grading practices outlined in University of Toronto's [University Assessment and Grading Practices Policy](#). The standard graduate grading scales will be used to assess student performance against learning objectives and outcomes identified above in Table 2.

A set of rubrics will be developed for the DrPH program and can be used to measure students' success in achieving the program learning outcomes.

- **Applied Research Project Assessment:** Assessment of the applied research project will be aligned with the [University Assessment and Grading Practices Policy](#). The applied research project will assist students to make early progress towards their thesis. Students will be expected to conduct a literature review or other scholarly report on a topic related to their thesis work following their experiences in the field at an organization of interest. The written report will provide an opportunity to assess the student's ability to engage in a field-specific issue and conduct scholarly discourse. Students will also be asked to journal and keep a log of their field experiences. Students will receive a statement describing the evaluation process, criteria for assessing performance, and available appeal mechanisms. Students will also be assessed for their application of interventions, problem-solving, leadership, and management to addressing the documented issue. Students will be evaluated by their placement supervisors. Assessors will be informed of University, divisional, and course policies concerning the evaluation procedure. Assessment of teaching and learning can further be evaluated through a review of the placement experiences for the applied project. Surveys of the sites and preceptors can indicate placement success and the level of student performance. These results can be documented over time to discern students' performance during the program and to support continuous

program improvement.

- **Comprehensive Examination:** This comprehensive examination will consist of a take-home written exam (a major paper related to a field-oriented challenge). The comprehensive examination will test for depth and breadth of discipline specific knowledge, ability to apply knowledge to address a complex problem (via a field-oriented challenge), and the ability to implement appropriate action/intervention. This culminating assessment can help assure that, upon graduation, students will have achieved all program learning outcomes and degree level expectations.
- **Thesis (proposal, written and oral defense of research project):** As per the School of Graduate Studies regulations [7.5.2. Supervision and Satisfactory Progress](#), all DrPH students will have an identified supervisor and supervisory committee by the end of year 2. The supervisory committee will consist of the supervisor and two other members chosen among faculty. With support of a supervisory committee, the student will be required to develop a proposal for the Thesis. The proposal must be approved by the student's committee. Based on the approved proposal, the student must prepare and submit an independent piece of work that makes an original contribution to addressing a public health problem of significance to a practice setting. To support this work, students are expected to meet with their supervisory committee at least once a year (as per SGS Regulations). This meeting will be used to assess the student's progress in the program, on the project, and to provide advice on future work; this will take the form of a progress report from the committee. The final Thesis must be considered publishable material. The student will be required to defend the thesis through the Final Oral Examination, as per the SGS Regulations, [8.3 Doctoral Final Oral Examination](#).
- Achievement of program learning outcomes can further be assessed through the use of various indicators, including: student grades, award data, and exit or post-grad surveys. This will provide a broader view of success and student performance and can be used for cyclical review and continuous improvement of the DrPH program. This can also help the DLSPH maintain contact with graduates of the program.

10 Program Description & Calendar Copy

- Provide a description of the program (audiences: prospective and current students, staff, and employers) that can be used for external and internal posting that includes the following information:
 - ▶ Program's purpose (who is it for, what are the outcomes)
 - ▶ Nature of learning environment (including mode of delivery)
 - ▶ Approaches to teaching/learning/assessment

- Provide, as an appendix, a clear and full calendar copy including:
 - ▶ The program description; the program requirements including all required courses and recommended electives and their prerequisites, including for any fields/concentrations.
- Provide as an appendix:
 - ▶ A full list of the all courses included in the program including course numbers, titles, and descriptions.
 - Please indicate clearly whether they are new/existing (Please note that all new courses should be proposed and approved independently in line with established academic change procedures. Where possible, append full course proposals as an appendix).

Program Description

The Doctor of Public Health (DrPH) advances public health education, addressing evaluation and translation of evidence in policy- and practice- decision-making contexts. The doctoral professional program is based on existing areas of faculty expertise within the Dalla Lana School of Public Health (including Public Health Sciences and the Institute of Health Policy, Management and Evaluation). Additionally, the program is the first of its kind in English Canada and will further raise the profile of the public health workforce. The focus of the program is to contribute to emerging needs in public health to address increasingly complex issues. Graduates will develop skills and knowledge in four major competency areas, as defined by the Council on Education for Public Health: (1) Data & Analysis; (2) Leadership, Management, Governance; (3) Policy & Programs; and (4) Education & Workforce Development. The DrPH will allow graduates to take on advanced roles (e.g. leadership, knowledge translation) in public health policy and practice settings.

Potential applicants will hold a master's degree in a relevant public health sciences or health services -related discipline. Students will complete 11 half-credit courses, 2 half-credit elective courses, a comprehensive exam, an applied research project, and a final applied thesis.

Please see Appendix A for a full list of the course numbers and titles, indicating clearly whether they are new / existing.

Please see Appendix B for proposed calendar copy.

11 Consultation

- Describe the expected impact of what is being proposed on the nature and quality of other programs delivered by the unit/division.

- Describe the expected impact of what is being proposed on programs being offered by other units/divisions.
- Describe any consultation with the Deans of Faculties/divisions that will be implicated or affected by the creation of the proposed program as per UTQAP 2.4.2 “The Dean ensures that appropriate consultation is conducted with faculty and students, other university divisions and external institutions.”

Extensive consultation has been undertaken in preparation for the introduction of this new doctorate program. Faculty members and staff in the fields of public health, health systems/services, and health care were broadly consulted, with significant support for the addition of this doctorate program. The specifics of these conversations are detailed and outlined below. This is supported by conversations with Canadian DrPH graduates/practitioners who travelled abroad to complete the DrPH and returned to Canada to pursue a career in public health. DrPH key informants highly encourage the implementation of this program at DLSPH, recognizing a large gap in public health education. All informants recommended the establishment of one School-wide DrPH program that builds on the strengths and assets in Public Health Sciences and the Institute of Health Policy, Management and Evaluation.

At the University of Toronto, we also consulted the Public Health Alumni Association (PHAA) at DLSPH, the Lawrence S. Bloomberg Faculty of Nursing, and the Faculty of Medicine, to better understand the audience for such a program in a Canadian context. These consultations were helpful in identifying structural elements of the program (i.e. part-time vs. full-time) that would be important considerations for future applicants. The new program was presented to the Council of Health Sciences at University of Toronto on June 4, 2019. The proposal was circulated to academic leadership in the Faculty of Nursing, Dentistry, Medicine, Kinesiology and Physical Education, Leslie Dan Faculty of Pharmacy, and Factor-Inwentash Faculty of Social Work for feedback. We partnered closely with the Faculty of Medicine, especially given some of our faculty hold their primary appointments there. Ongoing consultations with internal stakeholders were used to discuss the expected impact of the DrPH program on other programs delivered by DLSPH; it was determined that the DrPH offering is distinct enough and would not compete with existing doctoral programs, both within and beyond the DLSPH.

The DLSPH also convened a working group, inclusive of DLSPH faculty leads and partner organizations, to develop the program curriculum and learning outcomes. This group was highly supportive of this program proposal and recognize its role as filling an education gap in Canada. Commitment to develop and offer a DrPH program has been detailed as a strategic priority for the DLSPH in the current [Academic Plan](#). The program has strong support of faculty at DLSPH, both through Public Health Sciences and the Institute for Health Policy, Management and Evaluation.

Program leads and directors in neighbouring public health organizations, including Toronto Public Health, Public Health Ontario, Peel Health, the Canadian Public Health Association, and the Public Health Agency of Canada, were also consulted to inform our understanding of the

need and demand for the program and to understand the impact of this program on the future of the public health workforce. Overall, there is agreement that this form of advanced education will help improve and bolster the public health workforce in Canada and globally.

12 Resources

- Complete Table 3 below
- Brief commentary to provide:
 - ▶ Evidence of the participation of a sufficient number and quality of faculty who will actively participate in the delivery of (teach and/or supervise) the program
 - ▶ Evidence of and planning for adequate numbers and quality of faculty and staff to achieve the goals of the program
 - ▶ That faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate
 - ▶ Evidence of how supervisory loads will be distributed, and the qualifications and appointment status of faculty who will provide instruction and supervision
 - ▶ Planned/anticipated class sizes (connect this to delivery method, Section 8 and assessment methods, Section 9)
 - ▶ If relevant, plans and commitment to provide additional faculty resources to support the program.
 - ▶ The role of any adjunct or contractual (e.g., stipendiary) faculty.
- Provide the CVs of all faculty who appear in Table 3, as evidence substantiating the above. The appendix should form a separate document with a table of contents and all CVs in alphabetical order. CVs should be submitted in a consistent format.

The new DrPH program will have some need for additional resources. A program director will be appointed for the DrPH program to provide senior leadership at the program level, providing student support, and leading curriculum development. The program director will have administrative support to deliver program. The new program will result in increased graduate course offerings. While some new courses are specific to students in the program, many others will be open to other graduate students at the DLSPH and across the University who will benefit from the expanded offerings in leadership, governance, and policy. For graduate students in other programs, these would be elective courses, and thus taking these courses would be based on individualized needs for these students. The courses will be taught in multi-modal formats which will expand the learning opportunities for students. Many new courses will be taught by current faculty members however a number of new tenure track faculty including some in the teaching stream are currently being recruited and it is expected that new members will also participate in teaching in the DrPH program. The

program will also take advantage of the strong, consistent relationships between the DLSPH and status faculty. This includes status faculty with a continuing appointment at the University of Toronto, Faculty of Medicine, as well as status faculty with a primary appointment at the DLSPH. These status faculty have indicated their willingness and interest to teach courses within the new DrPH program, and to assist with supervision of applied thesis projects (see below for discussion on the nature of status-only faculty at the DLSPH).

In the current [Academic Plan](#) for the DLSPH, the need to create modular and blended formats for course offerings has been highlighted as a strategic priority with planned investment in technology and course redesign that will support delivery of the DrPH program.

12.1 Faculty

This proposal for a Professional Doctorate in Public Health is founded on the unique strengths of the faculty complement of the Dalla Lana School of Public Health (DLSPH).

The Faculty has an important cadre of tenured/tenure stream faculty who are national and international leaders in the field of public health and health system practice, publishing extensively in peer-reviewed journals. This group is further enhanced by a number of teaching-stream faculty with significant expertise in the fields of policy, knowledge translation (i.e. dissemination and implementation), evaluation, intervention and implementation research, leadership and systems thinking, to name a few.

At the same time, however, the DLSPH has a significant and unique community of status-only faculty members who will be central to the proposed program. These faculty members hold research-intensive positions in their home institutions, which include Public Health Ontario, Toronto Public Health, St. Michael's Hospital, and the Alliance for Healthier Communities to name but a few. DLSPH serves as *the* academic home for these health care professionals. Unlike the case for some other affiliated faculty, their association with the University is commonly long-term and substantive. Status-only faculty in the DLSPH are promoted and normally spend their entire careers within the DLSPH. This group of faculty will provide practice-informed expertise as a unique and highly valued contribution to the proposed program. Their specific expertise will be essential to the case-based/problem-based approach of the professional doctorate.

A reliance on the partnership between tenure stream/teaching stream faculty and professional colleagues holding status-only appointments within the School is a highly successful model at DLSPH that ensures the appropriate balance of expertise in theory and practice, which is so critical in transforming health care in a nimble and comprehensive way.

We have included the curricula vitae for the professors (see Appendix G) who will be involved in this program to demonstrate their leadership and expertise in public health practice and

pedagogy. The faculty complement is strategic and provides an opportunity to have supervision and instruction from experts in all domains of public health practice.

Capacity at the DLSPH Faculty continues to grow as pre-tenure faculty go through tenure review, and as new faculty are hired. **Several tenure-stream and teaching stream position searches are nearing completion, and leadership roles in the DrPH program has been included in the job descriptions for these faculty.** Additional hires are anticipated in the future. As per the current [Academic Plan](#), the DrPH program is a priority within the Faculty and new faculty will be active participants in the program. Additionally, Status and Adjunct Faculty (who are embedded in policy and practice settings) are well-suited to teach and supervise students in this program.

A lead faculty member (in recruitment), will be appointed to oversee the program, however Table 3 (see below) provides an initial listing of committed faculty.

Table 3. Faculty Complement (list alphabetically)

Name	Unit of Primary Budgetary Appt & Rank (Note: % bugetary appointment is 100% unless listed otherwise)	University Rank	SGS Faculty Membership Status (e.g., Associate/ Full privileges)	Commitment to other programs (please list other programs in which the person routinely teaches/ supervises)	Nature of contribution to this program (course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS])
Tenure: Full					
Adalsteinn (Steini) Brown	DLSPH	Professor and Dean	Full Member	MHSC IHPME	CI, TS , C/PS
David Fisman	DLSPH	Professor	Full Member	PhD PHS MPH PHS	CI, TS
Greg Marchildon	DLSPH	Professor	Full Member	PhD IHPME	CI
Raisa Deber	DLSPH	Professor	Full Member	MHSC IHPME, and Faculty of Arts and Science	CI
Tenure: Associate					
Laura Rosella	DLSPH	Associate Professor	Full Member	PHD PHS MPH PHS	CI, TS
Suzanne Stewart	DLSPH	Associate Professor	Full Member	PHD PHS MPH PHS	CI, TS

Name	Unit of Primary Budgetary Appt & Rank (Note: % budgetary appointment is 100% unless listed otherwise)	University Rank	SGS Faculty Membership Status (e.g., Associate/ Full privileges)	Commitment to other programs (please list other programs in which the person routinely teaches/ supervises)	Nature of contribution to this program (course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS])
Tenure Stream: Assistant					
Hilary Brown	Interdisciplinary Centre for Health and Society, UTSC	Assistant Professor	Full Member	BA Health Studies, UTSC MPH PHS Non-budgetary cross-appointment	TS
Angela Mashford-Pringle	DLSPH	Assistant Professor	Associate Member	MPH PHS	CI, TS
New Recruit – Name TBD	DSLPH	Assistant Professor	Associate Member		CI, TS
Teaching Stream: Associate					
Tina Smith	DLSPH	Associate Professor, Teaching Stream	Associate Member	MHSC IHPME	CI, TS, C/PS
Teaching Stream: Assistant					
Paul Bozek	DLSPH	Assistant Professor, Teaching Stream	Associate Member	MPH PHS	CI, TS, C/PS
Suzanne Sicchia	Interdisciplinary Centre for Health and Society, UTSC	Assistant Professor, Teaching Stream	Associate Member	BA Health Studies, UTSC MPH PHS	CI, TS, C/PS
Julia Zarb	DLSPH	Assistant Professor, Teaching Stream	Associate Member	MHI IHPME	CI, TS
Non-Tenure Stream (i.e.,					

Name	Unit of Primary Budgetary Appt & Rank (Note: % budgetary appointment is 100% unless listed otherwise)	University Rank	SGS Faculty Membership Status (e.g., Associate/ Full privileges)	Commitment to other programs (please list other programs in which the person routinely teaches/ supervises)	Nature of contribution to this program (course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS])
CLTA, Part-time)					
Nancy Baxter	DLSPH Part-Time Appt. 50% Faculty of Medicine – Clinical MD Continuing Appointment	Professor	Full Member	MSc CEHCR IHPME PhD CEHCR IHPME	CI, TS, C/PS
Andrew Boozary	DLSPH Part-time Appt. 25% Faculty of Medicine – Clinical MD Continuing Appointment	Assistant Professor Early Career Professorship in Health Policy Innovation	Associate Member		TS, C/PS
Erica Di Ruggiero	DLSPH CLTA	Associate Professor	Associate Member	MPH PHS PhD PHS	CI, TS
Robert Schwartz	DLSPH CLTA	Professor	Full Member	MPH PHS PhD PHS	CI, TS
Abiramy Sriharan	DLSPH Part-Time Appt. 40%	Assistant Professor	Associate Member	MSc SLI IHPME	CI, TS
Ross Upshur	DLSPH Faculty of Medicine – Clinical MD Continuing Appointment	Professor Status-only Chair in Clinical Public Health	Full Member	MScCH PHS MHSc PHS	CI, TS, C/PS
Xiaolin Wei	DLSPH CLTA	Associate Professor, Chair in Global Health Policy	Associate Member	PHD PHS	CI, TS
Others (i.e., adjunct, status only,					

Name	Unit of Primary Budgetary Appt & Rank (Note: % bugetary appointment is 100% unless listed otherwise)	University Rank	SGS Faculty Membershi p Status (e.g., Associate/ Full privileges)	Commitment to other programs (please list other programs in which the person routinely teaches/ supervises)	Nature of contribution to this program (course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS])
clinical faculty)					
Sara Allin	DLSPH	Assistant Professor Status-Only	Associate Member		CI, TS, C/PS
Kate Bassil	DLSPH	Adjunct Professor	Associate Member		CI, TS, C/PS
Ahmed Bayoumi	DLSPH Faculty of Medicine – Clinical MD Continuing Appointment	Professor, Status-only	Full Member	MSc CEHCR IHPME PhD CEHCR IHPME	CI, TS, C/PS
Natasha Crowcroft	DLSPH Faculty of Medicine – Clinical MD Continuing Appointment	Professor, Status-only	Full Member	MPH PHS	CI, TS, C/PS
Peter Donnelly	DLSPH	Professor, Status-only	Full Member		CI, C/PS
Rob Fowler	DLSPH Faculty of Medicine – Clinical MD Continuing Appointment	Professor, Status-only	Full Member	MSc CEHCR IHPME PhD CEHCR IHPME	CI, TS, C/PS
Erin Hobin	DLSPH	Assistant Professor Status-Only	Associate Member		CI, TS, C/PS
Brent Moloughney	DLSPH	Assistant Professor, Status-Only	N/A		CI, TS, C/PS
David Mowat	DLSPH	Adjunct Professor	N/A		CI, C/PS
Patricia O'Campo	DLSPH	Professor, Status-only	Full member		CI, TS, C/PS
Andrea Tricco	DLSPH	Associate Professor, Status-only	Full Member	MPH PHS	CI, TS, C/PS

Name	Unit of Primary Budgetary Appt & Rank (Note: % bugetary appointment is 100% unless listed otherwise)	University Rank	SGS Faculty Membership Status (e.g., Associate/ Full privileges)	Commitment to other programs (please list other programs in which the person routinely teaches/ supervises)	Nature of contribution to this program (course instructor [CI], thesis supervision [TS], clinical or practice supervisor [C/PS])
Kathleen (Kate) Mulligan	DLSPH	Assistant Professor Status-Only	Associate Member		CI, TS, C/PS
Anne Wojtak	DLSPH	Adjunct Lecturer	Associate Member (Restricted)		CI, TS, C/PS

12.2 Learning Resources

- Evidence that there are adequate resources to sustain the quality of scholarship and research activities of undergraduate and graduate students, including library support

Please see the following appendices:

Appendix C: Library statement confirming the adequacy of library holdings and support for student learning

Appendix D: Statement concerning student support services

Financial Support for Graduate Students

- Where appropriate to the program, evidence that financial assistance for students will be sufficient to ensure adequate quality and numbers of students.

Lessons from neighbouring DrPH programs suggest that students self-finance much of the costs of their degree, supplemented by grants and loans, and in general will continue to work part-time. Thus, students in this program will not be part of the funded cohort. However, the DLSPH will continue to seek opportunities for providing financial support based on eligibility criteria to assist students with the greatest need. Students will also be eligible for Tri-agency funding and for internal and external awards such as the Ontario Graduate Scholarships. Based on the experience of other DrPH programs, and from Canadian practitioners who are graduates of international DrPH programs, we expect that prospective students will have at least partial support for the program through their employers (either financial support for tuition fees and/or time in lieu). The program is designed to meet the needs of working

professionals with concentrated time on campus, and many courses offered online or scheduled in the late afternoon/evening.

The Faculty will plan future fundraising to support potential/existing DrPH students in financial need. The Faculty also aims to enable participation by students from diverse communities or low-resource countries by seeking: (i) full/partial scholarships; and (ii) support from global foundations.

12.3 Space/Infrastructure

- Evidence that there are adequate resources to sustain the quality of scholarship and research activities of undergraduate and graduate students, including information technology support and laboratory access; address any unique requirements including renovations to existing space, new space, equipment, etc.
- Note: The requirements for physical facilities should be identified by providing information on the change in the number of people to be accommodated by type (i.e., faculty, students, administrative staff, etc.) as well as information on changes in equipment and activities requiring accommodation. The division/Faculty should state whether it plans to bring forward proposals for additional space; the renovation of existing space; or whether the current space allocation to the academic program will accommodate the new initiative.

No new space or infrastructure is required to initiate the DrPH program. Classroom space will be allocated for courses from existing space at the DLSPH and on campus. Supervisors will provide student work spaces (located at the School and in participating public health organizations). Expertise regarding the development and implementation of e-learning resources has been cultivated through the School's \$1M grant from the Ministry of Health and Long-Term Care to support continuing education for Ontario's public health workforce, which includes a combination of online and in-person workshops, seminars, and short courses oriented around three foundational standards in public health (health equity, population health assessment and effective public health practice). This expertise will be leveraged to support the DrPH program.

12.4 Other Resource Implications

- For example,
 - ▶ Is a new graduate unit contemplated that would require a separate graduate chair appointed under the PAAA?
 - ▶ Are there interdivisional teaching implications?

- ▶ Will the new program affect any existing agreements with other institutions, or require the creation of a new agreement to facilitate the new program (e.g., Memorandum of Understanding, Memorandum of Agreement, etc.). (Existing joint programs are offered with Centennial, Sheridan and Michener.)
- ▶ If this is a new joint program, please indicate how future reviews of the program will be conducted in accordance with UTQAP 2.1: “Where a program is held jointly with an Ontario institution that does not have an IQAP that has been ratified by the Quality Council, the UTQAP will serve as the guiding document and University of Toronto will be the lead institution. Where a program is held jointly with an Ontario institution that does have an IQAP that has been ratified by the Quality Council, a lead institution will be selected. Program proposals specify how future reviews will be conducted.”
- Please consult with the Provost’s office (vp.academicprograms@utoronto.ca) early regarding any resource implications described in this section.

Not Applicable.

13 Quality and Other Indicators

- Please describe the appropriateness of the faculty’s collective expertise and how it contributes substantively to the proposed program. Define and use indicators to provide evidence of the quality of the faculty (e.g., qualifications, research, innovation and scholarly record)
- Please explain how the program structure and faculty research will ensure the intellectual quality of the student experience.
- Please describe any elements that enhance the program’s diversity.

The proposed new program is situated at the DLSPH, the largest School of Public Health in Canada, with a substantial number of core faculty with scholarship in public health, and status faculty with experience in the field with public health practice and leadership. We are therefore prepared to mount Canada’s first DrPH program.

Our status and adjunct faculty have well-established relationships with the DLSPH, already serving as instructors and supervisors of graduate students. This program will strengthen these already established collaborations and partnerships to the benefit of all students at DLSPH. Our faculty have expertise in a broad range of relevant areas including public health policy, governance, health systems leadership, health care economics, epidemiology, health system change, occupational and environmental health, nutrition, social and behavioural

health sciences, global health, Indigenous health, socioeconomic determinants of health, health equity, health services, health informatics, health management, quality of care and improvement, health technology assessment, critical appraisal, knowledge translation, and implementation research.

The program will also benefit from efforts already underway and planned to increase diversity and inclusion at the School. The School is building on MPH in Indigenous Health and the Black Public Health Students Collective and support affinity groups. It will “continue to develop programming to increase equity and inclusion, address racism as a barrier and ensure hiring practices attract strong minority candidates (including anti-bias training). It will also create and implement a Canadian inclusiveness climate survey for public health and share across Canada that, combined with the advice of a Diversity and Inclusiveness Committee should be able to identify additional initiatives. With attention to these efforts, and with careful reflection on student, staff and faculty experience, the School will be able to increase the diversity of its faculty complement and ensure an inclusive environment.”

(DLSPH [Academic Plan](#))

Appendix A. Courses

CORE COURSES – 5.5 FCE:

Courses marked with (*) indicate new courses being developed specifically for the DrPH program. The format for each course and total contact hours are included for reference.

Year I Courses

CHL5005H Public Health Research (0.5 FCE)

Course Director: Dr. Xiaolin Wei

(Format: 1 Week Intensive & Seminars – 24 contact hours)

The objective of this course is to provide foundations in public health sciences (PHS) and public health research, with an emphasis on cutting-edge research being done by faculty and doctoral students in the graduate department of Public Health. Incoming doctoral students across all fields of study in the PHS Divisions will have the opportunity to learn about faculty and doctoral candidates' current research and ongoing projects. Reaching students as they focus on the specific skills and knowledge base in their chosen discipline, the course will encourage critical thinking among students within different disciplines. In addition, it aims to develop a common understanding of the diversity of public health issues across approaches. The weekly research seminar will also highlight key interdisciplinary professional development skills through focused workshops and valuable course deliverables.

CHL5624H Historical, Ethical and Philosophical Foundations of Public Health (0.5 FCE)

Course Director: Dr. Ross Upshur

(Format: Seminar – 30 contact hours)

This course examines the historical, ethical and philosophical foundations of public health in a Western context. This course will provide an overview of the historical roots of Western public health and describe the political, social, and philosophical underpinnings of this field. Additionally, theories of justice, evidence-based policy, and case studies in public health will be explored. The course will conclude with an examination of the predominant philosophical and epistemological views in the field of public health.

CHL4001H Contemporary Approaches to Population Health and Health Equity (0.5 FCE) *

Course Director: Dr. Ross Upshur

(Format: Seminar – 30 contact hours)

This course examines the field of population health sciences. Starting with a review of the concepts of Geoffrey Rose, students will learn about important foundational theories and methods used in population health studies. Through course assignments and discussion,

students will critically appraise these concepts, as well as the various factors that shape population health and the fundamentals of prevention science at both the individual and population level. This course will also focus on the importance of integrating health equity in population health sciences, enabling equitable health promotion and governance, and identifying contextual factors that influence health equity deliberations and contemporary approaches to public health practice. Students will further explore the future of this discipline and the importance of what Keyes & Galea describe as humility in population health sciences.

(CHL/HAD options) Methods Course (0.5 FCE)

Course Director: Varies by Course

(Format: Varies – approx. 36 contact hours)

The goal of the DrPH professional doctorate degree is to prepare students for a career path as a leader in public health practice. This will be achieved through advanced training in methods that are of relevance to public health and health systems. Students will enroll in a methods course of interest, ideally aligned with their applied project and dissertation work. The selected methods course offering must include data analysis. The goal is for students to acquire a firm foundation in formulating questions, evidence gathering, analysis, and synthesis of evidence; this will be further supported through related core course work.

*Note: The list of approved methods offerings is provided further below in Appendix A.

CHL4002H Critical Appraisal and Use of Evidence (0.5 FCE) *

Course Director: Dr. Andrea Tricco

(Format: Online – 28 contact hours)

Critical appraisal is an important responsibility of all public health leaders and health care professionals undertaking research or evidence-informed practice. This course will focus on learning how to assess evidence. This course will also help students develop the ability to critically and effectively synthesize findings to generate evidence-informed practice that advances programs, policies, services and/or systems. The course will help students distinguish the different types of evidence and how they can be summarized. The methods, reporting, and critical appraisal of different types of knowledge synthesis that are often used in public health decision-making will be explored (e.g., scoping reviews, rapid reviews, overviews, network meta-analyses). Through developing a knowledge synthesis question, students will explore a broad range of disciplines and health related data sources, learn how to formulate critical questions, and will gain practice with developing a knowledge synthesis protocol.

CHL4003H Leading High-Performing Health Systems (0.5 FCE) *

Course Director: Dr. Abiramy Sriharan & Tina Smith

(Format: Continuous – 30 contact hours)

In this seminar course, students will explore concepts related to personal mastery of leadership skills required to lead health transformation at the systems level. The objective of this course is to ensure that learners appreciate the individual, organizational and systems level factors that shape a leader's success. Each course module is designed to provide a set of evidence-informed learning experiences that will facilitate the learner's leadership development through reflection, practice and the formation of action goals. Upon completion, students will be prepared to lead high performing teams and organizations.

CHL4004H Global Health Policy (0.5 FCE) *

Course Co-Directors: Dr. Erica Di Ruggiero & Dr. Suzanne Sicchia (with contributions from other Faculty)

(Format: Online – 36 contact hours)

This course will explore the global health policy landscape, including how policy is developed, implemented and governed, and which critical policy agendas and issues (e.g. Sustainable Development Goals) shape this policy arena. Students will also learn about the roles and power dynamics (i.e. global health governance) between global state and non-state actors, as well as international agencies, non-governmental organizations and foundations. Through the use of specific policy issues, students will learn how to apply policy theories and policy analysis tools to assess contested and polarizing policy debates, including their impacts on health and/or health equity. Upon completion, students will understand the sociocultural, environmental and political factors that influence global health policy, and by extension, competing global health objectives.

Applied Research Project (0.0 FCE)

Course Director: DrPH Program Director (with contributions from other Faculty who will supervise students in practice settings)

(Format: Self-directed, 16-weeks)

The applied research project (via a practicum placement) generally results in deliverables that will directly contribute to the thesis dissertation. Completion of this requirement enables students to conduct independent research and practice in an organization of interest. Through consultation with their practicum advisor, the practicum should include (but is not limited to):

- A single paper (i.e. literature review, research design proposal, protocol outline) or empirical study of publishable quality that should ideally contribute to the student's final applied thesis project.

Year II Core Courses

HAD5778H Comparative Health Systems and Policy (0.5 FCE)

Course Co-Directors: Dr. Greg Marchildon, Dr. Xiaolin Wei & Dr. Sara Allin

(Format: Seminar – 30 contact hours)

The comparative health systems and policy course is intended to capture the rapidly expanding field of comparative studies in health systems and policy. It will provide a comprehensive methodological foundation to understand why we compare health systems in different countries or provinces within a country, and what we can learn from those comparisons. In the second part, the course will provide specific examples of health system and policy development in high income countries, and low-and-middle- income countries (LMICs). This is an advanced course that will require the students' understanding of public policy or health policy theories. The main requirement of this course is to complete a major paper applying theoretical and methodological tools to a comparative health systems or comparative health policy case study including two or more jurisdictions (a province/state and/or country).

CHL4005H Governance and Financial Leadership (0.5 FCE) *

Course Director: Dr. Anne Wojtak

(Format: Online and Seminar – 24 contact hours)

The objective of this course is to equip DrPH students with the ability to understand and develop confidence with governance and financial stewardship, recognizing that being a leader in public health includes being accountable to both the financial and operational aspects of an organization. This course will provide a foundation in governance and accountability, key financial concepts (e.g. budgeting, costing), financial reporting, and enterprise risk and control frameworks. Consequently, this course also covers best practice financial management concepts that are fundamental to organizational leadership. Students will apply their knowledge and understanding of concepts to review governance and accountability for strong financial stewardship, financial documents and statements, conduct basic financial analyses, identify risks, and learn how to resolve performance issues. This course will be pivotal in training DrPH students to be comfortable with financial analysis concepts for decision-making and be able to successfully lead organizations through the lens of governance, accountability and transparency.

CHL5132H Population Health Intervention Research (0.5 FCE)

Course Co-Directors: Drs. Erica Di Ruggiero & Dr. Pat O'Campo

(Format: Seminar – 30 contact hours)

This course examines different theoretical and methodological foundations related to the study of population health interventions and their health equity impacts. These interventions include, for example: policies, programs, events and other phenomena that impact a number of people by tackling the socio-structural, cultural and environmental determinants of health within and outside of Canada. The course will build on students' solid foundation in principles of evaluation that includes research methods and provide them with an opportunity to grapple with the different concepts and terms that are in use to study and synthesize evidence about these interventions, including but not limited to implementation science, program science, public health policy evaluation and health impact assessment, evidence syntheses of interventions (e.g. systematic, realist and scoping reviews). It will also address knowledge translation and

exchange and partnership approaches as they relate to the implementation and to the scale-up of interventions. The course will also address this material through the lens of current topics related to, for example, healthy cities, global health, etc.

Years III and IV Core Courses

HAD5765H Case Studies in Health Policy (0.5 FCE)

Course Director: Dr. Raisa Deber (with contributions from Faculty)
(Format: Modular – 30 contact hours)

This course analyzes the formation and implementation of public policy through the use of case studies, focused about important theoretical concepts. Using case studies, students will develop the ability to understand and analyze the processes by which public policies are formed, and the ability to perform comparisons of policy alternatives. Cases to be analyzed will be selected from the attached list by the class. With the permission of the instructor, new cases may be added.

ELECTIVE COURSES – 1.0 FCE:

Elective courses are to be selected from graduate level courses offered at the Dalla Lana School of Public Health. DrPH students will be asked to select elective courses from a pre-approved list described below. The list is organized by course relevance to one of the CEPH competencies. Courses that are modular and involve 1-week intensives are indicated by (*).

Area of Focus: Data & Analysis

HAD6501H	Introduction to Methods for Health Professions Education Research (0.5 FCE)
HAD5724H	Quantitative Methods for Health Services Research*
HAD5742H	Mixed Methods for Health Services Research
CHL5424H	Advanced Quantitative Methods in Epidemiology
HAD5763H	Advanced Methods in Health Services Research
CHL5133H	Evaluating Quantitative Public Health Research
CHL5122H	Advanced Qualitative Research: Framing, Writing and Beyond
HAD5781H	Case Study Research for Health Services, Systems and Policy
CHL5203H	Survey Design and Social Research Methods in Public Health
CHL5429H	Advanced Analytic Methods for Bias in Epidemiologic Studies
CHL5129H	Introduction to Mixed Methods Research for Public Health
CHL5115H	Qualitative Analysis and Interpretation

Area of Focus: Leadership, Management, and Governance

HAD5721H	Strategic Management of Quality and Organizational Behaviour in Health Services Organizations*
HAD3060H	Quality Improvement in Health Systems*

HAD5777H Leading and Managing Change: Building Adaptive Capacity*
HAD5711H Theory & Practices of Strategic Planning and Management in Health Services
Organizations*
HAD5761H Introduction to eHealth: Informatics, Innovation & Health Systems*

Area of Focus: Policy & Programs

CHL5102H Social & Political Forces in Health
HAD5760H Advanced Health Economics Policy Analysis
HAD5765H Case Studies in Health Policy*
HAD3070H Legal/Regulatory Environment and Risk Management*
CHL3020H Ethics and Artificial Intelligence for Health
CHL5704H International Human Rights Law and Global Health

Area of Focus: Education & Workforce Development

CHL5607H Teaching and Learning by the Health Professions (A): Principles and Theories
CHL5609H Teaching and Learning by the Health Professions (B) Practical Issues
HAD6501H Overview of Methodologies for Health Professions Education Research

Appendix B. Graduate Calendar Copy

Public Health Sciences: Public Health Sciences DrPH

Doctor of Public Health

Program Description

The Doctor of Public Health (DrPH) advances public health education, addressing evaluation and translation of evidence in policy- and practice- decision-making contexts. The doctoral professional program is based on existing areas of faculty expertise within the Dalla Lana School of Public Health (including Public Health Sciences and the Institute of Health Policy, Management and Evaluation). Additionally, the program is the first of its kind in English Canada and will further raise the profile of the public health workforce. The focus of the program is to contribute to emerging needs in public health to address increasingly complex issues. Graduates will develop skills and knowledge in four major competency areas, as defined by the Council on Education for Public Health: (1) Data & Analysis; (2) Leadership, Management, Governance; (3) Policy & Programs; and (4) Education & Workforce Development. The DrPH will allow graduates to take on advanced roles (e.g. leadership, knowledge translation) in public health policy and practice settings.

Minimum Admission Requirements

Applicants will be admitted under the General Regulations of the School of Graduate Studies.¹¹ Additional admissions requirements for the DrPH include: at least five years of mid-level management experience in a relevant field/organization, an average grade equivalent to a B+ or better in a previous master's degree program and at least two letters of reference. Applicants must also satisfy the DLSPH's additional admission requirement to have, at minimum, completed a master's degree in a relevant public health sciences or health services - related discipline, such as:

- Master of Public Health, Master of Science (with a health-related thesis), Master of Health Administration, Master of Health Science

Practising Health Care Professionals (e.g., Medicine, Nursing, Dentistry, Dietetics, or similar discipline) with relevant post-graduate study, will also be considered for admission in exceptional circumstances.

Candidates with less than five years relevant experience may also be considered in exceptional circumstances.

¹¹ General Regulations of Graduate Studies, University of Toronto <https://sgs.calendar.utoronto.ca/general-regulations#4>

Program Requirements

- **Coursework.** Completion of **6.5 full-course equivalents (FCEs)** as follows:

Year One (3.5 FCE):

- CHL5005H Public Health Research (0.5 FCE)
- CHL5624H Historical, Ethical and Philosophical Foundations of Public Health (0.5 FCE)
- CHL4001H Contemporary Approaches to Population Health and Health Equity (0.5 FCE)
- One research methods courses (0.5 FCE), for example:
 - E.g. HAD6501H Introduction to Methods for Health Professions Education Research (0.5 FCE)
 - E.g. HAD5736H Advanced Methods in Health Services Research) (0.5 FCE)
- CHL4002H Critical Appraisal and Use of Evidence (0.5 FCE)
- CHL4003H Leading High-Performing Health Systems (0.5 FCE)
- CHL4004H Global Health Policy (0.5 FCE)
- Applied Research Project

Year Two (2.5 FCE):

- HAD5778H Comparative Health Systems and Policy (0.5 FCE)
- CHL4005H Governance and Financial Leadership (0.5 FCE)
- CHL5132H Population Health Intervention Research (0.5 FCE)
- Two elective courses (1.0 FCE)

Years Three and Four (0.5 FCE)

- HAD5765H Case Studies in Health Policy (0.5 FCE)
- Written comprehensive examination in public health sciences.
- Writing of a **PhD thesis** under the supervision of an approved thesis committee (supervisor with an appointment in public health sciences plus two additional faculty members).
- A **final oral defence** of the thesis before an examination committee approved by the School of Graduate Studies.

Program Length

4 years full-time

Fall/Winter) Time Limit

6 years full-time

Appendix C. Library Statement

University of Toronto Libraries Report for Doctor of Public Health Program, Dalla Lana School of Public Health, April 12, 2019

Context: The University of Toronto Library (UTL) system is the largest academic library in Canada and is currently ranked 6th among academic research libraries in North America.¹² The UTL has an annual acquisition budget of \$31 million. Its research and special collections comprise over 12 million print volumes, 5.6 million microforms, over 17,000 journal subscriptions, and rich collections of manuscripts, films, and cartographic materials. The system provides access to more than 1.9 million electronic books, journals, and primary source materials.¹³ Numerous, wide-ranging collections, facilities and staff expertise reflect the breadth of research and instructional programs at the University, and attract unique donations of books and manuscripts from around the world, which in turn draw scholars for research and graduate work.

Major North American Research Libraries ¹⁴					
	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
ARL RANK	UNIVERSITY	UNIVERSITY	UNIVERSITY	UNIVERSITY	UNIVERSITY
1	Harvard	Harvard	Harvard	Harvard	Harvard
2	Yale	Yale	Yale	Yale	Yale
3	Toronto (3rd)	Toronto (3rd)	Toronto (3rd)	Columbia	Michigan
4	Columbia	Columbia	Columbia	Toronto (4th)	Columbia
5	Michigan	Michigan	Michigan	Michigan	New York
6					Toronto (6th)

Top 5 Canadian Universities in the ARL Ranking of Major North American Research Libraries				
2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
RANK/UNIVERSITY	RANK/UNIVERSITY	RANK/UNIVERSITY	RANK/UNIVERSITY	RANK/UNIVERSITY
3/Toronto	3/Toronto	3/Toronto	4/Toronto	6/Toronto
10/British Columbia	18/Alberta	22/British Columbia	27/Alberta	31/Alberta
15/Alberta	24/British Columbia	26/Alberta	31/British Columbia	35/British Columbia
18/McGill	30/McGill	35/McGill	43/McGill	42/McGill
32/Montreal	35/Montreal	36/Montreal	49/Calgary	63/Calgary

¹² Chronicle of Higher Education (2017). Spending by University Libraries, 2015-16. *Almanac of Higher Education 2017 – 2018*, LXIII (43), 64.

¹³ Figures as of 2015 taken from UTL's 2016 Annual Report.

<http://www.library.utoronto.ca/library/aboutlibraries/annualreport/2016/AnnualReportUTL2016.pdf>

¹⁴ Chronicle of Higher Education (2017). Spending by University Libraries, 2015-16. *Almanac of Higher Education 2017 – 2018*, LXIII (43), 64.

Space and Access Services: The UTL's 42 libraries are divided into four administrative groups: Central, Departmental/local, Campus (UTM & UTSC) and Federated and Affiliated College Libraries. The UTL provides a variety of individual and group study spaces for students. Study space and computer facilities are available twenty four hours, five days per week at one location, Robarts Library, with additional extended hours during study and exam periods at both UTSC and UTM. Web-based services and electronic materials are accessible at all times from campus or remote locations.

Teaching, Learning & Research Support: Libraries play an important role in the linking of teaching and research in the University. To this end, information literacy instruction is offered to assist in meeting Public Health degree level expectations in the ability to gather, evaluate and interpret information. Librarians collaborate with instructors on assignment design, provide student research consultations, and offer just-in-time student research help in person, by phone, or through online chat. Special initiatives, such as the Graduate Student Exhibition Competition, and an annual forum for student journal editors, extend information literacy beyond the classroom. These services align with the Association of College and Research Libraries (ACRL) *Framework for Information Literacy for Higher Education*.¹⁵

Program Specific Instructional Support: Instruction occurs at a variety of levels for students in the Dalla Lana School of Public Health and is provided by the faculty liaison librarian. The Gerstein Science Information Centre facilitates formal instruction integrated into the class schedule and hands-on tutorials related to course assignments. Sessions range from 1 to 3 hours and include the identification of information resources, formulation of research questions, and best practices for search strategies in key health science databases like Medline. Research guides available to this program include the Public Health guide (<https://guides.library.utoronto.ca/publichealth>) and Comprehensive Searching guide (<https://guides.library.utoronto.ca/comprehensivesearching>), as well as guides on a variety of subjects including Medicine, Business and Management, Education, Government Information, Public Policy, and more. These are easily linked to course pages in Quercus.

Collections: Many college and campus libraries collect materials in support of Public Health. The largest collection of materials is centrally located in the Gerstein Science Information Centre. Collections are purchased in all formats to meet the variety of preferences and styles of our current students and faculty. The University of Toronto Library is committed to collecting both print and electronic materials in support of Public Health at the University of Toronto.

Journals: The Library subscribes to 25 of the top 25 journals listed in Journal Citation Reports (JCR)¹⁶ in subject areas Health Care Sciences & Services, Public, Environmental & Occupational Health, and Health Policy & Services. Of these titles, all are available electronically to staff and students of the University. We prioritize acquisition of online journals where possible. The Library licenses journal packages from large science publishers including but not limited to: Elsevier/Cell, Springer/Nature/Adis, Wiley, Lippincott Williams & Wilkins (LWW), Oxford, Cambridge, Karger, and Thieme.

¹⁵ Association of College & Research Libraries. Framework for Information Literacy for Higher Education. ACRL, 2016. http://www.ala.org/acrl/sites/ala.org/acrl/files/content/issues/infolit/Framework_ILHE.pdf

¹⁶2017 Journal Citation Reports® (Thomson Reuters, 2018)

Monographs: The UTL maintains comprehensive book approval plans with 51 book vendors worldwide. These plans ensure that the Library receives academic monographs from publishers all over the world in an efficient manner. In support of Public Health, monographs are purchased in electronic form where possible, and the Library currently receives all current e-books directly from the following publishers: Springer, Elsevier, Wiley-Blackwell, and Books@Ovid (Wolters Kluwer).

Preservation, Digitization, and Open Access: The UTL supports open access to scholarly communication and research information through its institutional research repository (known as T-Space), its Downsvie print repository, its open journal services, subscriptions to open access publications, and support for preservation of research materials in all formats. In addition to acquiring materials in support of Public Health, the Library has digitized its monograph holdings published before 1923. These books are available without charge to any Internet user.

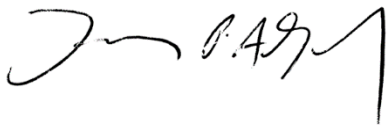
Key Databases: Medline, CINAHL Plus with Full Text, HealthSTAR, and PAIS.

Other Library-departmental engagement:

Gerstein librarians participate in systematic, scoping and other knowledge syntheses in two capacities: consultants regarding comprehensive searching, relevant methodology, or citation management; or as collaborators and coauthors on the research team. This is part of the formal Systematic & Scoping Review Service which has the objective to increase research transparency and reproducibility.

Prepared by: Christina Kim, Liaison & Education Librarian; Mikaela Gray, Liaison & Education Librarian, Selector; and Elena Springall, Interim Assistant Director for Education & Information Services.

Submitted by: Larry Alford, Chief Librarian, University of Toronto Libraries, May 13, 2019

A handwritten signature in black ink, appearing to read 'Larry Alford', with a stylized flourish at the end.

Appendix D. Student Support Service

Student service information for Quality Assurance Framework

[St. George Campus]

All University of Toronto undergraduate and graduate students have access to student services on all three campuses, Mississauga, St. George (downtown Toronto), and Scarborough, regardless of their 'home campus'. The services and co-curricular educational opportunities provide a complement to the formal curriculum by engaging and challenging students to reach their full potential as learners, leaders and citizens. At the University of Toronto (St. George Campus) these services are organized by Student Life Programs and Services, the academic division registrar offices, and the School of Graduate Studies. All these services combine to support the success of our students from the time they are admitted through degree completion and beyond.

Students have access to comprehensive **physical and mental health care** on campus, including a medical clinic, travel medicine services, immunization, contraception and sexual health education. Counselling and treatment options for psychological and emotional concerns include psychotherapy, group therapy and pharmacotherapy, as well as specialized assault counselling services provided both by the health and wellness centre and the Sexual Violence Prevention and Support Centre. In addition, a large number of wellness programs are provided, such as mindful meditation, workshops on coping skills and stress management.

Housing needs, including off-campus housing listings and resources for students living independently, are met through the Student Housing Service.

Coaching and education in the development of key **learning skills** – from time management to overcoming exam anxiety – is provided through the Academic Success Centre. The ASC also partners with faculty to integrate success strategies and support into the curriculum.

Students' career exploration and employment services are provided through a **Career Centre** offering resume and interview coaching, workshops, career resources, on and off-campus employment and volunteer listings, job shadowing, and career counseling.

Specialized services are provided for **international students** (orientation, advising, cross-cultural counselling), students with **disabilities** (academic accommodations, advising), students with **children or other family responsibilities** (advising, resources, subsidized child care), **Indigenous students** (academic support, financial counselling) and **lesbian, gay, bisexual and transgender** students (counselling, referrals, equity outreach and engagement).

Participation in **campus life** and **experiential learning** are facilitated through Hart House (clubs, committees, events), the Centre for Community Partnerships (service learning and volunteer opportunities in community settings), the Multifaith Centre (interfaith dialogue, events), and the Student and Campus Development (leadership development, orientation, recognition and support for student groups, activities.) **Sport and recreational facilities and programs** are provided to all students through both Hart House and the Faculty of Kinesiology and Physical Education.

This can be augmented with:

- Registrarial services; academic advising - Graduate Office of PHS, Program Director, Graduate Coordinator
- writing centres - Health Sciences Writing Centre: <https://www.hswriting.ca/>

- program-related career services - Career Centre: <https://www.studentlife.utoronto.ca/cc/grad-students>. Also, we have offered some Professional Development-geared sessions during the Intro to PH Research course.
- student activity spaces - See GDPHS Handbook, section 15.
Space: http://www.dlsph.utoronto.ca/wp-content/uploads/2018/09/Student-Handbook_18Sep18.pdf
- residence life programs and services - See GDPHS Handbook section 19. **Student Services**
- student life programs (orientation; first-year learning communities, etc.) –
 - Annual PhD orientation day in early June for incoming students including a general information session on registration, enrolment, funding, etc, followed by a program-specific session to meet with Program Director and current students, then lunch, campus tour and/or visit to the TCard office
 - SGS Orientation Fair and information sessions. There may be other services listed in the GDPHS Handbook and/or on the SGS website – maybe here: <http://www.sgs.utoronto.ca/gradlife/Pages/default.aspx>

School of Graduate Studies, Student Services [all campuses]

In addition to the above services available to all students, graduate students have access to registrarial services and co-curricular programs at the School of Graduate Studies that assist students in meeting their academic goals.

Administrative staff at the School of Graduate Studies (SGS) provide **registrarial** services to graduate students including but not limited to recruitment, admission, orientation, registration, fees, program progress, awards/financial assistance and graduation. Fully equipped meeting rooms, which can be booked by student groups when not used for Final Oral Examinations, are distributed across two locations, the newly renovated 63 St. George Street (home of SGS Student Services) and 65 St. George Street. Financial advising and wellness counselling services are also available at 63 St. George.

The **Grad Room** is an accessible space on the St. George campus which provides University of Toronto graduate students with a lounge area and a multi-purpose space for academic, social and professional graduate student programming. An additional lounge area for graduate students is now available at 63 St. George.

Grad Room is home to the **Graduate Professional Skills Program (GPS)**. GPS is a non-academic program presented by SGS consisting of a variety of offerings that provide doctoral stream students a range of opportunities for professional skills development. The program focuses on skills beyond those conventionally learned within a disciplinary program, skills that may be critical to success in the wide range of careers that graduates enter, both within and outside academe. GPS aims to help students communicate effectively, plan and manage their time, be entrepreneurial, understand and apply ethical practices, and work effectively in teams and as leaders.

The **Conflict Resolution Centre for Graduate Students** offers support to the University of Toronto graduate community in taking steps to prevent or resolve conflict.

It is a peer-led services that welcomes graduate students to connect confidentially with one of our trained G2G Peer Advisors to talk about options and strategies for addressing a concern and available university supports and resources.

The **Graduate Centre for Academic Communication (GCAC)** provides graduate students with advanced training in academic writing and speaking. By emphasizing professional development rather than remediation, GCAC helps students cultivate the ability to diagnose and address the weaknesses in their oral and written work. GCAC offers four types of instruction designed to target the needs of both native and non-native speakers of English: non-credit courses, single-session workshops, individual writing consultations, and website resources.

All University of Toronto undergraduate and graduate students have access to student services on all three campuses, Mississauga, St. George (downtown Toronto), and Scarborough, regardless of their 'home campus'. The services and co-curricular educational opportunities provide a complement to the formal curriculum by engaging and challenging students to reach their full potential as learners, leaders and citizens. At the University of Toronto (St. George Campus) these services are organized by Student Life Programs and Services, the academic division registrar offices, and the School of Graduate Studies. All these services combine to support the success of our students from the time they are admitted through degree completion and beyond.

Appendix E. Comparator DrPH Programs

Please list U of T and external comparators; provide a short summary of the programs and highlight any differences between the degree programs and what is proposed.

Institution and Program Name	Program Description	Curriculum Overview	Differences between this program and what is proposed
<p>Harvard University T.H. Chan School of Public Health</p> <p>Doctor of Public Health</p>	<p>The Doctor of Public Health (DrPH) is a “multidisciplinary degree provides advanced education in public health along with mastery of skills in management, leadership, communications, and innovation thinking.”</p>	<ul style="list-style-type: none"> • Duration: 3 or 4 years (full-time) • Coursework: Years 1, 2 • Credits: 10.0 FCE • Projects: Year 1, Summer, Year 2 • Exam: Yes (written and oral) • Thesis: Yes, DELTA project <p>For more information on Harvard structure.</p>	<p>Compared to the Harvard University program, which is primarily delivered on-site, the proposed DrPH will be delivered using multiple modalities.</p>
<p>Johns Hopkins Bloomberg School of Public Health</p> <p>Doctor of Public Health</p>	<p>“The Doctor of Public Health (DrPH) degree program at the Bloomberg School is designed for the student who already has an MPH or equivalent degree and who intends to pursue a leadership position as a public health professional.”</p>	<ul style="list-style-type: none"> • Duration: 4 to 9 years (full or part-time) • Coursework: (timeline not specified) • Credits: 8.5 FCE • Projects: Yes, practicum (100-300 hours) • Exam: Yes (written and oral) • Thesis: Yes, DrPH dissertation <p>For more information on Hopkins structure.</p>	<p>Compared to the Johns Hopkins program, which is primarily delivered on-site, the proposed DrPH will be delivered using multiple modalities. This program also offers a variety of concentrations, whereas the proposed program will offer a single stream of study.</p>
<p>University of North Carolina (UNC) Gillings School of Public Health</p> <p>Executive Doctoral Program in Health Leadership (DrPH)</p>	<p>“The Executive Doctoral Program in Health Leadership (DrPH) Program is designed for mid-to senior-level professionals who seek the skills to assume greater leadership roles in either public or</p>	<ul style="list-style-type: none"> • Duration: 3 years (full-time) • Coursework: Year 1, 2 • Credits: 7.0 FCE • Projects: Includes a practicum • Exam: Yes • Thesis: Yes, Year 3, detailed plan for change 	<p>No major differences.</p> <p>Similar to the UNC program, the proposed DrPH will focus on a final applied thesis.</p>

Institution and Program Name	Program Description	Curriculum Overview	Differences between this program and what is proposed
	private sector settings at the local, national and international levels.”	For more information on UNC structure .	
London School of Hygiene and Tropical Medicine Doctor of Public Health (DrPH)	“The programme aims to equip its graduates with the experience to deal with the particular challenges of understanding and adapting scientific knowledge in order to achieve public health gains, as well as the analytical and practical skills required by managers and leaders in public health.”	<ul style="list-style-type: none"> • Duration: 3 years (full or part-time) • Coursework: Year 1 only • Credits: (not applicable – 2 modules) • Projects: Includes 2 research projects • Exam: No • Thesis: Yes For more information on LSHTM structure .	The main difference is the breadth of coursework required. LSHTM only has two required modules, completed in Year 1 over a four-month duration. LSHTM also differs in that it does not have a comprehensive exam for DrPH students. Similar to the LSHTM program, the proposed DrPH applied project is completed before the thesis

Appendix F. Sample Student Pathway

- When a student comes into the DrPH program, there are a total of 11 half-credit core courses **Coursework**. Completion of **6.5 full-course equivalents (FCEs)** as follows:

The following table provides a sample student course selection pathway, as per the course list provided in Appendix A.

COURSES	Year I: Building a Foundation	Year II: Advanced Education and Training	Years III and IV: Application of Knowledge & Dissertation
Core Courses	<ul style="list-style-type: none"> Public Health Research (0.5 FCE) Historical, Ethical and Philosophical Foundations of Public Health (0.5FCE) Contemporary Approaches to Population Health and Health Equity (0.5FCE) Research Methods (0.5FCE) Critical Appraisal and Use of Evidence (0.5 FCE) Leading High-Performing Health Systems (0.5FCE) Global Health Policy (0.5 FCE) 	<ul style="list-style-type: none"> Comparative Health Systems & Policy (0.5 FCE) Governance and Financial Leadership (0.5 FCE) Population Health Intervention Research (0.5 FCE) 	<ul style="list-style-type: none"> Case Studies in Health Policy (0.5 FCE)
Elective Courses		<p><i>Choose 2 electives worth a total of 1.0FCE – for example:</i></p> <ul style="list-style-type: none"> HAD5711 Theory & Practices of Strategic Planning and Management in Health Services Organizations HAD5721H Strategic Management of Quality and Organizational Behaviour in Health Services Organizations 	
Thesis	<ul style="list-style-type: none"> Applied Research Project 	<ul style="list-style-type: none"> Comprehensive Exam Start of thesis (Summer Year II) 	<ul style="list-style-type: none"> Candidacy Achieved Thesis
TOTAL FCE	3.5	2.5	0.5

Appendix G. Curriculum Vitae (see attached)

Appendix H. Report from External Appraisers

University of Toronto, Dalla Lana School of Public Health Proposal for a new Doctor of Public Health Degree

Appraisal Report: Sara Bennett and Eugene Declercq Version: 9.20.2019

Introduction

The Doctor in Public Health Degree (DrPH) is a new degree in the Canadian context, though currently widely offered across the US and the UK. To-date, Canadians seeking a practice-oriented, terminal degree in public health have been forced to travel overseas to acquire one. By offering a program of this nature, the University of Toronto will meet an important gap in the market in Canada, and respond to a need for stronger leadership in the Canadian health system.

Overall the appraisal team were impressed by the thought and consideration that had gone into the development of the degree proposal, as well as by the level of consultation and engagement of relevant faculty in the development process. We were particularly impressed by the commitment of the leadership team at the Dalla Lana School of Public Health (DLSPH) to this degree program, and the unanimous interest demonstrated by a broad group of faculty at the School.

The remainder of this report is structured according to the New Program Proposal Appraisal Report Template provided by the University of Toronto.

1. Objectives

The University of Toronto is committed to providing a [broad range of graduate programs](#), and ensuring the excellence of its teaching. The DrPH program at the DLSPH was conceived based upon work conducted for a new Academic Plan for the School, which acknowledged that while the School had a strong offering of Master's degree programs, its offerings at the undergraduate and doctoral level were limited. The Academic Plan noted, in particular, the need for an applied public health degree to complement existing PhD programs in Public Health Sciences and Health Policy, Management and Evaluation. While PhD programs provide in-depth knowledge and methodological rigor, a DrPH program will typically provide a multi-disciplinary, more generalist approach enabling graduates to tackle a wide range of existing and emerging public health problems.

The proposal for a DrPH program fits extremely well with the orientation and organizational culture of the DLSPH, which clearly values strong engagement with the health system at city, provincial and federal levels, as well as ensuring that research translates into impacts on the ground.

The DLSPH has proposed that the DrPH meet the same level of expectations as a PhD degree. This is clearly appropriate. Further, the academic requirements of the program are of a similar level to those for a PhD including course work, a comprehensive exam and dissertation, though obviously the content of the DrPH program is more practically oriented. The degree level expectations for the proposed DrPH also align with other DrPH degrees that we are familiar with in the US context and would appear consistent with the goals of the recently established DrPH accreditation criteria. Program learning Outcomes and Requirements are laid out on pages 20-28 of the program proposal and appeared clear and sensible.

In conclusion, the Appraisal team agreed that the proposal for a DrPH program was highly consistent with the University and School's mission and built strategically upon DLSPH strengths. Degree level expectations were appropriate.

2. Admission requirements

Admissions requirements described in the program proposal indicate that applicants must have an appropriate master's degree. However, in elaborating this point, the proposal suggests that applicants may have a Master of Public Health, Master of Science or similar degree, or be a "Practicing Health Care Professional with an undergraduate professional degree in the health sciences". The appraisal team would emphasize the importance of the Master's degree for applicants to the program and suggest that people without a relevant Master's degree should only be considered for admission in exceptional circumstances. In the case of those students admitted without an MPH, consideration should be given to prerequisite requirements to ensure the students effectively transition to advanced public health training.

Other requirements for admission appear appropriate. The Assessment team agree with language in the proposal regarding the importance of professional work experience for applicants. The proposal states that all applicants are required to have at least 5 years of mid to senior level management experience. We think that this is good guidance, but there may be circumstances in which more junior, but particularly promising professionals, could be admitted to the program with slightly less experience.

3. Structure

Considerable thought and research has gone into the overall program structure and regulations. The Assessment team agreed that the overall program structure involving taught courses, followed by a practicum (applied research project), comprehensive exam and dissertation was

appropriate and aligned with proposed learning outcomes and degree-level expectations. Further, it reflects how DrPH programs are typically designed and delivered elsewhere. Thought had clearly gone into the sequencing of different program elements, and how the practicum or applied research project might help students to shape their dissertation work.

The program is currently proposed as a four year curriculum to be completed in three years, meaning that students will take courses throughout the summer term, so as to complete the program over a shorter time frame. The Assessment team thought that a three year time frame was a good goal for program completion time, but likely an ambitious one. In practice, many mid-career students will take longer to complete the program given competing demands upon their time. However, we note that the program regulations provide a time limit of up to 6 years for full time students to complete the degree so that there is considerable and appropriate flexibility built into the program structure. In implementing the program, the proposal suggests a steady state of students entering and graduating the program in equal numbers will be achieved within 4 years (p. 12 of the report) and our experience suggests that this is very optimistic with many students likely remaining in the program beyond 4 years. The program should plan accordingly

The program proposal identified appropriate resources to support students both mentally and physically throughout the degree program. Based on our conversations with faculty at the DLSPH, they clearly recognize the likely personal challenges for mid-career professionals in pursuing a rigorous doctoral degree and how life events (from having children, to new jobs) may interfere with progress through the program. We were reassured that the University has academic leave policies in place that allow flexibility for students. Further, we are confident that the academic team at DLSPH are actively thinking both about how to build appropriate flexibility into the program design, and are committed to providing any additional needed supports to students during the program.

4. Program Content

Program content has been informed by recent guidance on competencies and learning objectives for DrPH programs issued by the Council on Education for Public Health in the US, and is grouped under four main domains namely, data and analysis; leadership, management and governance; policy and programs; and education and workforce development. As such the proposal for program content reflects the current consensus regarding core competencies for the public health workforce.

On top of this, the proposal layers a number of issues and skillsets that help differentiate this DrPH program from others. For example, the appraisal team thought that proposed classes in critical appraisal and use of evidence, as well as comparative health systems were both highly relevant to DrPH students, but also reflected the unique capacities at the University of Toronto, and more broadly expertise within the Canadian health system. In terms of innovativeness, as has already been mentioned, this is the first DrPH program to be offered in Canada, and therefore reflects quite different content to what is available in other doctoral programs in schools of public health in the country.

The Assessment team had minor suggestions for additions to and differing emphases in terms of the program content (e.g. a more explicit focus on program and policy evaluation) which they shared with the program development team, but overall felt that program content was highly appropriate.

The DLSPH is predominantly a graduate school and as such, all of the required and elective courses proposed for the DrPH program are graduate level courses. The Assessment team discussed the mix of new courses (designed specifically for the DrPH program) and existing courses (designed to serve a broader array of students, including Master's students). Overall, we felt that the mix of courses (between DrPH-specific and other programs; and between exclusively doctoral courses and courses including master's level students) was appropriate.

5. Mode of Delivery

The establishment of a hybrid model involving primarily online classes and 3 separate sessions in residence (2 for 2 weeks and 1 for a single week) should have great appeal. There was some concern about requiring students to be in residence 3 separate times annually given the expectation that most students would continue to work in their professional capacity during their time in the program. The program proposal stated a desire to recruit students globally and the challenges for students from other countries, particularly developing countries, to arrange three trips annually to DLSPH might be daunting. Consideration may be given to limiting the residential periods to twice a year, perhaps for a slightly longer period each time.

The reliance on an online format should be a great benefit to recruitment. Among schoolwide DrPH programs, online programs in the U.S. drew large numbers of applications in 2017, led by Johns Hopkins (129), U of Illinois-Chicago (112) and UNC (89). Only the DrPH program at Harvard had more applications than these schools. Anecdotally, the most consistent question heard from students inquiring about DrPH programs at the American Public Health Association meeting is whether an online version of the program is available.

The question of the value of the model in terms of meeting the learning objectives is more complicated. The proposed curriculum involves both existing and new courses. The addition of the new courses provides an opportunity to shape the courses to maximize the practice based nature of the training at a doctoral level. Also, having a core set of courses designated for DrPH students has the considerable advantage of building a sense of a cohort among the students participating in the program. Adult learning at this level is enhanced through a collaborative process among the talented and experienced individuals drawn to such a program and clearly establishing a cohort encourages such collaboration. At the same time, developing or adapting so many courses is a considerable challenge to the program's leadership and will require resources to support the effort and close supervision to ensure that the original conception of the curriculum is met in practice. Overall, the model should be attractive to potential students and feasible to implement given the experience DLSPH already has with online education.

6. Assessment of Teaching and Learning

The proposal indicates that each course will have specific, defined learning objectives with multiple means of assessment, including examinations, oral presentations, papers and class participation. It also noted that a set of rubrics will be developed for the program that can help measure student success in meeting learning objectives. Given the practice nature of the program, reliance on practice based projects and field relevant products in assessing students' ability to lead in public health practice is encouraged. Management and leadership skills may not be as amenable to examination formats as for example, research methods classes.

The same consideration led to a longer discussion of the comprehensive examination format which, in the somewhat unclear description provided, appeared to be closer to a PhD format involving a paper on a topic of the student's interest. The appraisers encouraged DLSPH to consider a format that emphasized a field oriented challenge of student's generalist knowledge and ability to address problems not necessarily in their specialty.

The emphasis on a field relevant project for the final thesis is appropriate. The description of the requirement did not include standards for assessment, beyond annual meetings with a dissertation committee, the need for the thesis to be publishable and defended in an oral examination. Since the field placement can occur at the site of the student's current employment and may become a foundation for the dissertation, there will be a need to ensure a broader relevance of the work to a wider audience beyond the employment site.

7. Resources

The primary resource needs for a successful DrPH program – strong central administrative support, a talented and engaged faculty, and recruitment of an experienced and well-prepared student body – all appear to be in place. A major challenge for many DrPH programs is faculty engagement in schools that require faculty to cover significant portions of their salary with outside research funds. In such cases, PhD programs are valuable because the recruitment of PhD candidate researchers willing to work on faculty research projects for several years enhances the productivity of faculty, thus enhancing their opportunities for promotion and future funding. DrPH students are generally not interested in pursuing such a path since their goal is not publication and academic research careers, but gaining skills to move to a higher level of public health management. Thus, the incentives for faculty may be limited and it can be a challenge to recruit them to participate on, for example, examinations or dissertation committees that involve research outside their areas of specialization. The faculty structure at DLSPH, with its emphasis on faculty teaching and practice-based education should preclude such problems. Faculty were enthusiastic about the program and their involvement in it did not seem in conflict with their understandable desire for advancement. Ideally, the role of active involvement with the DrPH program as a positive element in consideration for promotion should be made clear to both faculty and especially their chairs at the outset.

In addition the assessment team was impressed with the array of status faculty who appeared committed to the program. These strong links between DLSPH and practitioners in the field bode well for a strong practice oriented education.

Two other resource related areas were of note. The program proposal states the expectation that students will self-finance much or all of the costs of their degree, supplemented by grants, loans and perhaps employers. The program also has a stated desire to attract students globally, from both industrialized and developing countries. While self-financing may be possible for students participating locally or from wealthy settings abroad, the likelihood of students from developing countries being able to participate without significant financial support covering both tuition and the costs of three trips to Toronto annually appears unlikely. In addition, discussions with DrPH program directors in the U.S. suggests that it becomes hard to compete for students if there is no funding whatsoever available, since top students, while more interested in a DrPH, may opt for a PhD program because of the more generous support available. Presuming there is considerable pent-up demand for this program, that problem may not manifest itself initially, but may become a factor in the future.

The other resource consideration is support for the program director and identification of a program manager. Managing a program not centered in a department with its associated administrative and chair support requires a serious commitment of time for the program director, particularly at the outset. Sufficient coverage for the individual who assumes this role is a strong indication of the administration's commitment to the program. Naming a more senior faculty member as director is also a sign to the academic community of the value the school places on the program. A clearly identified program manager can also be helpful for students (and keeping the program director sane), though it may only be a portion of an academic administrator's responsibility.

8. Quality and Other Indicators

The ultimate test of the quality of the program will be the contributions to the health of populations made by the graduates of the program. We have touched on the key elements of quality – faculty, administrative support and a potentially strong student base. As noted, the faculty appear fully engaged in the development and implementation of this program and the administration, both in the proposal and in our meetings during the visit, were consistently and clearly supportive of the program. The hybrid structure, while potentially challenging to administer, builds on DLSPH's existing experience and resources committed to online education. The program has plans to create and integrate new courses with existing ones to enhance the diversity of a curriculum that will fit well within a DrPH framework. One area of potential concern is meeting the avowed goal of diversity of the student body, given the plan to have students self-fund their education. Some resources may need to be raised or put aside to target recruitment of students from indigenous communities and/or from developing countries to ensure the diversity of the student cohort referred to in the proposal.

9. Summary

The Dalla Lana School of Public Health is well positioned to establish an outstanding Doctor of Public Health program. As described, the program will be focused on enhancing the development of experienced professionals to assume senior leadership positions in public health in Canada and beyond. The program proposal and the interactions with faculty and administration provide evidence of a strong commitment to excellence in this program. Importantly, the student pool that will be the primary source of candidates has considerable pent up demand that the program can satisfy. The recommendations made by the appraisers concerning factors to consider in implementing the program do not diminish their conclusion that a strong foundation has been laid for the development of a superior DrPH program that will enhance the public health workforce in Canada and further the mission of the Dalla Lana School of Public Health.

Appendix I. Administrative Response to Appraisal Report



October 7, 2019

**Professor Susan McCahan
Vice-Provost, Academic Programs
65 St George St Rm. 106
Toronto, Ontario M5S 2E5**

Dear Professor McCahan,

Re: Administrative response to New Program Proposal Appraisal Report for the Doctor of Public Health (DrPH) program at the Dalla Lana School of Public Health.

On behalf of the Dalla Lana School of Health, University of Toronto, I would like to thank Dr. Sara Bennett (Director, Health Systems and Professor, Department of International Health at Johns Hopkins University) and Dr. Eugene Declercq (Associate Dean of Doctoral Education, DrPH and Professor, Department of Obstetrics & Gynecology at Boston University), for their thorough, insightful and expert review and analysis of the proposal, as well as their excellent report following the site visit on September 12, 2019. Drs. Bennett and Declercq had the opportunity meet with faculty, staff, alumni and external partners to gain further insight in the proposed DrPH program, and subsequently provided excellent feedback for our consideration.

We fully endorse the appraiser report, which overall, was extremely positive and largely supportive of the Doctor of Public Health program. The appraisers noted that this would be the first program of its type in Canada and considered the University of Toronto and its School of Public Health as being well positioned “to establish an outstanding Doctor of Public Health Program” and consequently “meet an important gap in the market in Canada, and respond to a need for stronger leadership in the Canadian health system”.

The appraisers described the broad experiences of faculty and local partnerships with public health organizations as a strength of the proposal and were “particularly impressed by the commitment of the leadership team at DLSPH”. The appraisers reported that this scope of support, resources, and engagement were appropriate for meeting the Degree Level Expectations and is a unique strength compared to DrPH programs in other jurisdictions.

They further noted that the admissions criteria were appropriate related to relevant master’s training and work experience. However, they also highlighted the importance of prior master’s

training and the potential challenges with facilitating admission for practising health care professionals without a master's degree. The appraisers did recognize that there may be exceptions to the above admissions criteria (e.g. health care professionals without a masters, junior applicants with less work experience) that can also be considered on a case-by-case basis. We have integrated this feedback into the program proposal.

The appraisers further complimented our thoughtful and comprehensive design of the program and noted that it was well-aligned with existing DrPH programs. Their recommended changes to the program structure are two-fold. First, they highlighted that the proposal's three year accelerated program length is ambitious and that students would likely remain in the program beyond this time point, often due to competing work/life priorities, demands and commitments. We agree with this comment and have altered the proposal so that the program length for the DrPH is now four years, which is the standard program length of all U of T PhD programs. As the appraisers indicated, U of T doctoral programs have a time limit of six years, which allows for students to register beyond four years if needed. The appraisers recommended reducing the number of on-campus residences from three to two times a year since requiring three residences a year could be a burden for those who continue to work and also for international students outside Canada. In response, the residencies have been reduced to two sessions a year during years one to three. Students will be on-campus for two weeks in the fall and two weeks in the winter.

The appraisers also made recommendations to further align specific program components with learning objectives. For example, a suggestion regarding the comprehensive exam was made:

“Consider a format that emphasize[s] a field oriented challenge of students' generalist knowledge and ability address problems not necessarily in their specialty”.

We have revised our comprehensive exam to include only a written component related to a field oriented challenge.

The appraisers further expressed confidence in our resources available to support the proposed program, although they highly recommend that we put the necessary leadership, managerial and administrative supports in place “to ensure that the original conception of the curriculum is met in practice.” This recommendation will be front of mind in the implementation stages. This recommendation is also related to the appraisers' comments regarding the importance of providing administrative support for the program director and recommendation that the director be a senior faculty member. We have adjusted the proposal to reflect that the director will provide senior leadership and that the director will have administrative support. This will allow for full implementation in line with the original conception of the curriculum.

Finally, since the program aims to meet a diverse and global audience, the appraisers noted the importance of identifying supports for students who demonstrate a financial need. Even though the majority of applicants will be working professionals, we agree with the importance of such financial assistance and have noted in the proposal our School's intentions to support this need accordingly by involving our advancement office to identify sources of funding for student scholarships.

We are very grateful to both Dr. Sara Bennett and Dr. Eugene Declercq for their time and valuable insights; their thoughtful appraisal has affirmed our goals and has further helped to strengthen the proposal to ensure that it accurately reflects our vision for the first Canadian offering of the Doctor of Public Health.

Sincerely,

A handwritten signature in black ink that reads "Adalsteinn Brown". The signature is written in a cursive style with a large, stylized initial 'A'.

Adalsteinn (Steini) Brown

Appendix J. Response from the Vice-Provost, Academic Programs



UNIVERSITY OF
TORONTO

OFFICE OF THE VICE-PROVOST,
ACADEMIC PROGRAMS

October 24, 2019

Adalsteinn Brown
Dean and Professor
Dalla Lana School of Public Health
University of Toronto

Re: Appraisal Report, Proposed New Doctor of Public Health

Dear Steini,

I am very pleased to receive the appraisal of the proposed Doctor of Public Health. Your administrative response to the appraisal nicely summarizes the report and highlights the specific suggestions made by the appraisers for consideration.

The appraisers made a number recommendations on the admission requirements: to consider health care professionals without the required master's degree only in very exceptional cases; and to consider admitting, on a case by case basis, more junior, but particularly promising professionals with slightly less than the required five years of professional experience. You agree with these suggestions and they are now reflected in the admission section of the proposal. The appraisers noted that the original three-year program length was ambitious and that students would likely take longer to complete the degree program. In response, you have adjusted the program length to four years, which is the normal doctoral program length at U of T. The appraisers also suggested adjusting the comprehensive exam format to emphasize a field-oriented challenge and to reduce the period students are required to be on-campus from three residencies to two. You agree with these recommendations and these changes have been incorporated into the proposal.

I will be very pleased to recommend this new professional doctorate degree program to governance for approval, following approval at the Divisional level.

Sincerely,



Susan McCahan

Vice-Provost, Academic Programs

cc:

Joshua Barker, Dean of Graduate Studies and Vice-Provost, Graduate and Research Education

Gretchen Kerr, Vice-Dean, Programs and Innovation, School of Graduate Studies

Brian Desrosiers-Tam, Director, Office of the Vice-Provost, Graduate Research and Education

Daniella Mallinick, Director, Academic Programs, Planning and Quality Assurance, Office of the Vice-Provost, Academic Programs

Jennifer Francisco, Coordinator, Academic Change, Office of the Vice-Provost, Academic Program