

## **Report of an UTQAP External Review of**

**Dalla Lana School of Public Health**

**University of Toronto**

**November 7–9, 2016**

---

### **BACKGROUND**

This Independent External Review was commissioned by the Provost of the University of Toronto as a scheduled quinquennial review, part of the standard University of Toronto academic quality assurance cycle. The past relevant and most recent reviews were of the Dalla Lana School of Public Health (DLSPH) in 2011 conducted by Robert McKeown (Chairman of Department of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina) and Richard Kurz (Dean, School of Public Health, University of North Texas), and of the Institute for Health Policy, Management and Evaluation (IHPME) in 2012, conducted by Régis Blais (Directeur, Département d'administration de la santé, Université de Montréal), Barbara McNeil (Head, Department of Health Care Policy, Harvard Medical School) and Mark Roberts (Chair, Department of Health Policy and Management, School of Public Health, University of Pittsburgh). The full history and predecessor structural arrangements for the DLSPH were provided in the review submission document and will not be repeated here.

The structure of this report generally follows the Terms of Reference. The Terms of Reference are provided at Appendix 1, and the Panel membership is at Appendix 2. Appendix 3 details the Review meeting and Interview schedule.

### **EXECUTIVE SUMMARY**

The Review finds that the DLSPH has, in the first five years of its expanded structure and new status as a Faculty of the University, demonstrated a high level of both quality and activity in its academic activities. The Faculty is rich in talent and enjoys a high degree of commitment of its staff. The available metrics indicate premier standing in research activity in Canada, and top-shelf performance in North America as a whole. In terms of scale and broader academic presence and impact, DLSPH would rank approximately in the middle of schools of public health in the United States. Despite this credible performance, we believe there is substantial potential yet to be realized, especially from IHPME's joining the School. Rationalization of internal governance and administrative arrangements will assist in this regard. In addition, there are opportunities to increase income and improve efficiency through several avenues, including better overhead recovery for contracted research, reducing the duration of the standard PhD candidature, and increasing international Masters students numbers. A stronger leadership structure, profile and internal presence is necessary to drive further growth. Strengthening of internal relationships is critical, both with the relevant Chancellery leadership (by which we mean Provost, Vice-Provost, Academic Programs, Vice-Provost, Faculty and Academic Life and VP Research) and with the other health Faculties, in particular with the Faculty of Medicine.

## **RECOMMENDATIONS**

### **Programs**

1. The newly formed DLSPH hosts an amalgamation of mostly excellent programs whose qualities should be maintained during the following years of faculty consolidation. The programs in health science research and administration are world class.
2. A strategic plan for masters' programs should explore opportunities for economies of scale in admissions, administration, communications, avoidance of duplication, expanding class offerings, etc. across all programs outside current siloes. A careful look at financial incentives and barriers should be included in the plan.
3. The PhD programs could look at a funding model with increased stipends to include TA opportunities (if this is legally feasible). If feasible, modal time to degree completion should be shortened to four or five years.
4. A careful analysis of the teaching roles and obligations of status and adjunct faculty should define responsibilities, opportunities, and benefits for them.
5. Both the MHSc Bioethics and the MHScH in Community Health Programs seem to be undersubscribed but have assets which could be more broadly incorporated or combined with other options.
6. Considerations should be given for more combined degree programs.

### **Research**

7. Develop a research strategy for the School that transcends and builds upon existing constituent entity efforts to further harmonise, synergise and amplify research efforts.
8. The Dean, assisted by the Associate Dean for Research, should develop an implementation plan to integrate status faculty-led work more fully with full-time faculty and students.
9. Using recently improved bibliometric and other tools, generate and use for continuous performance monitoring better data on research performance that identifies specific DLSPH contributions to outputs and impacts.
10. A specific and programmed effort to recruit, mentor and develop the careers of post-doctoral researchers should be implemented, with oversight from the Associate Dean Research.
11. Develop opportunities and national and international partnerships for research in global health, Indigenous health and health ethics, but not at the cost of strengthening the existing core platform in public health, epidemiology and biostatistics, occupational health and other key fundamental areas.
12. Organise efforts to more effectively recover the full cost of research (including overheads) for contracted research.
13. Take advantage of existing discipline and platform expertise and assets within DLSPH and its partners to further develop Data Science as a key flagship theme for research.

**Relationships**

14. Build on existing strengths, especially those within IHPME to extend reach and optimize impact through further development of relationships with policy-makers at provincial and federal levels.
15. Build global health activity and impact through development into substantial research and teaching collaborations the existing early partnerships with universities in China and elsewhere.
16. Efforts to recognize the contributions of status only faculty members are encouraged.

**Organizational and Financial Structure**

17. Strong administrative structures and supports need to be in place to support this complex environment. The recent administrative changes and performance should be reviewed in one year.
18. Efforts to increase budget transparency should be made within the DLSPH.
19. Masters level program expansions should be considered with a particular view to international students.

**Long Range Planning Challenges**

20. There is a pressing need to develop a detailed and specific operational plan in order to bring people on board and to have a clear view of accountabilities and milestones.
21. Strengthen the relationship with all of the other University of Toronto health Faculties and their Deans, especially with the Medical School to exploit partnership opportunities and to bolster a consortium of support for public health within the University.
22. Appoint a Deputy Dean
23. Move towards a modal 4-year PhD completion rather than 6 years to be more in keeping with international practice, and to provide a more efficient financial model.
24. Build and confirm the relationship with the major donor, and use this success to identify a broader base of philanthropic support using a coordinated strategy linking Faculty and University-wide advancement resources.

## REVIEW COMMENTARY

---

### PROGRAMS

The DLSPH hosts a wide array of graduate programs at both the masters and doctoral levels. The amalgamation results from the original offerings of the public health sciences which became an independent faculty in 2012 and the merger with IHPME in 2014 and the Joint Centre for Bioethics in 2015. New offerings have also been added. As a result, the combined school now offers seven masters degrees (with eighteen separate concentrations or options) and two PhD programs (with six concentrations or options). Overall nearly 900 students are enrolled in these programs. In addition, the DLSPH hosts two residency programs (in occupational health and public health and preventative medicine) and several interdisciplinary, often shorter programs. All degree programs have clear objectives and are consistent with the mission and values of the University of Toronto. Although the self-study mentions tentative plans for an undergraduate initiative for the fall of 2017, the financial viability of this was questioned during conversations.

Combining the units and the degree offerings into a single school should eventually strengthen the programs for students and produce economies of scale but there are several barriers to overcome. First, each of the nine programs are administered somewhat separately and admission requirements and preferences, funding capacities, enrolment capacities for program and classes, and other factors vary substantially between programs. Clear distinctions are drawn in all areas between research and professional master's degrees and academic offerings and requirements seem mostly separate. In addition, the MHSC in health administration and the two residency programs have recently been successfully reaccredited.

Through 2014-2015, applications to most of the masters and PhD programs have been stable and robust or continuing to increase but concern has been raised about increased competition. Presently the acceptance rates and registration rates for all programs are admirably very strong, except perhaps the masters in bioethics which has a lower number of applicants and high acceptance rate. We did not observe close collaboration between programs – sharing of applicants between programs filled to capacity, for example, which might be useful to both students and the future viability of programs.

The MPH and MHSc programs each listed thoughtful competencies with attention to changing needs and to the special competencies required for professional accreditation/certification in the MPH areas of nutrition/dietetics and occupational/environmental health.

The minimal admission requirements all seem reasonable but their descriptions vary considerably between programs and this could be confusing or off-putting to some prospective candidates. While some programs may be appropriately reserved for practicing clinicians or health administrators, others sound unnecessarily restrictive and an effort to more closely standardize might be useful.

The master's programs in public health science and the IHPME have continued to be innovative and responded positively to the 2012 curriculum review and the MHSC accreditation report. Most of the master's programs host predominantly full-time students and the mean time to degree is excellent for all of these programs. Student satisfaction is consistently measured and high though some master's students noted difficulties in access

to faculty, particularly status and adjunct instructors and some limitations on availability of paid practicum opportunities. Below are a few individual program observations.

The Joint Centre for Bioethics is a renowned national and global resource but the MHS in Bioethics program is quite small and not coordinated with other programs. The admission requirement of a health science degree seems unnecessary. The need for two years' matriculation requirement, and the lack of combined degrees and certificates with other programs could all be looked at to increase use of this valuable resource and expand enrolment.

The MHS health administration/MSW combined degree program looks interesting. Consideration should be given to expand this and similar combined degree programs to other health professions as well as to law and business.

The Masters of Health Informatics is innovative and the executive option is responsive to market needs. The growth in applications and outstanding student evaluations reinforce that. The MHS in Community Health program differs from other programs due to its much higher rate of part-time students and higher acceptance rates.

The PhD programs in DLSPH appear uniformly strong with sufficient applications, acceptances, and registration rates. All have well-defined competency exam requirements and research proposal and dissertation defences. The employment data look excellent and are consistent with the best schools of public health internationally. The funding model is confusing but seems to guarantee support for five years with additional funds flowing for TA assignments though these are not uniformly available. The time to degree is approximately six years for all programs – one year beyond the guaranteed funding. Most of the PhD programs are understandably small and little mention is given of if and when students in various programs get together to share and benefit from the DLSPH doctoral experiences.

#### **Recommendations:**

1. The newly formed DLSPH hosts an amalgamation of mostly excellent programs whose qualities should be maintained during the following years of faculty consolidation. The programs in health science research and administration are world class.
2. A strategic plan for masters' programs should explore opportunities for economies of scale in admissions, administration, communications, avoidance of duplication, expanding class offerings, etc. across all programs outside current siloes. A careful look at financial incentives and barriers should be included in the plan.
3. The PhD programs could look at a funding model with increased stipends to include TA opportunities (if this is legally feasible). It would be good if time to degree could be shortened to four or five years.
4. A careful analysis of the teaching roles and obligations of status and adjunct faculty should define responsibilities, opportunities, and benefits for them.
5. Both the MHS Bioethics and the MHS in Community Health Programs seem to be undersubscribed but have assets which could be more broadly incorporated or combined with other options.
6. Consideration should be given to more combined degree programs.

## RESEARCH

The review panel recognises that this review is of the School in its current form after only 4 years since establishment, and 2 years since IHPME was included as a major component of the School. The scope of research is broad, as detailed in Appendix 39. However, other than through the applied or discipline focus of the School's constituent entities, there are no apparent thematic or organising principles that both explain the School's overall research strategy, and provide a cross-linking framework to bridge them and to guide investment, recruitment and external leverage. No major discipline or programmatic gaps were identified, though it is acknowledged that there is no prescribed palette for research activity for a school of public health.

The emerging importance of the broad area now termed 'data science' represents a significant further opportunity for the School. There is already considerable strength in many areas – biostatistics, epidemiology (including clinical epidemiology), health services research expertise, health economics, and in informatics research and teaching. In particular, the Institute for Clinical Evaluative Sciences (ICES) represents a significant and somewhat unique platform asset of world-leading significance. Further exploitation of these assets in an organised way, led by the University, would amplify leadership and international prominence in this area.

Research performance was assessed to the extent possible by examining the School's inputs, outputs and impacts. On research income, the report card was mixed and complicated by the downward funding pressures and changes in policy by major research funders in the nationally competitive space.

There are eight CIHR Canada Research Chairs with primary appointments in DLSPH, a significant achievement. However, total research income has declined since 2011, with Tri-Council and other Government funding down, their impact offset to some extent by a substantial increase in not-for-profit (NFP) funding. Internal UoT transfers of major program funding also explains some of this picture. Consistent with national and international trends in countries experiencing shrinkage in real terms of nationally competitive research funds, DLSPH has experienced a decline in success rates for grant applications.

It appears that in excess of half of the Faculty research projects have principal investigators who are not full-time paid faculty, presumably mostly status faculty. This demonstrates the highly leveraged relationships with DLSPH partners. However, we recommend that the Dean, assisted by the Associate Dean for Research, develops an implementation plan to integrate this work more fully with full-time faculty and students.

In terms of outputs, peer-reviewed publication volume data were provided only for 2015-16 for paid Faculty, with a respectable 6.5 papers per FTE. Prestige ratings for destination journals were not provided, so it was not possible to evaluate performance in this regard. In terms of scholarly impact, citation data indicated an excellent performance against Canadian and other North American universities.

As explained in the Review Report (p171), it was not possible to disaggregate the proportional contribution of DLSPH faculty and students to aggregate indicators for the University of Toronto as a whole. It was argued that since a large majority of UoT faculty doing work in these areas are appointed within DLSPH, the ranking likely reflects its "footprint". The data provided to the review were derived from Thomson Reuters with publications and their citation counts for papers published between 2010 and 2014, as evaluated as at January 2016. Data from papers from 76 institutions, all leading research universities in North America in three Thomson Reuter defined research areas – Public,

Environmental & Occupational Health; Health Care Sciences & Services; and Health Policy & Services. University of Toronto (and by implication, largely DLSPH) ranked first in Canada (U15) in all 3 areas for outputs and citations, second or third against all referenced institutions in Health Care Sciences & Services and Health Policy & Services, and fourth and sixth (respectively in outputs and citations) in Public, Environmental & Occupational Health. This is, subject to the above assumptions, unquestionable evidence of excellent research performance.

In terms of extramural research impact (societal benefit), systematic data were not provided on which to assess performance. However, there was considerable anecdotal evidence of the policy and other social impact of research from the School.

The Review Panel was impressed with the scale and scope of research activities and opportunities for graduate students in the School. Student feedback to the review was overwhelmingly positive in this regard.

The Panel noted the absence of an organised effort to recruit and foster post-doctoral researchers. There is no question that enhancing the further training experience in this critical period of career development will reward both the early-career researchers and the School. It is recommended that a specific effort in this regard be considered, with oversight from the Associate Dean Research.

Further opportunities in global health research, Indigenous research and health ethics were affirmed as worthy of continued development, but not at the cost of strengthening the existing core platform in public health, epidemiology and biostatistics, occupational health and other key fundamental areas.

The issue of overhead recovery will be addressed elsewhere in this report (Long Range Planning Challenges). However, it is worth noting that as the pressures on external funding increase, and the opportunities for research funders are exploited, a more comprehensive approach to overhead recovery is essential. For this to be successful, it is essential that a whole of university approach is pursued to assist in educating government, industry and other funders that the full-cost of research (not just direct costs) must be funded.

#### **Recommendations:**

7. Develop a research strategy for the School that transcends and builds upon existing constituent entity efforts to further harmonise, synergise and amplify existing research efforts.
8. The Dean, assisted by the Associate Dean for Research, should develop an implementation plan to integrate status faculty-led work more fully with full-time faculty and students.
9. Using recently improved bibliometric and other tools, generate and use for continuous performance monitoring better data on research performance that identifies specific DLSPH contributions to outputs and impacts.
10. A specific and programmed effort to recruit, mentor and develop the careers of post-doctoral researchers should be implemented, with oversight from the Associate Dean Research.
11. Develop opportunities and national and international partnerships for research in global health, Indigenous health and health ethics, but not at the cost of strengthening the existing core platform in public health, epidemiology and biostatistics, occupational health and other key fundamental areas.

12. Organise efforts to more effectively recover the full cost of research (including overheads) for contracted research.
13. Take advantage of existing discipline and platform expertise and assets within DLSPH and its partners to further develop Data Science as a key flagship theme for research.

## **RELATIONSHIPS**

The Faculty is rich in talent and enjoys a high degree of commitment of its staff.

Of particular note are the efforts of more than 600 “status only” Faculty members who support the Dalla Lana School of Public Health activities. They support approximately 24% of all teaching assignments, support graduate students, and account for approximately 50% of external research dollars coming into the Faculty. It will be important for school to continue to find means to support the activities of this vitally important group.

The school has developed many collaboration arrangements with cognate faculties including Faculty of Engineering, Munk School of Global Affairs and Business School. Many of these collaborations have been seen by faculty as “top-down” efforts of collaboration. It will be important to engage Faculty in these important interdisciplinary involvements.

Many schools of public health have evolved from Faculties of Medicine. This was the case at the University of Toronto with the requisite transfer of significant resources. A large number of faculty share cross-appointments between Medicine and DLSPH. There are significant overlaps in public policy, quality assurance and epidemiologic arenas between these two units.

It is essential to establish a strong working relationship with the Faculty of Medicine to ensure the optimal recognition of these overlaps.

Similarly, the Council of Health Sciences meet regularly, involving the Deans of the health Faculties (e.g. Nursing, Rehab, Pharmacy). The continued effective involvement with this group of deans is important for any school of public health to “exert influence” throughout the health continuum through these interactions. The potential for strategic collaborations will ensure the whole is greater than the sum of its parts.

Likewise, the potential to influence government policy in the health arena is a strong component of the role of a school of public health. This can be accomplished through interaction of external agencies and professional groups. The Institute of Health Policy, Management, and Evaluation has a strong and effective reputation in that regard.

Within the public health area, relationships with the Public Health Agency of Canada, Public Health Ontario, and Toronto Public Health are important for the school and should be maintained and further developed to ensure its influence is appreciated throughout the health system.



**Recommendations:**

14. Build on existing strengths, especially those within IHPME to extend reach and optimize impact through further development of relationships with policy-makers at provincial and federal levels.
15. Build global health activity and impact through development into substantial research and teaching collaborations the existing early partnerships with universities in China and elsewhere.
16. Efforts to recognize the contributions of status only faculty members are encouraged.

**ORGANIZATIONAL AND FINANCIAL STRUCTURE**

The DLSPH has many component parts but is a single department faculty within the University of Toronto. It has within it several university-wide extra-department units (EDUs). The largest of these is IHPME, transferred from the Faculty of Medicine. Subsequent to the initial formation of DLSPH, it had status as EDU–A with a sequestered budget and a Director. It provides approximately 40% of teaching with 40% of research productivity of DLSPH. It has a “relatively” separate staff and administrative functions and functions as a unit with a unit. These structures reflect a certain amount of duplicative effort. Further integration would allow for improved efficiency in staff coverage, course planning, and program delivery.

There are four units as EDU–C with different funding mechanisms. These are Critical Qualitative Health Research, Institute of Global Health, Equity and Innovation, Waakebiness-Bryce Institute for Indigenous Health and Joint Centre for Bioethics. In addition, there is a formal EDU–D, Centre for Evidence and Health in all Policies.

There are six additional major interdisciplinary centres with DLSPH with strong collaborative links with other faculties.

There are four more planned or new EDU centres being considered.

All of these provide expanded scopes to DLSPH but administratively stretch the capacity of cohesive and integrated management. A measure of “fit” with core mission and strategic plan of DLSPH would allow more cohesion, integration and collaboration.

The Office of the Dean has recently been redeveloped with the creation of roles for Associate Dean Academic, Associate Dean Research and Associate Dean Faculty Affairs. The intent of these positions is to support the concepts of integration and collaboration. It is too early to gauge effectiveness but structure appears to reflect that of University of Toronto and other schools.

In addition, there is a Chief Administrative Officer, Director of Advancement, Director of Communications, Office of Global Public Health and Office of Alumni Affairs.

The finances of University of Toronto are structured within an RCM (Responsibility Centred Management) model with a significant contribution of the University fund. The funding transfers are based on Ontario BIU’s with enhancements for graduate education and specific University of Toronto requirements for PhD student supports. The incentives of RCM

promote efficiency and entrepreneurship and require a sophisticated financial support system. It will be important to align and integrate the financial management systems across the DLSPH and its EDU and major centres and to ensure the skill sets are available to manage a complex structure. There are approximately 100 staff supporting the activities of DLSPH. There was a strong sense of commitment of the staff. They function within several silos. It will be important to ensure once again that the whole is greater than the sum of its parts.

The Dean's Advisory Council is an innovative support structure of DLSPH with strong participation from community areas, government agencies, and a broad range of experience. Their role in support of DLSPH is noted and impressive.

The Committee structure of the DLSPH is consistent with its academic mandate and the priorities and functions of University of Toronto. They appear to be functioning well.

The RCM funding model is noted for its transparency with the University structure. It has been more difficult to sustain the level of transparency with DLSPH with its many associated units. This is an area of priority to maintain the commitment and morale of faculty.

The search for funding is an ongoing issue in all universities. The DLSPH enjoys a strong and committed benefactor whose contributions will, in the future, provide an important base for its activities.

Their fundraising activities, and a structure to support them, have been identified and are ongoing.

Other sources of revenue related to educational roles could be reviewed. The potential to expand certain areas of the Masters program, with a special view to International students should be considered.

#### **Recommendations:**

17. Strong administrative structures and supports need to be in place to support this complex environment. The recent administrative changes and performance should be reviewed in one year.
18. Efforts to increase budget transparency should be made within the DLSPH.
19. Masters level program expansions should be considered with a particular view to international students.

#### **LONG RANGE PLANNING CHALLENGES**

On the basis of the evidence presented, the Review confirms consistency of the DLSPH activities and aspirations as being consistent with the University's academic plan. Specifically, we believe the decision by the University of Toronto to create a stand-alone Faculty was correct, and the incorporation of the IHPME into the DLSPH was strategically sound and now demonstratively successful. After only a few years, there remain a number of challenges and tasks to fully realize the benefits and potential of the new entity.

An inclusive and comprehensive process to develop the School's strategic plan has been executed. Staff were uniformly positive about the planning process, but there was feedback

to suggest that the momentum had not been sufficiently carried forward with implementation. We believe that there is a pressing need to quickly develop a detailed and specific operational plan in order to bring people on board and to have a clear view of accountabilities and milestones.

As mentioned above (under Relationships), there is a need to further strengthen the relationship with all of the other health Faculties, but especially with the Medical School. Members of the School's faculty need to recognize the value of the Vice Provost, Relations with Health Care Institutions, as an ally in pursuing strategic objectives for the School, especially in relation to the healthcare partners of the University.

Work remains to be done in more effectively positioning public health within the health Dean leadership group to exploit partnership opportunities and to bolster a consortium of support for public health.

In relation to management and leadership within DLSPH, there is a need to find the sweet spot in the delicate balance between autonomy and teamwork to obtain the synergies that are within reach for the substantial array of talent that exists within the School. There is clearly a warm and constructive relationship between the Dean and the Head of IHPME. We are of the firm view that the Dean of such a large and diverse entity requires a deputy dean, who most obviously in the current arrangement would be the head of IHPME.

In addition, the senior leadership of DLSPH needs to work more effectively with the Provost, Vice-Provost, Academic Programs, Vice-Provost, Faculty and Academic Life and VP Research, to further realize the return on the considerable investment made by the University in creating DLSPH as a stand-alone Faculty and in its continuing University Fund contribution to the operating budget.

Efficiencies in administrative and other support staff remain to be realized following IHPME's joining the DLSPH. This was identified in several areas as mentioned above, where parallel arrangements from prior to IHPME's joining have continued.

Student financial aid policy is exemplary and possibly the envy of other universities. However, the University needs to assist in identifying ways in which the numbers of high-achieving international PhD students could be increased in a cost-effective manner. As mentioned elsewhere, a pathway to a modal 4-year PhD completion rather than 6 years would be more in keeping with international practice, and would a more efficient financial model.

The initiative to develop a possible undergraduate degree in public health is worthy of serious business analysis, and especially investigation of the potential market. However, we remain uncertain as to whether there is sufficient demand, or indeed an appropriate place, for this type of educational offering.

We reiterate the need to exploit the development of global health research and teaching activities to realize the financial and cultural opportunities through increasing the numbers of international students, commensurate with other entities at the University of Toronto.

The issue of appropriate recovery of research overheads issue is referred to above under the Research section. This is an essential contributor for the future economic fitness of the School's finances, to complement teaching income, philanthropic contributions, and central

subsidies to the budget.

With respect to advancement, there is a need to build and confirm the relationship with the major donor, and use this success to identify a broader base of philanthropic support.

**Recommendations:**

20. There is a pressing need to develop a detailed and specific operational plan in order to bring people on board and to have a clear view of accountabilities and milestones.
21. Strengthen the relationship with all of the other University of Toronto health Faculties, especially with the Medical School to exploit partnership opportunities and to bolster a consortium of support for public health within the University.
22. Appoint a Deputy Dean
23. Move towards a modal 4-year PhD completion rather than 6 years to be more in keeping with international practice, and to provide a more efficient financial model.
24. Build and confirm the relationship with the major donor, and use this success to identify a broader base of philanthropic support using a coordinated strategy linking Faculty and University-wide advancement resources.

**NATIONAL AND INTERNATIONAL COMPARATORS**

The DLSPH with its recent merger/amalgamation has become the largest school of public health in Canada. Though the benefits of the new faculty status and mergers of the PH sciences group with IHPME and the Joint Centre for Bioethics are a work in progress, the size of the faculty and student body and programs gives DLSPH the potential to be among the best schools in the world. Already the IHPME merger with other health policy faculty places DLSPH among elite Universities in North America in health sciences research, quality improvement, and health policy – research and training. Similarly, the Joint Centre for Bioethics is among the largest in North America and highly recognized as a singular strength.

The size and number of excellent masters and doctoral programs (900 students, 28 concentrations) ranks DLSPH among the largest in Canada and among the top 10 -15 of 65 in North America. Costs of attendance and funding for master's students is relatively low compared to American schools though PhD stipends are somewhat lower than the NIH norm for public health and biomedical sciences in the US. Many schools in the US also struggle to meet these stipend levels.

In terms of international impact, DLSPH would rank approximately in the middle of North American schools with its small to moderate research base and very small cadre of international students. The latter, of course, produce the alumni base to further student experiences and faculty research. The proposed role for the Institute for Global Health Equity and Innovation was not clear from the materials in terms of expanding global health at DLSPH to a level which would be expected at the University of Toronto.

Finally, the total number of FT faculty (86) consist of only 42 tenure or tenure stream faculty (26 PH sciences and 16 IHPME) which would rank, perhaps, in the middle of North American schools. Although annual research funding is listed at \$33 million, it appears that approximately one-third of that has core faculty as a principal investigator with the remaining funded through status or adjunct faculty. The number of tenure or tenure stream

faculty is relatively low given the number of students and expectations for expansion of core faculty research efforts.

Overall, the DLSPH is an excellent Faculty with great strengths and even greater potential with closer integration of merged units and expansion of global health.

## APPENDIX 1

### Terms of Reference

#### 1 Program(s)

For *each* program under review consider and comment on the following:

##### **Objectives**

- Consistency of the program with the University's mission and Faculty's academic plans

##### **Admission requirements**

- Appropriateness of admission requirements to the learning outcomes of the program

##### **Curriculum and program delivery**

- Curriculum reflects the current state of the discipline or area of study
- Appropriateness of the program's structure, curriculum and length to its learning outcomes and degree level expectations
- Evidence of innovation or creativity in the content and/or delivery of the program relative to other such programs
- Opportunities for student learning beyond the classroom
- Opportunities for student research experience

##### **Assessment of learning**

- Appropriateness and effectiveness of the methods used for the evaluation of student achievement of the defined learning outcomes and degree level expectations

##### **Quality indicators**

- Assessment of program against international comparators
- Quality of applicants and admitted students; enrolment
- Student completion rates and time to completion
- Quality of the educational experience, teaching, and graduate supervision
- Implications of any data (where available) concerning post-graduation employability
- Availability of student funding
- Provision of student support through orientation, advising/mentoring, student services
- Program outreach and promotion

#### 2 Faculty/Research

- Scope, quality and relevance of faculty research activities
- Appropriateness of the level of activity relative to national and international comparators
- Appropriateness of research activities for the undergraduate and graduate students in the Faculty
- Faculty complement plan

#### 3 Relationships

- Strength of the morale of faculty, students and staff
- Scope and nature of relationships with cognate Faculties, academic departments and

units

- Extent to which the Faculty has developed or sustained fruitful partnerships with other universities and organizations in order to foster research, creative professional activities and to deliver teaching programs
- Scope and nature of the Faculty's relationship with external government, academic and professional organizations
- Social impact of the Faculty in terms of outreach and impact locally and nationally

#### **4 Organizational and Financial Structure**

- The appropriateness and effectiveness of the Faculty's organizational structure, including the organization of the Dean's Office and Extra-Departmental Unit, and the effectiveness of the financial structure
- The appropriateness with which resource allocation, including space and infrastructure support, has been managed
- Opportunities for new revenue generation

#### **5 Long-range Planning Challenges**

- Consistency with the University's academic plan
- Appropriateness of:
  - Complement plan, including balance of tenure-stream and non-tenure stream faculty
  - Enrollment strategy
  - Student financial aid
  - Development/fundraising initiatives
  - Management and leadership

#### **6 International Comparators**

- Assessment of the Faculty and the program(s) under review relative to the best in Canada/North America and internationally, including areas of strength and opportunities

**APPENDIX 2**

**Review Panel Membership**

**James W. Curran**

Dean, Rollins School of Public Health  
Emory University

**Terence M. Nolan**

Redmond Barry Distinguished Professor and Head  
Melbourne School of Population and Global Health  
The University of Melbourne

**Brian Postl**

Dean, College of Medicine  
Dean, Faculty of Health Sciences and Vice-Provost, Health Sciences  
University of Manitoba



**APPENDIX 3**

**Review Meeting and Interview Schedule**

Monday 7 November to Wednesday 9 November 2016

To be appended here.