



WORKSHOP REPORT

“Cross-Country Comparison of Masters and Doctoral level Public Health Programs with a focus on Competency-Driven Curriculum”

18th - 19th April 2012

**The Suryaa Hotel
New Delhi, India**

**Organised by Public Health Foundation of India, New Delhi, India
Supported by the China Medical Board, USA**

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PUBLIC
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Public Health Foundation of India, New Delhi



Group Photograph of the Participants

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Executive Summary

The workshop on “*Cross-country Comparison of Masters and Doctoral level Public Health Programs with a focus on Competency-Driven Curriculum*” was organized by the Public Health Foundation of India [PHFI], in co-operation with the China Medical Board [CMB] and the Harvard School of Public Health [HSPH]. The BRAC SPH and Hanoi SPH were invitees and the School of Public Health, Fudan University, Shanghai participated as a workshop observer. The major objectives of the workshop were to undertake discussions on a landscaping exercise of Master’s and Doctoral level public health programs with focus on competency based curriculum; and to undertake a cross-country comparison of competency frameworks [and related issues] used in Bangladesh, India, United States and Vietnam.

The workshop drew attention to the fact that as early as 1994, Harvey Fineberg identified the failures of public health system in his seminal paper. These issues are yet to be fully addressed even today. Fineberg specifically cited the failure to link science to practicum in the field of public health. Linking science to practicum in public health programs (such as MPH) is desirable, but face the following challenges:

- Predominantly a single template of the competency framework model is implemented across the schools of public health
- The structure of the course remains highly unchanged over time
- Little clarity over basic concepts of public health in the curriculum
- There has been little sharing of knowledge and experience across these schools

Further discussion highlighted various issues pertaining to public health education. Although accreditation process for the 49 American Schools of Public Health is strong and educates roughly 26,000 graduates annually; most other countries (which have their own set of public health problems) commonly adopt the US accreditation systems. Accreditation systems should also specify the requirement of faculty expertise for offering the course, extent and the form of teaching in the five core competency areas. Also, there is scope of relating cross-cutting competencies with the practical field problems and public health issues. Despite of the issues mentioned above.

During the landscaping exercise it was observed that most competency frameworks have been adopted; with little modifications and changes from American School of Public Health curriculum (ASPH curriculum being based on accreditation). It was also discussed that a modest reform has been attempted towards an integrated curriculum in Harvard, Columbia and Michigan Schools of Public Health. There are several competency frameworks existing in public health education. However, some of them either relate to operating public health competencies, or policy institutions (e.g. PAHO), or graduates, or individual professionals. It was felt that there should be a link between the institutional and individual competency. Also it was agreed upon that the public health educational system must produce individuals who are able to perform well in public health systems.

It was recommended that just as clinical medicine has an approach i.e. symptoms, signs, differential diagnosis, treatment, follow-up, etc.; public health should as well develop such a distinctive approach. However this may require major reforms such as - problem assessment via use of quantitative and qualitative methods and problem solving via case study exercises etc.; to be brought about. There was consensus that the networking process should be continued with the view of transforming public health education in our own schools as well as to spark a broader and longer-term movement of reform. Among our schools, PHFI is planning to launch soon its MPH; BRAC is re-assessing and reformulating its MPH program; Hanoi SPH is constantly in an improvement mode; and Harvard will launch reform of MPH at its 100th anniversary in Nov 2013 (along with American PH Association Annual Conference). There was an agreement for having two working groups for promoting and reviewing progress in competency-driven curricular reform over the coming 15 months. Prof. Ian Lapp and Prof. Sanjay Zodpey will work on defining and articulating a competency-driven curriculum for furthering overall a unique "public health approach" methodology as advocated by Fineberg that should be the competence of every MPH graduate around the world. Developing specific curricular innovations shall be attempted to reflect a competency-driven approach, including integrated courses, shared case studies, course in specific problem-solving, etc.

The two WGs shall present their work at an initial workshop to be hosted by BRAC SPH in Dhaka, probably in September 2012 and a second workshop hosted by Hanoi SPH in Vietnam in first half of 2013. Hanoi SPH will develop a funding proposal to include costs of both workshops for submission to CMB and AP. Prof. Lincoln and Dr. Phuong shall communicate regarding whether and how the group may be expanded. There seemed to be interest to include more Chinese, Thai, and other groups -- although there is strong desire to keep the group to effective working size. All participants agreed to join HealthSpace.Asia which will operate as a digital platform for information sharing, joint work, and communications. It was also decided to set up a sub-site for the group on HSA and the entire proceedings of the Delhi workshop shall be posted on this site.

The group had an extremely informative and productive exchange in Delhi, which shall provide a strong baseline for exciting work into the future. The needs, opportunities, and road maps have been sketched out in preliminary form for cultivation into concrete actions that can over time lead to transformation of public health education in each of the schools and also in the broader public health world. Especially attractive is the possibility that a global movement can be developed to refashion a new vision for public health education by 2015, marking the second century of the Welch-Rose report.

Introduction and Rationale

The Commission on *Education of Health Professionals for the 21st Century* was launched in January 2010 with the aim of landscaping the field, identifying gaps and opportunities, and offering recommendations for reform. While adopting a global outlook, a multi-professional perspective, and a systems approach, it considered the linkages between education and health systems. To assure universal coverage of the high-quality comprehensive services that are essential to advance opportunity for health equity within and between countries; it is desirable that health professionals in all countries are educated to mobilize knowledge, and engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centred systems as members of locally responsive and globally connected teams. This agenda is also being furthered by The Asian Network on HRH Education where five countries [Bangladesh, China, India, Thailand and Vietnam] have agreed to collaborate on undertaking a *situation analysis* [SA] of Medical, Nursing and Public Health Education.

A complementing effort towards understanding the competencies and curriculum-related issues merits attention. Its necessity stems from the presence of little substantive documentation on a much talked about subject. Many groups articulate on SPH training, but few are clear about the precise landscape, problems, issues, gaps, and the most effective route for moving ahead. A discussion on understanding competencies and curriculum-related issues is also timely in the Asian context as many countries are moving towards revamping public health education. Different countries have demonstrated varying degrees of progress on this front and ministries in these countries are engaged in planning for the future.

A lot of thinking and planning is currently underway to revamp public health education in Bangladesh, India and Vietnam. The Harvard School of Public Health has made a commitment to announce a revamp of their educational programs in 2013. The American accreditation system is adopted by several schools of public health in Asia and the Pacific. An understanding of the principal North American accreditation system, its current situation and the factors necessitating a revamp at the Harvard School can guide their Asian counterparts in their endeavors.

Recognizing the complexities in designing required competencies and modeling the curriculum in order to equip professionals with these competencies is a challenging task. Therefore, landscaping and understanding exactly the thinking and the plans in these different countries would be a useful first step. Similarly, it would be useful to understand the educational flow and pedagogic patterns used in public health teaching. This would enable us to contextualize the current curriculum with the pedagogic methods adopted in the teaching of public health competencies. The current public health programs produce public health graduates who serve in a variety of settings, both locally and internationally. They are equipped with competencies to deliver essential public health functions. As these graduates would be applying their skills during the course of their employment, it would be useful to obtain a perspective of the employers about these graduates in performing public health related activities at the workplace.

Such a consultative effort would bring together different Asian schools of public health in recognizing in addressing the common challenges towards designing competency based curricula and also gain from the experiences from the North American Schools of Public Health, thereby adopting a global perspective and moving beyond one single region. A cross-country-comparison of competency frameworks will also contribute towards facilitating reforms in public health education in these countries.

Brief Proceedings of the Workshop

The workshop on “Cross-country Comparison of Masters and Doctoral level Public Health Programs with a focus on Competency-Driven Curriculum” was organized by the Public Health Foundation of India [PHFI], in co-operation with the Harvard School of Public Health [HSPH] and the China Medical Board [CMB]. The BRAC SPH and Hanoi SPH were invitees, whereas, School of Public Health, Fudan University, Shanghai participated as an observer to this workshop.

The workshop was attended by a total of thirteen participants. *(A detailed list of participants has been attached in Annexure 1).*

Major Objectives of the workshop were:

- To undertake landscaping exercise of Master’s and Doctoral level public health programs with focus on competency based curriculum using a questionnaire based approach.
- To undertake a cross-country comparison of competency frameworks [and related issues] used in Bangladesh, India, United States and Vietnam.
- To chart and compare the educational flow and pedagogic patterns across various public health programs.
- To explore the employers’ expectations about what competences they want from Master’s and Doctoral level graduates.
- To examine the scope for innovations in training programs, acquisition of global health perspectives and employment opportunities for public health graduates.
- To suggest possible strategic pathways that can be adopted for facilitating public health educational reforms.

Proceedings of Day 1: April 18th 2012

The workshop commenced with Prof. Sanjay Zodpey welcoming the delegates; which was soon followed by a brief round of participants’ introduction. In order to facilitate a fruitful discussion; each participants’ expectations were recorded for specifying the agenda. The participant’s expectations varied over a wide range of issues and concerns related to public health educational systems within their countries and globally; and schools of public health and their reforms agendas. Some of these expectations have been mentioned below:

“Identifying issues related to competencies”

“Learning from the best practices followed by other schools of public health”

“Development of a competency driven curriculum for the MPH programs”

“Learn more about the Accreditation issues”

“Evolve the competency driven curriculum across the institutes”

Finalization of Agenda

Moderated by Prof. Lincoln C. Chen

In order to meet the diverse expectations of the group and ensure fruitful discussions during the 2-days of the workshop, it was decided to restructure the agenda based on participant's discussions. The discussion has been elaborated below:

- At the outset it was decided that individual summaries may be shared from the 5 groups present at the workshop— about what the structure and competency arrangements are with regard to their MPH programs. This should include:-
 - The entry group - as what are the qualifications for the types of students coming in;
 - The exit - where the graduates are going in terms of work thereafter.
- A 'brain storming exercise' was undertaken at the outset about the competencies required in public health curriculum. This discussion was to reflect upon the new competencies that were thought to be needed in Public Health by the group.
- This would be followed by mapping of those competencies.
- Learning about accreditation process (especially the US experience) was also agreed to be included in the agenda.
- It was further decided that, the flow of the workshop should be:
 - What are we doing?
 - What should be the competencies of an MPH graduate?
 - What should be the future for competency based public health education? (recognising few competency framework models)
- It was also proposed that a roadmap should be thought between now and 2015? About how we can create a movement essentially that puts a face on public health education in the 21st century.
- The following sessions were finalised upon to be included in the Agenda of the meeting; along with volunteers/lead discussants in each of these discussions:
 - **Discussion 1:** What problems/issues exist in the Public health education?
 - **Discussion 2:** Landscaping of Masters and Doctoral level public health programs [Bangladesh, China, India, United States, Vietnam]
 - **Discussion 3:** Brainstorming Exercise
 - **Discussion 4:** Learning from various Competency Framework Models
 - **Discussion 5:** Shifting the Paradigm on Competencies: Competency Frameworks for Public Health Professional
 - **Discussion 6:** Deciding the Way forward



Prof. Lincoln C. Chen

Discussion 1: What problems/issues exist in the Public health education?

Lead Discussant: Prof. Timothy Evans

The competency framework model of American Schools of Public Health; which constitutes the five core areas namely: *biostatistics; epidemiology; social & behavioural sciences; health policy & management; environmental sciences*; surrounded by interdisciplinary cross-cutting competencies involving: *Communication and Informatics, Diversity and Culture, Leadership, Professionalism, Program Planning, Public Health Biology and Systems Thinking*; was highlighted as the principal competency framework that is accepted with certain modifications in various schools of public health across the globe.

As per the discussion, the major issues that surround the public health education in various schools of public health; across the globe; have been mentioned below:

Bangladesh

1. Uncertainty whether country's public health training is providing a holistic approach to the public health professionals. Also, whether the training is based on values for equity and community needs.
2. It is not known that how much the public health schools situated in Dhaka, represent community needs of Bangladesh.
3. There's a need to reach out to that diverse group of public health professionals who work in rural, impoverished areas as many of them can't afford to compete/study at these schools of public health.

China

1. Students' often exhibit poor application of research methodology concepts.
2. Nowadays, systems' thinking is fragmenting in public health students.
3. Reducing focus towards research based evidence in the learning process.

India

1. Most problems are associated with the curricula; and also with the eligibility criteria of student intake. Nowadays non-medical graduates are also admitted to these courses but there exists no connection with respect to the career opportunities; available for them in the public health sector.
2. Most competency frameworks have been adopted from HSPH & Hopkins with little modifications & changes; but critical competencies have been greatly unseen in the graduates.
3. Accreditation is a concern, as there is no accreditation framework present in India.
4. There is little scope for innovating & customising the MPH course curriculum.
5. Public health Institutes are rapidly growing, but the total output in terms of 450 public health graduates passing out each year, is insufficient for a country like India.
6. Necessary infrastructure, faculty and field-practice areas are majorly lacking in our Indian schools of Public health.
7. In the internship program; there is little structuring to offer sufficient learning experience for the students.
8. Faculty as a resource is a matter of concern; as the scope of offering electives becomes limited because of limited faculty resources.

United States of America

1. Analysis areas such as demography, economics have not been included in the framework.
2. Anything related to a focus on: inequalities; the distributional concerns that drive health system or what health system should achieve? - have also not been considered.
3. Nothing has been talked about the different scale of analysis for the different levels of public health forces - from the most fundamental individual to local to sub-individual to household, town, village, district, national or global; in the framework. Neither has it talked about how these forces come into play in terms of determining the populations' health.

Vietnam

1. In the changing context of decentralization and marketization, the concept of good-governance is more relevant for MPH curriculum. However, those was not addressed
2. In Vietnam, there's a great requirement for the management staff to have more knowledge of management and equity; in order to meet the demands of the public health programs.
3. Hence, it was desired that good governance and principal governance should be introduced more in the changing context of public health education in Vietnam.
4. Also, the introduction of the concept of globalisation shall also equip their Public Health graduates them to manage their health system better as per the changing health needs.
5. Public health training in Vietnam is a weak connection between community needs and what schools are producing; e.g. schools of public health may be producing researchers but community needs more managers.
6. Social scientists in Vietnam have little connection between evidence & policy. Logical conclusion of evidence at policy level is a proposed way for schools to respond better to community needs.

Since the market demand is driven majorly by the students; the governments try to follow up, and thus schools of public health are asked to follow-up with the same. Thus, universities or schools of public health are not the changing agents of the society. Also, public health education is stuck in a skew between research & practice. Thus, the traditional public health has come down to stronger research orientation to problem solving than to practice orientation.

During the discussions it was noted that most competency frameworks have been adopted; with little modifications and changes from American School of Public Health curriculum (ASPH curriculum being based on accreditation). There are several competency frameworks existing in public health education. However, some of them either relate to operating public health competencies, or policy institutions (e.g. PAHO), or graduates, or individual professionals. It was felt that there should be a link between the institutional and individual competency. Also it was agreed upon that the public health educational system must produce individuals who are able to perform well in public health systems. The structure of the course remains highly unchanged over the time and there is little clarity over basic concepts of public health in the curriculum. Five core competencies are disciplines; accreditation also requires faculty with expertise in these core areas, but not specific with regard to how much and what type of teaching indicated for these fields. The cross-cutting themes have been listed but it is unclear yet that how they relate to practical fields, problems.



Prof. Timothy Grant and Prof. Sanjay Zodpey

Summary: Major issues related to public health education are the four **Ds** namely: **Demand**, **Diversity** vs. **uniformity**, **Disappointment** and **Development** of problem solving capacity.

- **Demand** - a huge demand has been created from the public as well as the politics' side for Public Health. However, this is an ineffective demand as it is mismatched. The public demand is going up whereas the effective demand in terms of money that is being invested by the Govt. is lesser than what it needs to be. Hence, a mismatch exists in demand and supply for public health education.
- **Diversity vs. uniformity** - there are several tracks in an MPH program; out of which the major comparison is drawn between the management vs. the research track. The major question now comes up to be if any one of these core MPH be tracked? Or can individual MPH degrees be offered in all the tracks?
- **Disappointment:** relates to disappointment with the course structure offered in public health courses. In the last 100 years, in terms up-gradation, unlike medicine Public health education has remained frozen. Over these years, public health education should have progressed from the regular areas to problem based curriculum to systems based teaching. But the same couldn't be achieved largely because of the funding inadequacy.
- **Development:** development of problem solving capacity of a professional. We have not configured the education process to create problem solvers. It has been observed that speciality courses allow application of the concepts/methods learned. However, it is fine to create researchers in a discipline; but the need for producing problem solvers still exist in the public health system.

Some other issues highlighted during the discussion were:

- During the discussion it was also observed that there has been little sharing of knowledge and experience across the schools.
- There is an unclear job market for public health graduates; with no systematic data on employment at graduation or over time.
- Simple fact is that many/most people conducting public health work have no public health MPH degrees.

Discussion 2: Landscaping findings of Masters and Doctoral level public health programs [Bangladesh, China, India, United States, Vietnam]

Chair: Prof. Richard Cash

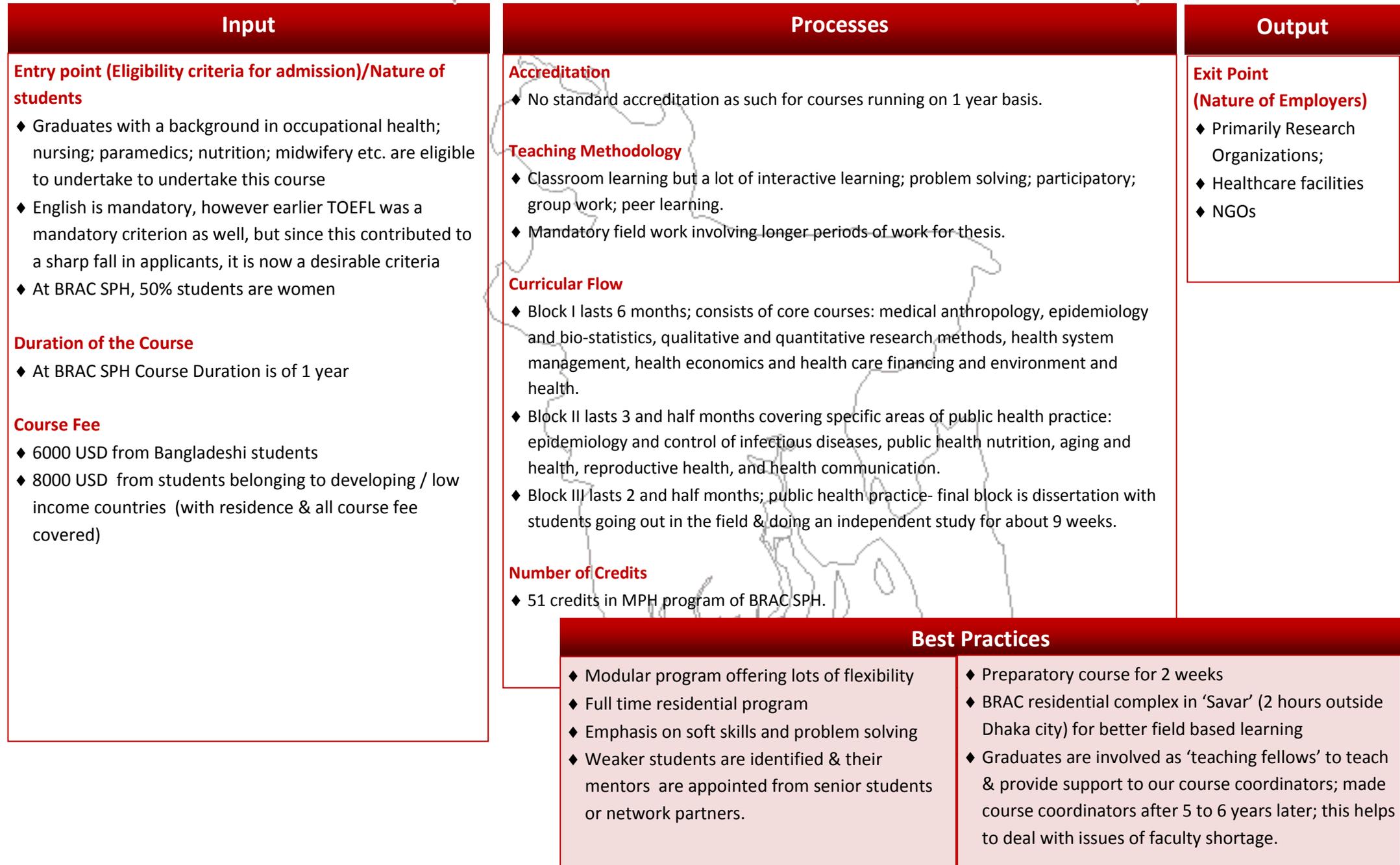
Based on the Landscaping exercise and participants' experiences, the public health education scenario of the partner countries was discussed elaborately. Based on these discussions, the landscapes have been generated for all the partner countries on the basis of parameters mentioned below:

- **Entry point** (Eligibility criteria for admission)/Nature of students
- **Curricular Flow**
- **Teaching Methodology**
- **Duration of the Course**
- **Number of Credits**
- **Course Fee**
- **Accreditation**
- **Exit Point** (Nature of Employers)
- **Best Practices**

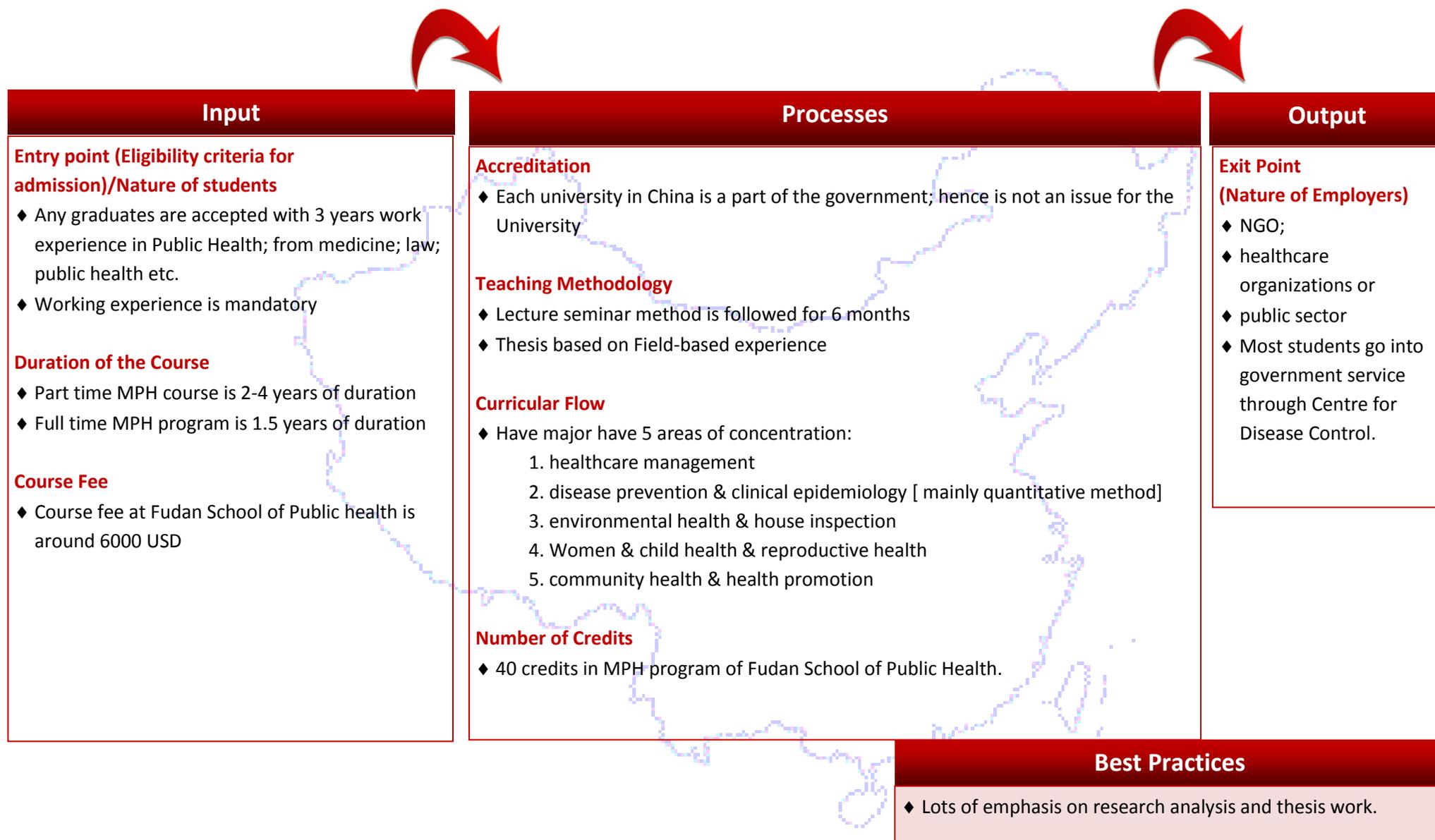


Prof. Richard Cash

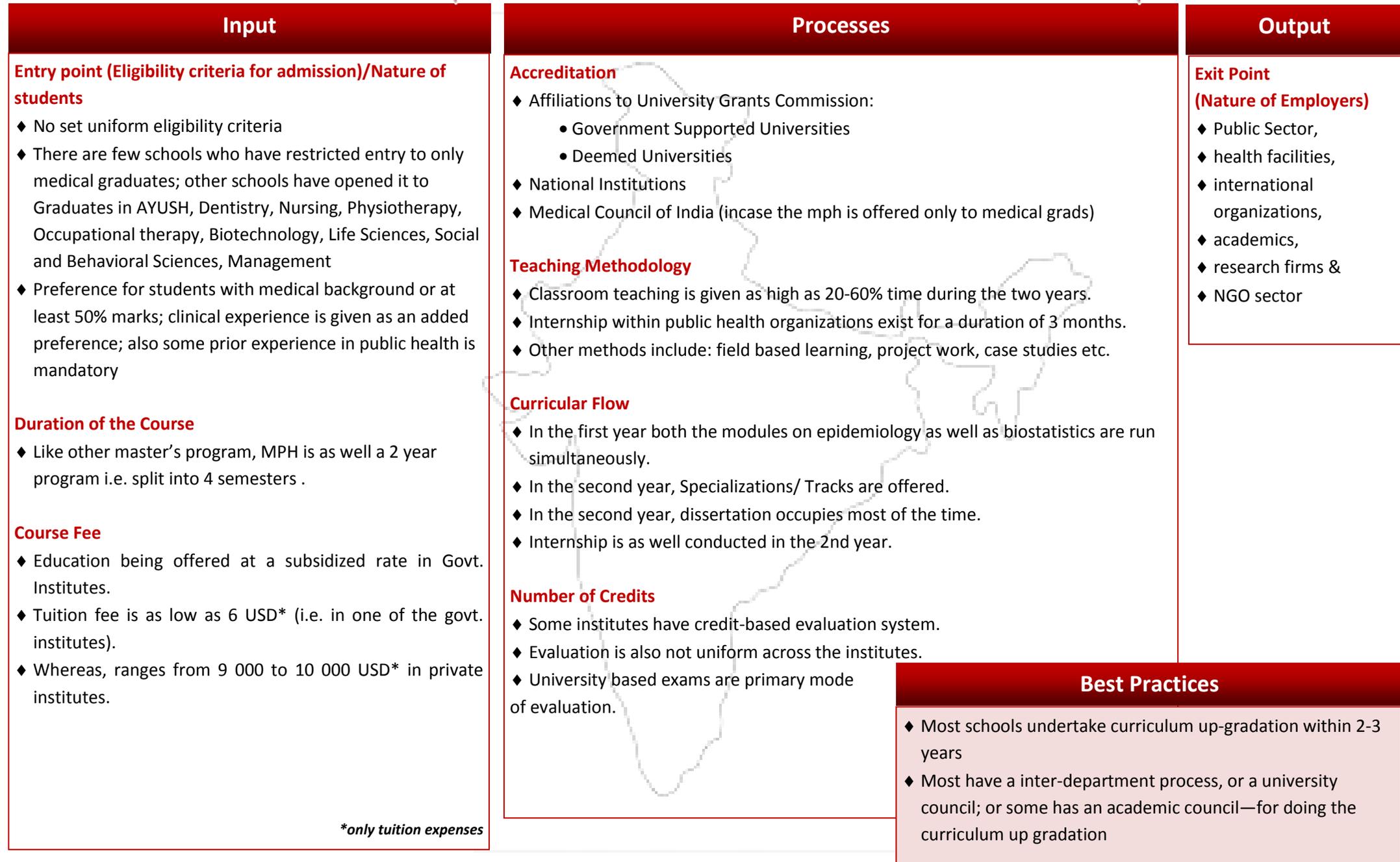
Public Health Education landscape for Bangladesh



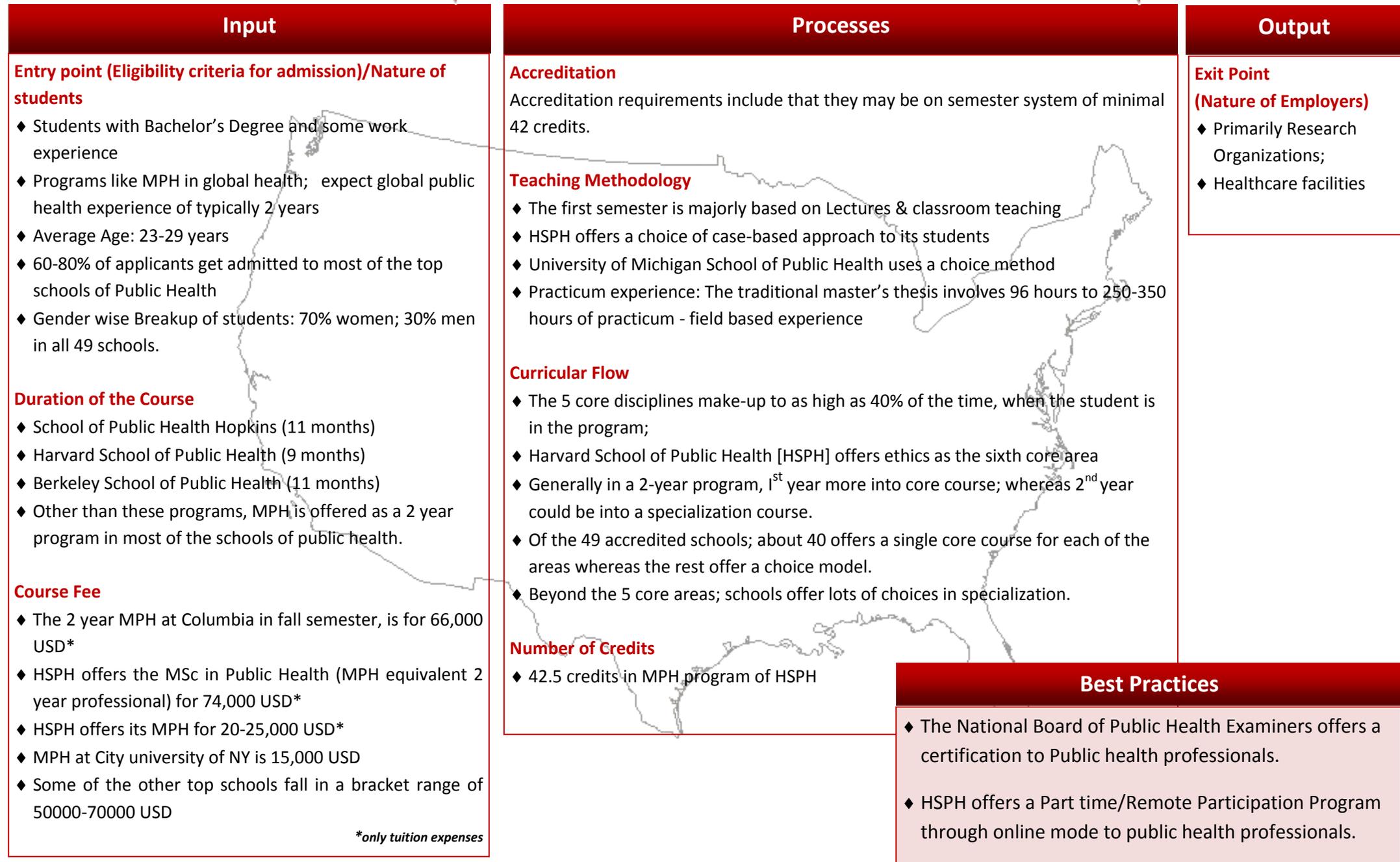
Public Health Education landscape for China



Public Health Education landscape for India



Public Health Education landscape for United States of America



Public Health Education landscape for Vietnam

Input

Entry point (Eligibility criteria for admission)/Nature of students

- ◆ Graduates in medicine, pharmacy; nursing, Public Health, Technical medicine; with 1-2 years of working experiences
- ◆ Students with excellent performance without prior experience at UG level are also eligible for admission (as per Government regulation)
- ◆ Students of other backgrounds are eligible after taking prerequisite courses (introduction to public health, physiology etc.).

Duration of the Course

- ◆ Course Duration of most of the programs is between 1.5 to 2 years

Course Fee

- ◆ Hanoi School of Public Health charges a fees of 200 USD

Processes

Teaching Methodology

- ◆ Problem Based Learning is used for teaching elective subjects;
- ◆ Whereas, Scenario Based Learning is applied in teaching core subjects SBL approach is predominant;
- ◆ 2 research projects in 2nd year provides good field based practical experience to the students.
- ◆ Thus, the overall methodology constitutes; lecture-based, community based, problem based, system based, competency based teaching.

Curricular Flow

- ◆ Hanoi School of Public Health offers 5 core & few elective subjects: Epidemiology; Biostatistics; Health management and policy; Environmental health; Research methods and Thesis.
- ◆ In 1st year : 1st semester deals with basic core courses; 2nd semester deals with 10 credits of selective subjects like Family Planning, Demography, Nutrition etc.
- ◆ The 2nd year comprises of 2 assignments; where 1st is a research project & 2nd is a field based project.

Number of Credits

- ◆ 45 credits in MPH program of Hanoi School of Public Health.

Output

Exit Point (Nature of Employers)

- ◆ More than 50% students go back to their workplaces, as they had been earlier carrying on their research projects or have been asked by their organization to do so.
- ◆ Most MPH graduates get promoted as director of health dept.; of their provinces or get absorbed in public and private organization.

Best Practices

- ◆ As per ministry's regulation; the curriculum should be revised after every 5 years based on end-course evaluation & alumni surveys
- ◆ Lot of effort is made on supervision of students for field based research projects.
- ◆ Supervision is provided during data collection; verification of data collected; report writing and data analysis.



*(L to R) First row: Prof. Sabina Faiz Rashid, Prof. Qian Xu and Prof. Bui Thi Thu Ha.
 (L to R) Second row: Dr. Himanshu Negandhi, Prof. Peter Berman and Dr. Phuong Nhan Le*

Summary: Following is the main highlights of the landscaping session.

- During the landscaping exercise it was observed that most competency frameworks have been adopted; with little modifications & changes from American School of Public Health curriculum (ASPH curriculum being based on accreditation).
- It was discussed that a modest reform has been attempted towards an integrated curriculum in Harvard, Columbia and Michigan Schools of Public Health.
- There are several competency frameworks existing in public health education. However, some of them either relate to operating public health competencies, or policy institutions (e.g. PAHO), or graduates, or individual professionals.
- It was felt that there should be a link between the institutional and individual competency. Also it was agreed upon that the public health educational system must produce individuals who are able to perform well in public health systems.

Discussion 3: Brainstorming Exercise

Facilitator: Prof. Lincoln C. Chen

A brainstorming exercise was undertaken by the participants, seeing the immense need for discussing the linkage of the curriculum competencies with the public health problems. The following were the major discussions that came out from the brainstorming exercise:

- To improve the entire health system in some way, there is a need to interlink the educational competencies with the health system.
- Currently Core Competencies related to public health education systems are either abstract or unconnected to concrete issues.
- MPH is a professional program, but does that mean that it is an identity of the public health school?
- Though all practitioners can practice, but developing a 'professional degree' to create good practitioners is a major challenge.
- What are the competencies that public health workers need? What sets of functions are they supposed to perform out there? Is there a common set of functions for all public health professionals? Do we need a common set of functions to address the issues related to public health?

Summary: The major results, ideas and conclusions coming out of this exercise have been mentioned below:

- **Universal Approach:** The approach of public health education needs to be a more universal and population based, involving the right mix of qualitative & quantitative methods.
- **Prioritize Competencies on Country Needs Basis as well:** As well, there's a need to prioritise and choose from the set of competencies offered in public health programs, in the context of specific country needs.
- **Teachers should be Problem solvers:** There's a need to ensure that, teachers teaching such developing courses must be grounded in problem solving models themselves.
- **Creation of the Problem Solving Skill:** An MPH graduate should be a public health problem solver in himself/herself.
- To measure the success of an MPH program, the success of problem solving ability of its graduate should be measured.
- Systematic approach to problem solving may be inculcated among the students case studies based on national scenarios, public health issues. Such case studies could be a summary that seeks to check if people can solve a general public health problem?
- There's a need to provide some relevant disciplines to public health, in terms of methodology or approaches undertaken by them for problem solving.
- Schools of public health should equip graduates to deliver functions in the practical field from health systems perspectives.

Discussion 4: Learning from various Competency Framework Models

Facilitator: Ms. Kavya Sharma

It was attempted to put on a single page and analyse, all the available Competency Framework Models for public health. Competency frameworks models (those available and shared by the participants) from the Following public health organizations, associations, committees and institutions were critically discussed by the group:

- Association of Schools of Public Health (ASPH)
 - o MPH core competencies
 - o DrPH core competencies
- Australian Network of Academic Public Health Institutions (ANAPHI)
- Pan American Health Organization (PAHO)
- Advisory Committee on Population Health (ACPH)
- Core Competencies for Public Health in Canada
- The Council on Linkages between Academia and Public Health Practice
- Hanoi School of Public Health

The following were major discussions held with regard to the various Competency Framework Models:

- **ASPH:** The basic concept of ASPH model lies in making students competent in each of the 5 core areas. Thus based on the methodology adopted by the schools of public health, these subjects may be integrated or taught as separate entities to the students.
- **PAHO:** The PAHO model talks about individual functions referring to public health only, whereas, there's need to discuss concepts like equitable access, skills needed, and institutional competency as well.
- **Hanoi School of Public Health:** It was felt that the Hanoi SPH model being based on the ASPH model, missed to touch upon areas like culture and diversity (in the context of Vietnam). Also, they expressed their inability to address the same to meet public health function in the country.
- Thus, it was suggested that diversity need not to be taught as a course but as a 'comprehensive educational experience' which could even be in the form of teamwork between nurses and doctors.



Ms. Kavya Sharma

Summary: Multiple competency framework models were discussed highlighting their commonalities and dissimilarities; and the resultant challenges coming up therein. During the discussion, it was felt that it is difficult to conclude if any one model is better than others as all the existent models were not discussed. Thus, a need was felt to analyse more models including those adopted by European Schools of Public Health; in order to come up with one unique model which suits public health needs best universally.

Discussion 5: Shifting the Paradigm on Competencies: Competency Frameworks for Public Health Professional

Facilitator: Prof. Ian Lapp

The Integrated Core Course for public health professional taught at Harvard School of Public Health (HSPH) was discussed extensively along with the Integrated Core Course undertaken at Columbia & Michigan University. *Goals of Foundations* (these aim at developing professional identity and leadership capabilities with the integration of 5 core areas), *Three Levels of Learning for Professional Education* (which includes development of knowledge, skills, professional identity and leadership). Also the *traditional professional core curriculum*, along with the *credit system followed*, *major topics taught* & the *structure of teaching team* were also discussed in great detail.

The major discussions are mentioned below:

- At HSPH, case methodology has been adopted as an important mode of course instruction. Some examples of the cases used at HSPH include: interventions involving malaria nets in Uganda, issues related to cardiovascular health & prevention in Long Island, healthcare reform in Germany; H1N1 outbreak etc.; these cases deal with various scenarios that exhibit an impact on public health.
- Disciplinary competency of the students do built up as students' working knowledge and skills develop while working with data sets in cases, doing data analysis; which provides them good orientation with the course.
- Integration of science and practice is attempted while instructing the course.
- To create public health professionals, it is fundamental for the public health schools to come up with good curriculum and the right competency set for their students. Also the faculty needs to develop approaches for ensuring attainment of these competencies by their students.
- Also an immersive experience should be provided to the students, of the kinds of BRAC school of Public health which have dedicated dorms for public health students.



Few glimpses of the discussion

Summary: The major conclusions coming out of this session have been mentioned below:

- It was observed by the group that public health programs (such as MPH) face certain challenges in the following:
 - predominantly implementation of a single template of the competency framework model across the schools of public health,
 - the structure of the course remains highly unchanged,
 - little clarity over basic concepts of public health in the curriculum,
 - there has been little sharing of knowledge and experience across these schools.
- The accreditation process for the 49 American Schools of Public Health is strong however the other countries (which have their own set of public health problems) are left to adopt the US accreditation systems.
- Accreditation systems should specify the requirement of expertise for the faculty with regard to exactly how much and what form of teaching should be indicated in the five core competency areas.
- The relation of the cross-cutting areas is unclear with relation to the practical field problems and public health issues.
- The 49 Schools of Public Health in the US educate roughly 26,000 graduates annually.

Today, most of the elite schools are teaching core areas in the first stage, integrating disciplines during the second stage; but they haven't taken the third stage of putting professional practice in terms of problem solving. Problem solving has been taken up as a goal but it has not been made into a practice oriented area.

Thus we should be trying to develop an MPH program which goes through a case based methodology, gives fundamental skills and puts whole thing into framework for essential practice of public health. It should ensure public health practice from A to Z of the concepts & test the students' problem solving ability each year.

Discussion 6: Deciding the way forward

Facilitator: Prof. Lincoln C. Chen

During the discussion, Harvey Fineberg's (1994) paper was cited which identified the failures of public health system that have not been corrected in nearly 20 years till now. It was also discussed how Fineberg specifically cited the failure to link science to practicum in the field of public health. Thus, a follow up over the same was been recommended.

Following were the major decisions that were suggested as a way forward for this group:

- It was recommended that just as clinical medicine has an approach i.e. symptoms, signs, differential diagnosis, treatment, follow-up, etc.; public health should as well develop such a distinctive approach. However this may require major reforms such as - problem assessment via use of quantitative and qualitative methods and problem solving via case study exercises etc.; to be brought about.
- There was consensus that the networking process should be continued with the view of transforming public health education in our own schools as well as to spark a broader and longer-term movement of reform. Among our schools, PHFI is planning to launch soon its MPH; BRAC is re-assessing and reformulating its MPH program; Hanoi SPH is constantly in an improvement mode; and Harvard will launch reform of MPH at its 100th anniversary in Nov 2013 (along with American PH Association Annual Conference).
- There was an agreement for having to two working groups present at two informal workshops to promote and review progress in competency-driven curricular reform over the coming 15 months. Prof. Ian Lapp and Prof. Sanjay Zodpey will work on defining and articulating a competency-driven curriculum for furthering overall a unique "public health approach" methodology of practice that should be the competence of every MPH graduate around the world. Harvey Fineberg's 1994 paper distributed by Prof. Ian explicitly cites the public health approach as the signature educational work of SPHs. Prof. Ha and Prof. Sabina backed by Prof. Richard will attempt to develop specific curricular innovations that reflect a competency-driven approach, including integrated courses, shared case studies, course in specific problem-solving, etc.
- The two WGs would present their work at an initial workshop to be hosted by BRAC SPH in Dhaka, probably in September 2012 and a second workshop hosted by Hanoi SPH in Vietnam in first half of 2013. Hanoi SPH will develop a funding proposal to include costs of both workshops for submission to CMB and AP. Prof. Lincoln and Dr. Phuong will also communicate regarding whether and how the group may be expanded. There seemed to be interest to include more Chinese, Thai, and other groups -- although there is strong desire to keep the group to effective working size.
- All participants agreed to join HealthSpace.Asia which will operate as a digital platform for information sharing, joint work, and communications. Ms. Kavya to set up a sub-site for the group on HSA and the entire proceedings of the Delhi workshop shall be posted on this site.
- The group had an extremely informative and productive exchange in Delhi, which will provide a strong baseline for exciting work into the future. The needs, opportunities, and road maps have been sketched out in preliminary form for cultivation into concrete actions that can over



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time lead to transformation of public health education in each of the schools and also in the broader public health world. Especially attractive is the possibility that a global (not just American) movement can be developed to refashion a new vision for public health education by 2015, marking the second century of the Welch-Rose report.

Closing Remarks

by Prof. Sanjay Zodpey

Prof. Zodpey thanked all participants for their hard work that had led to the productive and fruitful meeting, and also appreciated the contribution and support from the PHFI staff that stood behind the success of the meeting.



Prof. Sanjay Zodpey

List of Participants (names in alphabetical order) :

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