

## Keynote 4

Tuesday 10th November, 10.15 - 10.45

### Reflections, Refinements and Revisions: Thirteen Years Experience of a Professional Doctorate in Public Health

#### Dr Stuart Anderson

Associate Dean of Studies

London School of Hygiene and Tropical Medicine, UK  
Email: [stuart.anderson@lshtm.ac.uk](mailto:stuart.anderson@lshtm.ac.uk)

Stuart Anderson is Associate Dean of Studies at the London School of Hygiene and Tropical Medicine, a post he took up in October 2007. He is a former Taught Course Director in the Department of Public Health and Policy at the School and also a former Teaching Programme Director. He has supervised PhD and Doctor in Public Health students for a number of years.

He obtained his first degree in Pharmacy from the University of Manchester, and later obtained an MA in Organisational Behaviour and a PhD in Organisation Theory from the University of London. He originally practised as a pharmacist, first in the pharmaceutical industry and subsequently in National Health Service hospitals, eventually becoming director of pharmacy at St George's Hospital, London.

In 1993 he became a lecturer in pharmacy practice at the School of Pharmacy, University of London, and he moved to the London School of Hygiene and Tropical Medicine in January 1995. Before moving to his current post he was the Academic Director at the National Co-ordinating Centre for the National Institute of Health Research's Service Delivery and Organization Research Programme.

A Professional Doctorate in Public Health – the DrPH – has been offered at the London School of Hygiene and Tropical Medicine since 1996. The School is a leading institution worldwide for research and postgraduate education in global health. With a long history of offering PhDs, the DrPH programme was developed for 'public health practitioners with careers in the operational, management or professional aspects of public health'. Its aim is to equip participants with skills for leadership and management in

public health policy and practice, in addition to research, through a programme with the same intellectual rigour and standards as a PhD. The DrPH has three core components: a formal taught element, an organisational and policy analysis, and a research thesis. The DrPH attracts about 10% of the School's research degree students (the remainder studying for the MPhil/PhD) and to date 46 students – from over 30 countries in Africa, Asia, the Americas and Europe – have graduated from the programme.

The aim of this presentation is to critically reflect on the School's experiences with the DrPH programme, contrasting where appropriate with the PhD programme, and identifying lessons which might apply to other professional doctorates. Three specific issues are addressed: the organisational and policy analysis component, arrangements for supervision, and, assessment.

#### **The organisational and policy analysis (OPA) component**

The OPA involves observing closely the operation of a public health organisation, focusing on how it endeavours to fulfil an aspect of its mandate, and from this to develop a better understanding of how effective public health organisations act in the relevant policy environment. The required output of the OPA is a written report analysing an aspect of the work of the organisation. The report is intended to be practical and to provide advice to the organisation, in the manner of a management consultant's report but it must also be soundly informed by theory and evidence. Students spend 3-6 months on the OPA. A key issue faced has been the academic intention of the attachment period and the report. A source of considerable debate between the programme team and external examiners, we will discuss how this element has evolved into its current form. For example, challenges were encountered in determining the direction and emphasis of the report to serve academic needs and those of the host organisation. Although such challenges are more widely recognised now, when the DrPH was launched there was limited experience to draw on at doctoral level. Our experience has led to a more explicit statement of intent so that students, examiners and the host organisation are all aware of the purposes of the OPA and the output produced.

#### **Arrangements for supervision**

Our initial approach was to match DrPH students and supervisors according to their research interests, as is done for PhD students. Although this served the research component well, difficulties sometimes emerged with supervision of the other components. Both the OPA process and the output were a challenge for many academic staff, even those with considerable experience of research student supervision. Our approach now is to appoint associate supervisors with expertise in that field for the OPA component, including from among honorary staff based in public health organisations. Students retain a primary supervisor throughout their studies, however, to help ensure oversight of the whole doctoral experience.

#### **Assessment**

We discuss a number of assessment issues in relation to each component of the DrPH and how these have been modified in response to difficulties encountered. We comment, for example, on how the setting and marking of assessments for doctoral level taught courses were addressed in an environment accustomed to Masters level assessment. A particular challenge in the DrPH's assessment is the research element and distinguishing, for students and examiners, the differences between a research thesis for the DrPH compared to that for the PhD. We also reflect on the assessment of components and the extent to which these are drawn together.

Our own reflections, coupled with developments in the external environment, lead us to conclude that there is a demand and place for programmes such as the DrPH, which makes a distinct and valuable contribution to the School's doctoral level programme. Our experience has enabled us to more clearly articulate both the different and the similar expectations of the DrPH and the PhD. We believe that there is now less need to 'justify' the DrPH's approaches in comparison to the PhD, and moreover that there are aspects of the professional doctorate which might inform development of the PhD – aspects which we continue to explore at the School.