1. **What is the rationale for the change in quantitative requirements for primary instructional faculty? [7:25-18:10]**

**DG:** This question addresses accounting for sufficient faculty resources and relates to the requirement [in C2-A, lines 472-475] for a minimum of 21 faculty for schools and three for programs. The issue here is that for each concentration, either at the master’s or doctoral level, three faculty are required per concentration [in C2-B, lines 481-507], with one leader per concentration and counting these concentration leaders “toward the minimum of three faculty per concentration for no more than one additional concentration, in which they are not the leader.”

**MM:** While there is no change in the first set of numerical faculty requirements for both schools (21) and programs (three), there is a slight change toward flexibility in the faculty concentration requirements for programs. Prior, programs had to have three faculty per concentration, regardless of both the number of concentrations and the focus of those concentrations. In schools (due to the fact that they were grounded in the five core areas) faculty were counted by core area, rather than concentration. With the core area requirement structure no longer applicable, the Council needed to begin in a new place for schools, returning to a successful requirement of three faculty per concentration for programs, and applying it to schools. Additionally, in data template C2-1 and C2-2, CEPH has responded to what institutions have been telling them regarding reporting faculty as teaching across concentrations. Back to counting faculty, it is possible to create a lot of concentrations with a small number of instructors, reshuffling them and creating endless permutations. Therefore, CEPH tested a number of scenarios with different parameters, coming up with the proposed specification that the concentration leader could teach in as many concentrations as desired, but can only count in a maximum of two concentrations towards the requirement of three faculty. Additionally, there is no limit, within reason and as supported by peer review, as to how many concentrations a faculty member (non-concentration leader) could count towards the three minimum. The goal is to reach a critical mass in each concentration appropriate to the institution and each individual’s qualifications.

**IL:** In determining the right critical mass, the Council, in focusing on quality and excellence, explored what is needed to support faculty dialoguing about curriculum, as well as their field practice, and research endeavors.

**JRF:** The Council drew what they determined is a reasonable line regarding the threshold of capacity on this issue.
2. **With respect to doctoral education in public health, is the DrPH a public health practice, leadership-oriented degree or one that prepares graduates for roles in academic research?** [21:06-29:13]

**DG:** In our Framing the Future (FTF) process, the DrPH was defined as a senior leadership degree in public health practice, including some exposure to practice-based research and collaboration and participation in research with partners. The FTF recommendations qualitatively marked the DrPH as distinct from the PhD. However, the fact that some ASPPH members offer the DrPH degree in a manner that resembles a research-intensive PhD makes it difficult to clearly distinguish the DrPH degree.

**IL:** Due to institutional barriers on some campuses, the DrPH degree has emerged as indistinguishable from the PhD. Other institutions offer a DrPH degree that is a hybrid between practice/leadership and research while some of the newer degrees more closely resemble the practice-oriented recommendations in the FTF initiative. A question about the DrPH criteria before us is whether we should leave the options flexible for the DrPH or shape it more towards building identity around the degree. If we were to leave the criteria as written, would it help institutions in gaining leverage with their provosts to offer a distinct DrPH degree?

**LRK:** The council’s intent is to frame the degree as a professional doctorate. From CEPH’s experience with the schools, there are only about three or four who appear to be offering the DrPH as a PhD-type degree as a response to larger, institutional constraints in not having the liberty to offer a PhD, while of course there are others who are using a research-oriented DrPH by choice.

**DG:** If these criteria go forward, it could provide schools leverage to go to their provosts and argue for maintaining the DrPH as a professional doctorate, and for offering the PhD as a distinctly research doctorate.

**Further comments from participants and the panelists on the DrPH [31:42-38:24]**

“I agree that the DrPH should be a professional degree and I would want us to affirm the expectation to have DrPHs teaching and in leadership within the school.”

**DG:** Most of our faculty in schools and programs have PhDs rather than DrPHs, and if we are affirming that the DrPH is the professional doctorate in public health, then it would make sense that our faculty represent this expertise. I have heard that it is difficult for PhD-trained faculty to serve as strong mentors for DrPH candidates and suggest it is desirable to have a balance in the faculty and, in addition, reasonable to have DrPH-trained faculty serving not only for DrPH programs, but for education in public health writ more broadly, not that this suggestion needs to be formally specified in the criteria.

**IL:** The question of guidance as coming from accreditation vs. the field resonates with this issue and will continue in this and subsequent accreditation review rounds. The growing chorus of comments on the DrPH may help us set the floor for the degree as opposed to the current situation which results in a variety of kinds of students graduating with the degree. This thinking, as recommended in Framing the Future, could help lead us towards a generational change in once and for all defining the degree, and leading it to higher quality and excellence.

**LRK:** In E1 “Faculty Alignment with Degrees Offered” this criterion talks about faculty experience and education as appropriate for the degree offered. This is where the qualitative aspects of mentoring and instruction for each degree is captured. Even so, it is more complicated than saying someone acquiring a DrPH needs to be taught by a DrPH holder. There are some DrPH holders who have been trained as PhDs and who reflect this approach in their instruction while there are practice-based PhD holders. Therefore, CEPH would take each case individually. At this point, we don’t see the field as ready for formally specifying and counting DrPH-trained faculty.
MM: Our framework in E1 defines “appropriate” faculty as having a combination of education and experience that is appropriate to the type of degree offered (research or professional) as well as the topic of the degree and looks at the totality of what the faculty member offers.

LW: In lines 912-914, there are some new competency requirements for DrPH students relating to “Education and Pedagogy” spelling out proposals for the candidate to “Deliver training or educational experiences…” and “Use best practices in pedagogical practices.”

“Are you moving towards requiring a DrPH in schools for those of us who only have PhD degrees?”

LRK: The Council has not discussed this issue and it is not on our radar screen at all.

3. Related to F1: Community Involvement in School/Program Evaluation and Assessment, required documentation item 1 [Lines 1903-1905], “formal structures for constituent input” and the examples given for formal structures are a community advisory board, alumni association, etc., does CEPH expect that such formal structures must exist for schools/programs, or are other approaches to obtaining constituent feedback, such as annual focus groups or stakeholder feedback sessions and surveys considered sufficient to fulfill this requirement?

MM: Based on our discussions so far, the answer is “yes,” the structure is flexible as long as the intent is accomplished.

4. Regarding D12 - lines 1431-1442, I'd like to confirm that this requirement could be met by either a 3-credit course that addresses the competencies noted, or a non-credit online modular course that requires completion and student assessment, but is not credit-bearing. Is that understanding correct?

MM: Yes

5. It seems to me that if engaged scholarship is a core competency or underlying principle of applied public health research, then the line between PhD/academic & DrPH/professional is blurry. Our school has adopted “engaged scholarship” as an underlying principle. [39:50-44:45]

MM: I’m assuming that the questioner is paraphrasing information in D2, the DrPH foundational competencies?

DG: If one is talking about scholarship, it is more than research, and inclusive, for example, of community-based participatory research and education. Some note a distinction between the DrPH and the PhD as akin to the distinction between the MD and PhD. The leadership degree in public health practice at the doctoral level benefits from participation in research that is appropriate to one’s professional setting, similar to the MD, and this setting is distinct from that of a PhD. At any rate, we expect all doctorates to exhibit some form of engaged scholarship.

MM: We want to write criteria that is useful to all stakeholders about the degree, so please feel free to submit comments that can help us increase clarity.

Other comment from a participant: The questioner is probably referring to the Demonstrating Excellence in Practice-Based Research for Public Health document.*

6. Can we discuss the criteria defining the School as one MPH and one PhD? What is the rationale for that change? [45:00-56:57]

DG: this is the question about the number of degrees that a school must offer compared to a program. As I read it, a program must offer one degree, either a master’s or doctoral, and a school must offer at least one MPH and one doctoral degree, either a DrPH or other doctorate.
MM insertion post-webinar: Programs with only a doctoral degree are not eligible for accreditation in our PHP category at this time, though the topic is open for discussion.] This has led to some substantive philosophical discussion. If we take a student perspective, the quality of his or her academic experience should not vary much between a school or program. Therefore, the graduate should acquire an outstanding public health experience and emerge with an excellent public health competence appropriate to the degree regardless of the setting. If the criterion minimizes the differences between schools and programs, does it really matter for the student, the focus of our educational endeavor? But it does lead to the question of whether a school of public health should be expected to make a broader public health impact through the totality of its graduating class, research programming, and community impact through partnerships and workforce development? And, if so, how does one define that? The current criteria require five MPHs and three doctoral degrees. While 1 + 1 [one MPH and one doctorate] may not be right, if not, what is the right standard for a school? Is autonomy sufficient along with a minimum number of faculty, or is another filter needed?

IL: This is a tough issue and goes back to the question of the role of the field, accreditation, ASPPH, and the marketplace in shaping our academic enterprise. If we opted for a 1 + 1 approach, how would it affect quality? Flexibility is important, too. In thinking about numbers, five became a “holy number” while other numbers seemed arbitrary. A question remains about whether the criteria should focus on the scale of the organization and nature of the organization, rather than on the degree offerings and definition of school or program.

MM: Two practical observations that have come up in related conversations. The minimum requirement of 21 faculty yields it unlikely that all of these faculty are doing the same thing. The sheer number contributes to diversity on its own. In addition, throughout a number of interactions with developing schools and programs over many years, CEPH staff have noted that there is a pressure to proliferate concentrations where not necessarily needed in order to reach a particular threshold. Making fine distinctions where they don’t really exist for reaching some numerical threshold in terms of degree offerings is not intended, as it is not clear how such practices support quality. In earlier phases of the criteria revision process, CEPH heard that autonomy is a fundamentally important principle for ASPPH members and, thus, kept it in the criteria.

RGB: The proposed criteria aim to capture the goals of both quality and flexibility, including the measurement of educational programs regardless of their institutional setting. It is obvious that scale will be different for programs and schools. In addition, the proposed criteria aim to allow for flexibility, so that the role of the school or program in the larger university is important along with an acknowledgement of the different types of structures and arrangements that exist.

DG: We are interested in all the members’ thoughts on this topic and will continue to take in comments.

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We ran out of time for answering the following two questions on today’s webinar. Mollie and Laura stuck around to discuss their answers, post-webinar. Here goes:

Q7. If a School of Public Health offers other degrees than the required MPH and public health doctorate (e.g. nutrition), can a significant proportion of the 21 required faculty be teaching primarily on those other degrees, provided that the minimum of 3 faculty per concentration is met?
A7. The current draft does not address this question. The Council's early discussions indicate that our answer is "no." The 21 faculty are intended to support public health degrees in the school. We will address this more explicitly in the next draft.

Q8. This may be a tall order given the formatting changes, but we have a request from our faculty for a "track changes" version of the revised criteria to aid in review of the changes. Is that possible? If not, could CEPH provide a summary of the differences between the 2011 criteria and current revisions?

A8. It's not only a tall order, but impossible as we began this round with a blank slate. We suggest you take a look at the cover page to the current criteria and consult the chart we provided. It lists the "New criterion" tracked with the "Relationship to current criteria." Also, take a look at the red italicized verbiage, throughout the document, which spells out some context for a number of the proposed changes.

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* Additional post-webinar material about how engaged scholarship differs from the competencies more commonly emphasized in traditional PhD training experience follows, as excerpted from the Commission on Community-Engaged Scholarship in the Health Professions, Linking Scholarship and Communities report (see http://depts.washington.edu/ccph/pdf_files/Commission%20Report%20FINAL.pdf):

"In his resulting report, Scholarship Reconsidered, Boyer challenged higher education to embrace the full scope of academic work, moving beyond an exclusive focus on traditional and narrowly defined research as the only legitimate avenue to further knowledge. He proposed four interrelated dimensions of scholarship: teaching, discovery, integration, and application. These four dimensions, Boyer posited, interact to form a unified definition of scholarship that is rich, deep and broad, and applied in practical ways. Subsequently, Boyer further expanded his definition to include the scholarship of engagement, which regards those activities within teaching, discovery, integration, and application that connect the academy with people and places outside the campus and ultimately direct the work of the academy 'toward larger, more humane ends.'"