



School of Graduate Studies

1280 Main Street West
Hamilton, Ontario, Canada
L8S 4M2

Phone 905.525.9140
Ext. 23679
Fax 905.521.0689
<http://www.mcmaster.ca/graduate>

October 16, 2008

To : Members of the Faculty of Business Graduate Curriculum and Policy Committee

From : Medy Espiritu *Medy Espiritu*
Assistant Secretary and SynApps System Administrator

The next meeting of the Faculty of Business Graduate Curriculum and Policy Committee will be held on **Tuesday, October 21, 2008 at 3:00 p.m. in MUSC-318.**

Please note that the first part will be a joint meeting with the Joint Faculties of Humanities and Social Sciences Graduate Curriculum and Policy Committee to discuss and approve the proposed M.Sc. in Global Health program.

Listed below are the agenda items for discussion.

Should you be unable to attend this meeting, please call extension 24204 or email espiritu@mcmaster.ca.

A G E N D A

- I. New program: M.Sc. in Global Health (Dr. N. Archer)
- II. Minutes of the meeting of May 7, 2008
- III. New program: M.Sc. in Health Management (Dr. M. Law)
- IV. Allow MBA students to take 400-level Commerce courses recognized for Professional Accounting designations as credits for 700-level MBA courses
- V. Increase the number of MBA waivers allowed for Commerce graduates
- VI. Ad hoc MBA Curriculum Committee (discussion)
- VII. Other Business

PROPOSED GLOBAL HEALTH M.SC. PROGRAM

October 14, 2008

1. Introduction

Global Health can be defined as health problems, issues, and concerns that transcend national boundaries, they may be influenced by circumstances or experiences in other countries, and are best addressed by internationally cooperative actions and solutions. But Global Health is not just about health. It also includes considerations of the critical relationships among health, healthcare, sanitation, education, economic development, and business leadership and management.

Preparing students for a career that addresses the range of interrelated issues in Global Health requires a rounded interdisciplinary program involving courses and seminars in the global nature of the problems faced by underdeveloped and developing nations and indeed by developed nations. This will be provided to graduate students through a collaborative program between McMaster University and Maastricht University, giving our students an understanding of Global Health, in addition to the opportunity of becoming more specialized in one of the three program fields: Globalization and Development, Global Health Management, and Global Diseases.

This program will lead to the degree Master of Science in Global Health. This degree will be granted by either McMaster or Maastricht, with appropriate notation in the related transcripts to indicate that it is a collaborative degree program between the two universities. The program will involve collaboration among the Faculty of Health Sciences, the DeGroote School of Business, and the Faculty of Social Sciences at McMaster University, and the Faculty of Health, Medicine, and Life Sciences at Maastricht University in The Netherlands.

Maastricht University is one of Europe's most international universities, with non-Dutch students accounting for 45% of its aggregate intake. The vast majority of its 16 bachelor level degrees and almost all of its master's and Ph.D. degree programs are taught in English. Maastricht has headed the Dutch university league tables for many years, and it placed 111th in this year's annual ranking of the world's top 200 universities by the UK's *Times Higher Education Supplement* (McMaster placed 117th).

We expect to admit the first students to the program in September 2009. Only full time students will be considered. This is a one year Master's, and will be a terminal degree for most McMaster students, except for a relatively small number who may choose to complete a thesis and go on to Ph.D. studies. A thesis would extend the program's length for as much as two extra terms for McMaster students. McMaster's steady state target is 25 students entering each Fall, with as many as 20% thesis students and the remainder course-project. We anticipate no more than 20% of McMaster students to be visa students. Maastricht has a steady state target of 50 students, and they expect all their students to complete a Master's thesis within one year.

1.1 Objectives

The objectives of this program are:

- 1) To give students a solid foundation and understanding of the main issues in global health.
- 2) To provide a significant exchange of ideas and knowledge through interactions among students and faculty at McMaster and Maastricht Universities that will enrich student experience and learning, either

through physical exchanges of students and faculty or interaction through online sharing of courses and seminars

3) To give students an opportunity to specialize in one of the three pillars of the Global Health program: Globalization and Development, Global Health Management, and Global Diseases.

4) To give students an opportunity to understand and potentially to experience at first hand the interrelated health, environmental, educational, and economic challenges faced by populations in under-developed and developing countries.

The three fields in the program are:

a) Globalization and Development

Globalization focuses on cultural, political, social and economic globalizing processes in the contemporary era and how they impact economic development, health, healthcare, and education in underdeveloped and developing countries. These processes, often accelerated by information and communication technologies, have redefined in unequal ways how individuals and communities experience and view the world, and how they organize to change the world.

b) Global Health Management

Global Health Management introduces students to management and policy skills, including a fundamental understanding of the capacities needed to manage projects related to health, healthcare, economic development, and education.

c) Global Diseases

The Global Diseases field involves the study of endemic tropical diseases as well as other diseases that tend to afflict under-developed countries, including HIV/AIDS, tuberculosis, and cancer. A globalization topic that will be emphasized is the threat to public health from existing, new, and re-emerging diseases that may move almost with impunity across national borders through immigration, travel, and global trade. Chronic diseases that affect developed nations are also becoming a threat to health in developing nations, and will be addressed as well.

The fields of study in the program are not mutually exclusive, and students will choose from a wide spectrum of research interests that cross the rather fuzzy boundaries that define the fields. To encourage this cross-fertilization, all students will take the core courses Global Health Foundations I and Global Health Foundations II that bridge the fields. They will also attend the required joint seminars that address a variety of issues in Global Health. In addition they will choose fields, electives and do scholarly projects in areas of special individual interest, to enable them to build upon and advance their knowledge of Global Health in a manner that will often cross field boundaries. Finally, the student cohorts from both McMaster and Maastricht will attend Global Health 710, a joint Learning Symposium and Field Orientation, that will feature seminars by experts in the field, student presentations on selected research topics, and (where feasible) field visits to sites that involve development activities in global health relevant to the program.

2. Faculty

The faculty members from the three McMaster faculties are all highly qualified instructors and researchers. They are listed in Table 1. Some of the faculty members in this listing are near the beginning of their academic careers, and consequently have not had significant supervisory experience. However, these faculty members have typically gained experience through service on

graduate student supervisory committees. In addition, some of the Business faculty members are in an Area (Strategic Market Leadership and Health Service Management) which offers an MBA but does not currently offer an M.Sc. or Ph.D. degree. However, they are all extensively involved in research activities. They also teach MBA classes where they frequently supervise MBA term research papers and projects (not listed here).

2.1 Commitment of Faculty Members From Maastricht University

Commitment to this collaboration by the two universities is reflected in a Memorandum of Understanding that will be signed by officials at both universities. There are several ways in which this collaboration will enhance the program:

- There are two required Global Health Foundations I and II courses that will be taught sequentially in the two teaching terms. These will be jointly offered online by faculty members at both universities, and will include a number of special seminars by experts in the field from around the world.
- The Winter term will feature the possibility of student exchanges that will greatly increase the cross-fertilization of learning from faculty and among students
- The learning symposium and field orientation that all students from both universities will physically attend after the end of the Winter term will be organized, coordinated, and supervised through a collaboration by faculty and staff of both universities

All of the Maastricht educational units are within the Maastricht Faculty of Health, Medicine, and Life Sciences. Dr. Maria Stuttaford is a Maastricht faculty member from the Department of International Health who will participate directly in instructing McMaster students while they are at McMaster, through the online jointly offered Global Health Foundations I and II courses. As a consequence, she will be appointed as an adjunct part-time assistant professor at McMaster.

3. Program Considerations

3.1 Space

It is highly desirable for the students in the M.Sc. Global Health program to be located physically in a contiguous area. This encourages student interaction and cross fertilization from the diverse group of students that are expected to enter the program. Office/carrel space is not normally provided to graduate students pursuing the course-project option. The program requires office space for graduate students taking the thesis option (estimated at five students in steady state), administrators, and ready access to classrooms and seminar rooms. The graduate student study room in HSC 4N70 includes a total of 1500 square feet. It is accessible by graduate students in Nursing and Medical Sciences and includes 36 study carrels, 3 computers, and wireless Internet access. This space will be available for use by M.Sc. Global Health thesis students.

TABLE 1. McMaster Faculty Associated With The Global Health Program

Faculty Name & Rank	M/F	Ret. Date	Home Unit ²	Supervisory Privileges	Field/Expertise ¹			
					1	2	3	4
Category 1								
Andrea Baumann (Prof.)	F	N/A	Int. Health, Nursing	Full	X	X		
Category 3								
Noori Akhtar-Danesh (Assoc)	M	N/A	Nursing	Full				X
Vishwanath Baba (Prof.)	M	N/A	HRM	Full	X	x		
Kevin Brazil (Prof.)	M	N/A	CE&B	Full	x	X		
Jonathan Bramson (Assoc)	M	N/A	PMM, CGT	Full			X	
Will Coleman (Prof.)	M	N/A	Pol. Science, IGHC	Full	x	X		
Deborah Cook (Prof.)	F	N/A	Medicine, CE&B	Full				X
Gordon Guyatt (Prof.)	M	N/A	CE&B, Medicine	Full				X
Bonny Ibhawoh (Assoc.)	F	N/A	History, IGHC	Full		X		
Susan Jack (Assist.)	F	N/A	Nursing	Full				X
Padman Jayaratne (Assoc)	M	N/A	PMM	Full			X	
Paul Krueger (Assoc.)	M	N/A	CE&B	Full		x	X	
John Lavis (Assoc.)	M	N/A	CE&B, CHEPA, PPD	Full		X		
Mark Levine (Prof.)	M	N/A	CE&B, Oncology	Full			x	X
Mark Loeb (Prof.)	M	N/A	PMM, CE&B	Full			X	
Chris Longo (Assist.)	M	N/A	HSM	Full	X	x		
Ann McKibbin (Assoc.)	F	N/A	CE&B, HIRU	Full		X		
Geoffrey Norman (Prof.)	M	N/A	CE&B	Full				X
Robert O'Brien (Prof.)	M	N/A	Pol. Science, IGHC	Full		X		
Tony Porter (Prof.)	M	N/A	Pol. Science, IGHC	Full		X		
David Price (Assoc.)	M	N/A	Family Medicine	Full			X	
Parminder Raina (Prof.)	M	N/A	CE&B, EPC, PHRI	Full			X	x
Glen Randall (Assist.)	M	N/A	SML & HSM	Full	X	x		
Aaron Schat (Assist.)	M	N/A	HRM	Full	X			
Ruta Valaitis (Assoc.)	F	N/A	Nursing	Full			x	X
Patricia Wakefield (Assist.)	F	N/A	SML&HSM	Full	X	x		
Yonghong Wan (Assoc.)	M	N/A	PMM, CGT	Full			X	
Zhou Xing (Prof.)	M	N/A	PMM, CGT	Full			X	
Toru Yoshikawa (Prof.)	M	N/A	SML&HSM	Full	X	x		
Rachel Zhou (Assist.)	F	N/A	Social Work, IGHC	Full		X		
Category 5								
Daniel Drache (Prof.)	M	N/A	Pol. Sci. (York U.)	Co-Sup		X		
Category 6								
Mahshid Dehghan	F	N/A	PHRI, Medicine	Co-Sup			x	X

1 Field/Expertise: 1 – Global Health Management; 2 – Globalization & Development; 3 – Global Diseases; 4 (Expertise) – Epidemiology

2 CE&B – Clinical Epidemiology & Biostatistics; CEM – Centre for Evaluation of Medicine; CGT – Centre for Gene Therapeutics; CHEPA – Centre for Health Economics & Policy Analysis; EPC – Evidence Based Practice Centre; HIRU – Health Information Research Unit*; HSM – Health Service Management; HRM – Human Resources Management; IGHC – Institute on Globalization & the Human Condition; SML – Strategic Market Leadership; PPD – Program in Policy Decision Making; PHRI – Population Health Research Institute; PMM – Pathology & Molecular Medicine.

Category 1: Tenured or tenure-track core faculty members whose graduate involvement is exclusively in the graduate program under review. For this purpose the master's and doctoral streams of a program are considered as a single program. Membership in the graduate program, not the home unit, is the defining issue.

Category 3: Tenured or tenure-track core faculty members who are involved in teaching and/or supervision in other graduate program(s) in addition to being a core member of the graduate program under review.

Category 5: Other core faculty: adjunct professor appointment.

Category 6: Non-core faculty who participate in the teaching of graduate courses.

3.2 Financial Support for Global Health Graduate Students

Graduate student stipends will be provided following practices adapted from existing graduate programs in the three participating faculties. Part time enrolment in this program is not allowed. Students will be encouraged to apply for relevant external scholarships including CIHR, SSHRC, OGS, and OGSST. Current scholarships levels for M.Sc. students are: CIHR CGS (\$17,500), SSHRC CGS (\$17,500), OGS (\$15,000), and OGSST (\$15,000).

For students without external scholarships, typical stipends for M.Sc. (thesis option) students in Health Sciences at McMaster currently total \$19,400. These include half Teaching Assistantships (currently \$4,940), Faculty of Graduate Studies scholarship awards of \$3,000, and additional support from research grants for thesis students, at the discretion of their supervisors. Thesis students who go on exchange are not eligible for Teaching Assistantship funds. Course-project students receive Faculty of Graduate Studies scholarships of \$3,000, but no TA funds. All students may apply for a limited number of travel scholarships of \$2000 per year which will be awarded on merit. Students must use these scholarships on travel related to scheduled program activities (e.g. student exchange at Maastricht University). Visa students normally receive a tuition bursary which covers the visa student/Canadian student fee differential. The Global Health Master's program is nominally a 12 month program, although thesis option students are likely to take longer to complete and submit their theses. However, McMaster University puts time limits on funding of 24 months for Master's students.

Students will pay tuition according to the schedule for Master's programs established by the School of Graduate Studies. For students beginning their programs in the 2008-09 year, annual tuition fees are currently \$5,154 for Canadians and landed immigrants, and \$12,525 for visa students.

4. Program Regulations

The Global Health program and courses will be overseen at McMaster by a Co-Director who will work closely with the corresponding Co-Director at Maastricht. The McMaster Co-Director will report to the Deans of the Faculty of Health Sciences, Faculty of Social Sciences, and the DeGroote School of Business. Any changes to the McMaster curriculum will be approved through the respective Graduate Curriculum Committees at McMaster, the McMaster Graduate Council, and the Senate, depending on the nature of the changes.

4.1 McMaster Admission Requirements

To be considered for admission to the M.Sc. Global Health program, an applicant must have:

- An Honours bachelor's degree with at least a B+ from an accredited university (equivalent to a McMaster 8.5 GPA out of 12) in the final year in all courses in the discipline, or relating to the discipline, in which the applicant proposes to do graduate work.
- A strong interest in one or more of the three fields offered in the program.
- One official transcript of academic work completed to date at all post-secondary institutions attended, sent directly from the issuing institution(s). If the final transcript does not show that a completed degree has been conferred, an official copy of the diploma is also required.
- All students entering the program must have completed a university level course in statistical analysis with a minimum grade of B-
- Students with no background in health may be required to complete a makeup course in health before entering the program
- Two confidential letters of recommendation from instructors most familiar with the applicant's academic work, sent directly from the instructors.
- A personal Curriculum Vitae (résumé)
- A written personal essay that explains why the applicant is seeking graduate education and describing how the applicant plans to benefit from the program (no more than 750 words)
- If English is not the applicant's native language, an official copy of the applicant's TOEFL Test of English as a Foreign Language score or other evidence of competency in English must be submitted; A minimum TOEFL (iBT) score of 92 (550 on the paper-based TOEFL or 237 on the computer-based test) is required.
- A maximum of 25 students will be admitted each year at McMaster and 50 at Maastricht, for classes beginning each September. Student exchanges between the universities will be possible during the Winter term, but numbers will be balanced as closely as possible so that the same numbers of students will be on exchange from each university.

4.2 McMaster Program Requirements

In order to graduate, a McMaster student is required to complete successfully:

- the five required half-courses
- the Learning Symposium and Field Orientation
- a research proposal developed under the direction of a supervisor
- Thesis students must also complete
 - one half-course chosen from the selected field of study (or the three required Winter term modules at Maastricht if electing to exchange)
 - a thesis on a topic in the student's chosen field of interest.
- Course-project students must also complete
 - two courses chosen from the selected field of study and one course chosen from the list of electives (or the three required Winter term modules at Maastricht if electing to exchange),
 - a major research paper on a topic in the student's chosen field of interest

4.3 Student Supervision

Each student will have a supervisory committee of two faculty members. One will be the student's supervisor (or an advisor in the case of course-project students), and the second member will be, if possible, from the university that is not the supervisor's/advisor's. Student supervisor/advisor

assignments will be based on the field chosen by the students. It may be possible but unusual for a Maastricht student to have a McMaster supervisor/advisor, and vice versa. This distribution of supervisory responsibilities between the universities will ensure a more uniform supervision and evaluation of the students. It will also ensure that the student's home university's policies on independent studies and scholarly research papers will be followed.

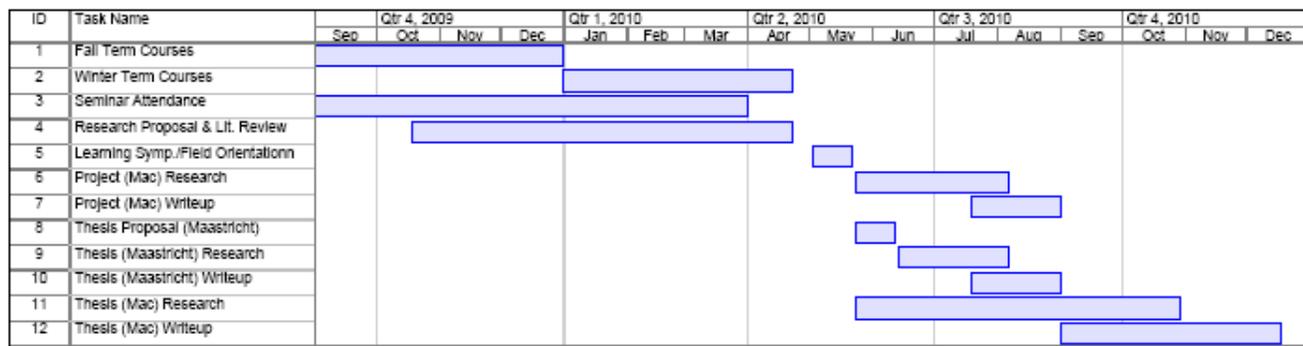
4.4 Distance Delivery

The joint courses and perhaps some of the other courses will be offered through distance education, utilizing systems that offer live presentations through the Internet, such as Elluminate® and/or support systems that provide access to online files and presentations, such as Blackboard®. This will enhance remote course sharing between the two universities to increase cross-fertilization of ideas among students and faculty members.

4.5 Program Format

The program will be 12 months in duration and will consist of three terms, except for McMaster students taking the thesis option (this may extend the program duration to four and a maximum of five terms). Figure 1 is a Gantt chart showing a suggested timeline for the student cohort entering the program in September 2009. There are several differences among the schedules for Maastricht and McMaster students, and there is a difference between the schedules for McMaster course-project and thesis students. These are reflected in the schedules shown on the Gantt chart.

Figure 1. Timeline for Student Progress: Cohort Entering September 2009



The sequencing of the program will proceed as follows at McMaster and Maastricht.

1. Fall term (September – December)

Students will take the first term at their “home” institution. McMaster students will take a bundle of three parallel required courses. Students at Maastricht will complete a required group of program modules. In addition, students at both institutions will work in intercontinental teams on overarching assignments in the required course “Global Health Foundations I”.

2. Winter/Spring term (January – April)

The program is designed to optimize student exchange between the two institutions. Because of the different organizational structures and educational approaches at the two institutions (the Maastricht

program consists exclusively of consecutive full time problem-based modules, while McMaster bundles 13 week courses), student exchange is concentrated in the second term.

During this term students will have the opportunity to travel to the other institution for the full term. Thus, students can choose to complement the orientation of their home institution with that of the sister institution or they can decide to stay “home” to expand their original orientation. Students at both institutions will take the required course “Global Health Foundations II”, working in intercontinental teams on overarching assignments. During this period course-project students at McMaster will also choose two courses from their selected field of interest plus one course from the elective group of courses. McMaster courses available during the Winter term are listed in Table 2, and their descriptions appear in Appendix 1. Thesis students will take one course from the field of their choice. Maastricht offers three consecutive five week modules that all students at Maastricht will take, and the descriptions of these modules appear in Appendix 2. Students at Maastricht will also have the opportunity to further their knowledge of methodology and statistics.

At the end of the Winter term (April) GH 710, a 2-3 week Learning Symposium and Field Orientation will be scheduled for all students of both institutions. The purpose of this symposium is to further exchange and unify perspectives. For example, students will present their research proposals in order to obtain a critical review and feedback, so they can further refine their proposals. The symposium will alternate annually between Hamilton and Maastricht, or preferably on site in a developing or underdeveloped country where students will be able to experience a real environment appropriate to their studies. The selection of an external venue will depend entirely on the availability of outside funding to support the learning symposium. If outside funding is not available, the symposium will be held at one of the universities, to limit travel movements and costs since some students will not have to travel to get to the meeting site.

3. Summer term (May – August)

During this term students return to their home institutions.

Students at *McMaster* are expected to have completed the development of a research proposal, including a literature review by the end of the winter term. Indeed, thesis students may have already completed their proposals and begun their research projects, since their course load in the winter term is limited to one required and one elective course. Upon return to their home institution, McMaster course-project option students will proceed to complete a major research paper, relevant to the field they selected, during the remainder of the summer. This may involve the collection or analysis of empirical data or it may involve a model or conceptual design based on a literature review undertaken prior to the workshop. The scholarly study will be submitted as the student’s Master’s project and may in some cases be suitable for publication in the academic literature.

McMaster students taking the thesis option will spend the remainder of the summer and, if necessary, the fall term (in special cases extending into the following winter term) completing their research and their theses, which may involve the collection and analysis of field data or developing major conceptual works based on the literature.

4.6 Graduate Course Listing

Courses available to Global Health students at McMaster are listed in Table 2. Course descriptions are included in Appendix 1.

Table 2. Courses Available To M.Sc. Global Health Students at McMaster³				
Course	Faculty	2009-10⁴	2010-11	2011-12
Required				
GH 701 ⁵ Global Health Foundations I	Baumann, Stuttaford	F 20 / 30	F 25 / 40	F 25 / 50
Global St.710 Globalization: An Introduction	Coleman	F 35	F 40	F 40
HRM 721 Fundamentals of Health Research & Evaluation Methods	Staff	F 60	F 65	F 65
BUS C721 Health Policy Analysis	Randall	F 25	F 30	F 30
GH 702 ⁵ Global Health Foundations II	Baumann, Stuttaford	W 20 / 30	W 25 / 40	W 25 / 50
GH 710 ⁵ Learning Symposium and Field Orientation	Staff	S 20 / 30	S 25 / 40	S 25 / 50
Global Health Management Field				
Bus C711 Health Economics & Evaluation	Longo	W 18	W 20	W 20
Bus C741 Health Care Marketing	Wakefield	W 18	W 20	W 20
Bus I731 International Business	Yoshikawa	W 23	W 25	W 25
Global Diseases Field				
Biology 6P03 ⁶ Medical Microbiology	Jayaratne	W 20	W 22	W 22
Med Sci 717 Vaccines & Vaccine Immunology	Wan, King, Bramson	W 8	W 8	W 8
Med Sci 7XX Infectious Diseases	Staff	W 18	W 20	W 20
Globalization & Development Field				
Global St. 705 Global Public Policy	Coleman	W 18	W 20	W 20
Global St. 706 Social Welfare & Social Work in the Context of Globalization & Restructuring	Zhou	W 18	W 20	W 20
Global St. 712 International Trade & Economic Development	Drache	W 13	W 14	W 14
Global St. 764 Global Power, Local Cultures: Comparative Colonialism in Africa	Ibhawoh	W 13	W 14	W 14
Global St. 777 Global Governance	Porter	W 13	W 14	W 14
Electives				
BUS C722 Management of Population Health	Longo	W 18	W 20	W 20
HRM 748 Population and Public Health	Raina	W 43	W 45	W 45
HRM 770 Mixed Methods Research Designs for Health Services & Policy Research	Jack	W 17	W 19	W 19
GH 709 Statistical Methods	Akhtar-Danesh	W 25	W 27	W 27

3 Thesis students take the required courses and (if at McMaster) one course chosen from their selected field of study. Course-project students take the required courses and (if at McMaster) three courses from their selected field of study (one of these three courses may be replaced by one of the elective courses). McMaster students at Maastricht in the Winter term will take the three required modules offered at Maastricht.

4 F (Fall), W (Winter), S (Spring); Expected course enrolment

5 Course offered jointly & simultaneously at McMaster and Maastricht. Class size is XX at McMaster / YY at Maastricht

6 6 Level Course (Both advanced undergraduate and graduate course)

5. Outcomes and Governance Structure

5.1 Projected Graduate Intake and Enrolment

If approved, our intention is to admit the first class of a combined total of 50 students in Fall 2009 and continue to increase student intake to a combined total of 75 students by Fall 2011 (See Table 3). Maastricht anticipates a higher intake than McMaster. However, if student demand materializes at a higher rate than projected, McMaster will consider raising its annual intake targets. Ongoing admission into the program will be on an annual basis, with a new student cohort starting every September. We anticipate that five (5) thesis students and twenty (20) course-project students will be admitted each year at McMaster when the program reaches steady state. Intake and enrolment figures are almost the same, since the program is completed by the course-project students at McMaster and by all the Maastricht students in 12 months, with only a small number of McMaster thesis students who may take up to 20 months to complete.

Table 3: Projected Intake for Master of Global Health Program

Year	Institution			Intake/Enrolment
	Mac(CDN)	Mac(Visa)	Maastricht	Total
2009-10	16	4	30	50
2010-11	20	5	40	65
2011-12	20	5	50	75
2012-13	20	5	50	75

5.2 Governance Structure

The governance structure for the program has been designed so that there is a sharing of responsibility between McMaster and Maastricht, through co-directors; one at each of the universities.

5.2.1 Program Co-Directors

Each University will appoint a Co-Director, who will be responsible for local management and coordination of the Global Health program with the stream field advisors, and for relations with the Co-Director at the other university in planning and carrying out the collaborative program. There will be regular consultation on such matters as program marketing, admissions, and scheduling of courses, seminars, and workshops. This position is a rotating three year appointment, decided jointly at McMaster between the Associate Vice President, Faculty of Health Sciences International Health, the Dean of the DeGroote School of Business, and the Dean of the Faculty of Social Sciences. It includes an annual stipend. The Co-Director at McMaster will ensure that the Global Health program's operations are consistent with the short term and long term objectives of McMaster University and the participating Faculties, and will report and consult regularly with the Associate Vice President Faculty of Health Sciences International Health, the Dean of the DeGroote School of Business, and the Dean of Social Sciences.

5.2.2 Advisory Committees

Each university will have an advisory committee composed of faculty members or external members with research, teaching, or field experience who can assist the Co-Director in making plans and

decisions that are consistent with the long term goals of the program. These advisors may also be involved in teaching and research in fields relevant to Global Health, and will advise the Co-Directors at their universities on stream and course content, instruction, and other academic matters. Current membership of the McMaster advisory committee includes:

Dr. Andrea Baumann - Chair (International Health), Dean Paul Bates (DeGroot School of Business), Dr. Will Coleman (Institute for Globalization and the Human Condition), Dr. Mark Loeb (Pathology and Molecular Medicine), Dr. Hertzell Gerstein (Population Health Research Institute), Dr. Del Harnish (Biology and Pathology).

5.2.3 Administration (McMaster)

The McMaster administrative home for the program will be in the Faculty of Health Sciences, supported by an administrative component of program income. Funding for teaching will flow to the faculties according to an agreed formula, and student support will flow from the Faculty of Graduate Studies directly (scholarships) to all students and indirectly (TAs) to thesis students. Program administration will include organizing and managing applications and admissions, maintaining student records, marketing the program, and related program matters.

5.2.4 Academic Committee (McMaster)

The Co-Director will chair an academic committee composed of representatives from Health Sciences, Business, and Social Sciences. The academic committee will be responsible, in conjunction with their Maastricht counterparts, for setting target enrolments, and will oversee curriculum, admissions, reviews of student progress, scheduling, and the appointment of student advisors. An ad hoc committee will be appointed, also with representatives from the three faculties (typically the field advisors), to review student admission applications to the program.

5.3 Careers

Increasing numbers of persons working in Global Health have post-basic training, occasionally leading to a degree, in law, economics, business, education, sociology, psychology, informatics, development studies, and medical anthropology. The Master's in Global Health falls into this category. Healthcare professionals with training in this discipline can make an especially valuable contribution.

Graduates with field experience in a developing country are normally given preference in hiring. For persons working in short term assignments or primarily as clinicians, a Global Health degree adds little. However, for extended assignments and for jobs concerned with population-based research, training, and for jobs involving program development, implementation and evaluation, a Global Health degree can be valuable. The field of concentration will have some bearing on employability but not as much as the possession of a Global Health degree. This degree gives evidence of basic training in the core disciplines similar to most schools of public health: biostatistics, program planning, management, and leadership, especially if these augment one or more of the important programmatic content areas such as maternal and child health, health education, and environmental health.

APPENDIX 1. McMASTER COURSE DESCRIPTIONS

Required Term 1

GH 701 Global Health Foundations I (Joint) / Andrea Baumann (McMaster), Maria Stuttaford (Maastricht)

This joint course addresses cross-sectional and interrelated features of the health problems, issues, and concerns in the circumstances or experiences of nations that transcend national boundaries, and that are best addressed by cooperative actions and solutions. The critical relationships among health, healthcare, education, economic development, and business management will be explored in detail. Ethical issues in global health are also addressed. Discussion and interaction among the participants is strongly encouraged. The course will also include several seminars from recognized researchers in global health, and from field workers familiar with the aspects of what graduates from this program are likely to encounter in their careers, accompanied by significant interaction and discussion.

Global St. 710 - Globalization: An Introduction / Will Coleman

An introduction to major theories and debates in the field of globalization studies.

HRM 721 Fundamentals of Health Research and Evaluation Methods / Staff

The major components of research activities are covered, including concepts of health, formulation of research questions, literature reviews, study designs, selection of study populations, choice of measuring instruments, and study interpretation issues such as determination of causality and the effectiveness of clinical and community interventions.

BUS C721 - Health Policy Analysis / Glen Randall

This course will examine the field of health policy analysis with particular emphasis on clinical, administrative and government policy. After establishing a framework by which to analyze policy – which will include consideration of stakeholders, pressure groups, values, institutions, and the media – various tools will be studied as means of formulating and evaluating policy. Techniques from business, political science, economics, sociology, epidemiology, and history will be used. Specific policy topics will be presented as illustrations of this management art.

Required Term 2

GH 702 Global Health Foundations II (Joint) / Andrea Baumann (McMaster), Maria Stuttaford (Maastricht)

Program and project management skills are essential to every graduate from this program. This course introduces global health program and project management, and demonstrates their application using real cases from each of the three Global Health program fields. Interaction among, and contributions from students are strongly encouraged. The course will also include regular weekly seminars, presented by students and their supervisors or advisors, resulting from their studies of global health issues, and accompanied by significant interaction and discussion with other students, instructors, and supervisors.

Required Spring Term

GH 710 - Learning Symposium and Field Orientation / Staff

The aim of the learning symposium is to provide students with the opportunity to exchange knowledge, as equal partners, at a location that will provide a learning environment for all participating. Under the guidance of staff from both universities, students from Maastricht and McMaster Universities will come together to exchange and unify perspectives on global health issues. Learning will be enhanced through special lectures by experts in the field, field visits, small group discussions, and the presentations of conclusions from project work undertaken during the Foundations modules. During this period, students will also present their research proposals, in order to receive feedback from peers.

McMaster Courses Term 2 by Field⁷

Global Health Management

BUS C711 - Health Economics and Evaluation / Chris Longo

This course will examine the application of economic principles to policy-relevant questions in the area of health and healthcare. Topics will include applied health economics, economic correlates to health, demand and supply of healthcare and insurance, healthcare system financing, alternative payment schemes, economic regulation of the pharmaceutical industry, cost-effectiveness and cost-benefit analyses, QALY's, and means by which to improve value-for-money in the health sector.

BUS C741 – Health Care Marketing / Patricia Wakefield

This course provides an in-depth understanding of the key concepts of marketing and their application to the rapidly changing public and private health care environment. Students build practical skills: in analyzing marketing problems in for-profit and not-for profit health care organizations in Canadian, U.S. and other international settings; and, in developing programs and strategies applying marketing tools and principles (such as pricing, promotion, products/services, consumer behavior, branding, segmentation, social marketing and health promotion). Students also increase their appreciation of the role of data collection, analysis, interpretation, and management in health care marketing decisions. The course consists of case discussion, lectures, guest speakers, readings (cases, articles, textbook), and practical field experience whereby student teams undertake marketing consulting projects in local health care organizations.

BUS I731 - International Business / Toru Yoshikawa

This course examines the environmental analysis of international business and surveys a number of managerial issues related to international operations. Macro strategic decision making and alliance formation are studied as are functional decision making in the areas of finance, accounting, marketing, human resources, sourcing, and production. The course acquaints students with available databases and their use, and requires a research project to be undertaken.

⁷ Thesis students choosing a particular field must select one of the courses listed for that field. Course-project students must select two courses from their chosen field and one course from the list of electives.

Global Diseases

Biology 6P03 - Medical Microbiology / Padman Jayaratne

Microbial infectious diseases of humans: ecology, evolution, epidemiology, immunity, pathogenesis and the treatments of these diseases.

Medical Sciences 717 - Vaccines and Vaccine Immunology / Yonghong Wan, Zhou Xing, Jonathan Bramson

Vaccines and vaccine immunology have become an important sub discipline of modern biomedical practice and research. It becomes increasingly important to both prevention and treatment of infectious diseases, cancer, autoimmune diseases and allergic diseases. This course is designed to provide graduate students with the basic concepts of current human vaccination programs, methods used to developing various forms of new vaccines, and vaccine immunology.

Medical Sciences 7XX – Infectious Diseases / Mark Loeb

This course will provide an overview of disease patterns in new and emerging infectious diseases. The content includes an examination of recent therapies and interventions used in the developing world to combat the spread as well as possible eradication of targeted diseases. It will cover important topics such as anti-microbial resistance, strategies for treatment and control, as well as field interventions.

Globalization and Development

Global St. 705 - Global Public Policy / Will Coleman

An examination of policy-making at global institutions and the relationships with other scales of policy formation.

Global St. 706 – Social Welfare & Social Work in the Context of Globalization & Restructuring / Rachel Zhou

This course focuses on the dynamics and consequences of the restructuring of social programs in Canada. Attention will be given to policy trends toward privatization and market models of service delivery, to changes in the practices of social welfare institutions and to changes in the meaning of citizenship and political participation.

Global St. 712 - International Trade and Economic Development / Daniel Drache

This course studies the economic impacts of world trade on developing countries.

Global St. 764 – Global Power, Local Cultures: Comparative Colonialism in Africa / B. Ibhawoh

A comparative study of the processes by which imperial global power and local responses shaped the political, economic and cultural history of Africa in the late 19th and 20th centuries.

Global St. 777 – Global Governance / R. O'Brien, T. Porter

This course examines the institutions and processes of global governance. It considers different theoretical approaches to understanding rule creation and maintenance on a global scale. Approaches and issues that will be examined include: neoliberal and neorealist regime theory; critical theory approaches; international law, the role of corporations and private authority and the activity of global civil society.

Electives

BUS C722 – Management of Population Health / Chris Longo

The Management of Population Health takes a meta-approach to health issues focusing on strategies to improve health and well-being while controlling costs. Several frameworks will be critiqued and concepts studied will include, but will not be limited to, the correlates of the health of different populations, the stages of the life cycle, the burden of illness for society, contagions and public health, the congruence between evidence and policy, prevention, community action, and the development of students' critical appraisal skills.

GH 709 - Statistical Methods / N. Akhtar-Danesh

This course focuses on the main statistical issues that might be useful in nursing research. Some specific topics of the course are descriptive statistics, probability distributions (binomial, Poisson, normal), comparison between two mean values, one-way and two-way Analysis of variance (ANOVA) and post-hoc tests, correlation and simple linear regression analysis of the frequency tables, and some non-parametric tests.

HRM 748 - Population and Public Health / Parminder Raina

This course provides an overview of core concepts and methods in population and public health. We will discuss the concept of population health and explore the methods used to define, measure, and investigate health outcome and health determinants at a population level. The applications of this approach to public health will be discussed.

HRM 770 - Mixed Methods Research Designs for Health Services and Policy Research / Susan Jack, Staff

This course introduces students to the major concepts and issues involved in mixed methods approaches to tackle important questions in the field of health services and policy. LearnLink is used as the mode of instruction. A framework for thinking about mixed methods will be developed that provides guidance to decision-making about when and how to use mixed methods and models to study health services and policy problems. The course will provide students with knowledge of the current controversies and major challenges in the use of mixed methods and models of research. Students are expected to design a mixed method study as part of the course and critically evaluate the design options chosen by a classmate.

Appendix 2. Maastricht Term 2 Modules

“Implementing Innovations on a Global Scale”

Module 1: Globalization and Transferability: Building Networks in Genomics and Biotechnology (5wks)

Coordination: Rein Vos (FHML; HES), Angela Brand (FHML; INTHEALTH), Guillaume van Eys (FHML; MG)

In the last decade new technologies such as genomics and biotechnology have had a world-wide impact. New hopes are ventured and many stakeholders make claims about the promises and expectations which these new technologies may have with respect to major health problems in a globalised world. Genomics and biotechnology illustrate the way new ‘large-scale’ science develops by creating networks of different stakeholders connecting parties across the globe. Conversely, these networks have major impacts on citizenship and daily life and health of people throughout the world. Science co-evolves with the development of new legal, moral and regulatory regimes. Therefore, the ‘conventional’ view: first science, then technology and subsequently implementation in society has to be discarded. Scientific and technological developments evolve together with social, legal, ethical and cultural developments. An example here may be the development of corn genetically modified to produce better crops, among others through resistance against parasites occurring in specific global regions. Although crops improved, genetically modified products met resistance from worried citizens in industrialized societies. As a consequence, product information must now specify whether the item contains genetically modified components; which may in turn reduce its marketing opportunities. Thus, technologies are affecting the continuum of health, nutrition, food security and sources of income, such as the availability of medication or seeds to grow crops. But these technologies also influence the way communities respond to health and development interventions and the way public trust and accountability is shaped.

Drawing from the biosciences as well as from the social sciences and building on the modules (Maastricht University) and courses (McMaster) of the Fall term, this module critically reflects on promises and challenges of recent developments in (public health) genomics and bio-engineering in relation to global health. After having been introduced to the major health issues and practices related to public health genomics and biotechnology, students will be challenged to explore the development of scientific and technological networks, taking public health genomics and biotechnology – both the ‘green’ and the ‘red’ biotechnology – as paradigmatic cases. Thus, students will be prepared for a role as leader, policy-maker or manager, able to address the challenges involved in the implementation/translation of innovative technologies in a changing global reality.

Module 2: Medical Mobility: Outsourcing, Telemedicine, Medical Tourism and “Brain Drain” (5 wks)

Coordination: D. Townend (FHML; HES); A. Verbon, (FHML; MMB)

In the last decade the global transfer (real as well as virtual) of patients, professionals, knowledge, data, practice, technology, skills and capital has markedly increased. This occurs through different mechanisms. Through *medical outsourcing* a health care provider engages individuals or institutions outside their own organisation to provide medical services; *telemedicine* enables the electronic delivery of these services, either clinical (such as specialists consultations) or diagnostics (e.g. using

Indian radiologists to read radiographs during European or North American “out of office” hours); through *medical tourism* individuals obtain health care in another country (e.g. Indian hospitals offer high quality but cheaper heart surgery for foreign patients than ‘at home’). These may or may not be positive developments in health care delivery. However, a ‘brain drain’ is also seen in developing countries where highly skilled medical personnel emigrate to developed countries. This results in a situation where on one hand the receiving health care system becomes increasingly dependent on “foreign” staff and on the other, the country from which staff move lack sufficient medical staff. This globalization of the health care system raises concerns about medical, regulatory, legal, financial and policy issues.

This module will explore these processes and reflect on the possibilities and challenges they present for Global Health Governance and collaboration.

Module 3: Health In Times Of Crisis (5 wks)

Coordination: Jessica Mesman (FaSoS; S&T), Rachna Zeiss (ICIS)

Today’s societies can be considered as tightly knit systems in which science and technologies are pervasive. All kind of technologies support and strengthen the structures of our societal domains. However, the technological character of today’s societies makes these structures vulnerable at the same time. Such vulnerability thus is an inherent characteristic of today’s societies. Sometimes this quality turns into a problem or even a disaster. Risks to health, safety, freedom of choice, privacy and our environment are abounding in the world. During the last decades we have witnessed several high-tech related disasters. The Chernobyl nuclear accident, the Bhopal chemical disaster in India, and the Exxon Valdez oil spill — they all remind us that large-scale systems are vulnerable to human errors and technical malfunctions with far-reaching consequences for the health of men and its environment. Besides technological disasters, also natural disasters and warfare have a huge impact on health situation of individuals or populations. Besides these explicit forms of crisis, this course also discusses so-called ‘hidden’ forms of crisis: these are unintended, and at first sight not clearly related, consequences of technological interventions on health and health care. However, the impact of war and natural and industrial disasters on health often exceeds the boundaries of isolated countries. Therefore, this course will study the vulnerability of health in modern societies as a vulnerability of global technological culture.

With its focus on health issues that occur in times of crisis, the course critically reflects on current strategies/policies to prevent and to respond to these crises. In addition, it discusses the possibilities and impossibilities of alternative approaches to crisis/disaster management. The argument this course aims to make contrasts with commonly accepted health-risk management theories and practices that argue that it is important to define clear rules and protocols and make sure they are followed in order to make a society/ community as safe and healthy as possible. This ‘standard’ approach will be questioned in this course. Alternative ways of conceptualizing health, disease and governing health crisis will be discussed. Therefore, an inter-disciplinary study of the vulnerability and resilience of health care systems is required.

This course will be structured in three parts: first, the problem of vulnerability of health in a global world will be framed by reviewing a broad range of empirical domains. Students will reflect on both short term (e.g. diarrhoea and cholera) and long-term effects (e.g. cancer, trauma and amputations). Second, various theoretical approaches to study this specific vulnerability in times of crisis are explored; and third, these new conceptualizations are translated for and applied to issues of politics and governance.

**FACULTY OF BUSINESS GRADUATE CURRICULUM AND POLICY COMMITTEE
MAY 7, 2008, 3:00 PM
DSB-510**

PRESENT: Dr. M. Head (Chair), Dr. P. Abad, Dr. N. Agarwal, Dr. D. Goellnicht, Mr. D. Green, Dr. K. Hassanein, Dr. E. Kleinschmidt, Dr. C. Kwan, Ms. J. McCleary, Dr. K. Nainar, Ms. A. Bedi, Mrs. M. Espiritu (Assistant Secretary)

BY INVITATION: Dr. N. Archer

REGRETS: Mr. J. Scime, Dr. W. Wiesner

I. GRADUATE DIPLOMA IN MANAGEMENT STUDIES

Dr. Head reviewed the proposal of the Faculty of Business to establish a Type 4 Graduate Diploma in Management Studies. Dr. Head said the proposal will be a sub-specialization within the MBA program, and will be considered a stand-alone, direct-entry diploma. She said the Faculty of Business intends to offer the diploma to a particular market on a full-recovery basis. Dr. Head added that the School is confident the program is financially viable since executive education programs are based on variable costs—if the programs are not offered, the costs are not incurred. She added that the admission requirements for this diploma would be similar to the MBA program, with the exception of requiring a GMAT. In response to a question, Dr. Head explained that for students who wish to continue with the MBA, they will be required to write the GMAT and meet the other requirements of the program. One member asked about the courses required for the diploma. Dr. Head replied that students in the graduate diploma program will be required to meet the same course requirements (e.g., examinations, reports, presentations), and be marked with the same criteria, as regular full-time and part-time MBA students. One member inquired about the number of students expected to enroll in the program. Dr. Head responded that the diploma will be offered when there is a cohort of about 15-25 students.

Dr. Agarwal moved, and Dr. Hassanein seconded,

“that the Faculty of Business Graduate Curriculum and Policy Committee approve, for recommendation to the Faculty of Business, the proposed Graduate Diploma in Management Studies, as set out in the document.”

The motion was carried.

II. CALENDAR COPY: M.Sc. IN eHEALTH

Dr. Head introduced Dr. Archer, who was invited to the meeting to present the calendar copy for the M.Sc. in eHealth program. Referring to the document, Dr. Archer explained that the M.Sc. in eHealth is an interdisciplinary program involving the Faculties of Business, Engineering, and Health Sciences. He reviewed the admission and course requirements for the program, as well as

the list of courses that will be offered. After a short discussion, a minor change was suggested: the deletion of the word “placement” on page 4, paragraph 1.

Dr. Agarwal moved, and Dr. Hassanein seconded,

“that the Faculty of Business Graduate Curriculum and Policy Committee approve, for recommendation to the Faculty of Business, the calendar copy for the M.Sc. in eHealth program.”

The motion was carried.

III. COURSE K736 – MANAGEMENT ISSUES IN eHEALTH

Dr. Archer explained the recommended changes in the prerequisite and course description for K736 –Management Issues in eHealth.

Dr. Hassanein moved, and Dr. Agarwal seconded,

“that the Faculty of Business Graduate Curriculum and Policy Committee approve, for recommendation to the Faculty of Business, the recommended changes for course K736 – Management Issues in eHealth, as described in the document.”

The motion was carried.

III. CALENDAR COPY: Ph.D. IN HEALTH POLICY

Dr. Goellnicht reviewed the calendar copy for the Ph.D. in Health Policy program. He said the Joint Faculties of Humanities and Social Sciences Graduate Curriculum and Policy Committee approved the proposal at its meeting on April 16, 2008. Dr. Archer commented that the involvement of the Faculty of Business in this program is minimal.

Dr. Hassanein moved, and Dr. Agarwal seconded,

“that the Faculty of Business Graduate Curriculum and Policy Committee approve, for recommendation to the Faculty of Business, the proposed calendar copy for the Ph.D. in Health Policy program, as described in the document.”

The motion was carried.

There was no other business, and the meeting adjourned at 3:45 p.m.

**Proposal to develop a Health Management Degree:
A Partnership between the School of Rehabilitation Science
and DeGroot School of Business**

October 15, 2008

Glen E. Randall PhD

Assistant Professor, Strategic Market
Leadership & Health Services Management
DeGroot School of Business, McMaster
University
Member, Centre for Health Economics and
Policy Analysis, McMaster University

Patricia A. Wakefield DBA

Assistant Professor, Strategic Market
Leadership & Health Services Management
Director, AIC Institute for Strategic
Business Studies
DeGroot School of Business, McMaster
University

Mary Law PhD

Professor and
Associate Dean (Health Sciences)
School of Rehabilitation Science
Associate Member, Clinical Epidemiology and
Biostatistics
Co-Founder, *CanChild* Centre for Childhood
Disability Research
McMaster University

Seanne Wilkins PhD

Associate Professor and Assistant Dean
(Rehabilitation Science Program)
School of Rehabilitation Science
McMaster University

EXECUTIVE SUMMARY

Both the DeGroot School of Business and the School of Rehabilitation Science have been investigating the development of educational approaches to provide health management learning for a range of health professionals. Rather than develop separate approaches, the two Schools have come together to propose a new program in Health Management that will be similar in structure to the already successful course-based, online Master of Science program currently run out of the School of Rehabilitation Science. We are excited about the potential of this partnership to foster increased collaborations across faculties and to meet the educational needs of today's health professionals.

There is considerable need for a degree at the master's level for regulated health professionals who wish to gain a broader understanding of the Canadian health care policy development and service delivery environment as well as core management knowledge and skills. This proposed program would initially target health professionals who are currently working and do not wish to undertake full-time studies. Data from Health Canada and the Canadian Institute of Health Information reveals that there are between 600,000 and 800,000 health professionals (depending on how they are defined) practising in Canada.

In order to meet the graduate education demands of this group of health professionals, we propose the creation of a new program that would harness the health care expertise that exists across McMaster University. The new program largely builds on and uses courses currently run in either the online program or the MBA program. It would be offered through a partnership between the DeGroot School of Business and the School of Rehabilitation Science and would provide students with access to courses from professional and disciplinary specific departments and programs across campus.

The proposed MSc (Health Management) degree is intended to provide regulated health professionals with a combination of core management skills (accounting, finance, marketing, human resource management etc.) and a broad understanding of the Canadian health care policy development and service delivery environments (health system design, health policy analysis, and evidence based decision-making). Students will gain the knowledge, skills and abilities necessary to excel as a middle or senior manager within both the public and private spheres of Canada's health care sector. The program will be of particular interest to regulated health professionals wishing to gain the skills and credential that will facilitate their advancement within the non-profit health care system (hospitals, long-term care facilities, etc.) or for those health professionals who are currently working, or plan to work, in the for-profit health care system either in private practice or as part of a larger corporate entity.

The degree MSc. Health Management would consist of 8 half credits (5 core courses, 1 elective, and a 2 credit scholarly paper). The proposed courses are as follows:

1. **Health Systems and Policy (modified from current course Business C721)** (Canadian health care system; comparative health systems; health policy analysis; evidence-based decision-making; basics of population health etc.)
2. **Evaluating Sources of Evidence for Management and Evaluation** (research methods; critical evaluation of research; measurement and evaluation etc.)

3. **Health Management Foundations I** (human resources management; legal issues; contract negotiations; marketing; organizational behaviour etc.)
4. **Health Management Foundations II** (basics of finance; accounting; budgeting; forecasting; etc.)
5. **Elective** (a graduate level course may be taken from health profession masters programs or from the MBA curriculum)
6. **Scholarly Paper** (2 credits) (requires students to design the project; collect (in some circumstances), manage and analyze data; and prepare a detailed report)
7. **Leadership in Health Organizations** (Capstone course - leadership; ethics; communications; strategy; risk management, etc.)

The proposed degree will be an equal partnership between the schools in all respects. Each course will be planned by faculty from both schools. Courses with significant inter-disciplinary content between the two departments will be co-coordinated.

Funding for this initiative will come from the MTCU (Ministry of Training, Colleges and Universities) grant funds and tuition funds provided to the university through graduate expansion. A half time program coordinator and half time program assistant will be required, in addition to course coordinators and course facilitators. Positions will be funded from course income and the additional BIU (Basic Income Units) funding.

No graduate scholarships will need to be funded from this initiative as the program will initially be offered on a part-time basis only. Given the online learning format, students are on campus only for two short residency periods and will only use campus services such as registration and online library access. Since the initiative is revenue-generating and delivered primarily in an online format, we propose a relatively large proportion of income be retained by the schools. In Year 1, 100% of the income flows to the initiative to assist with development costs. In Year 2, 90% would flow, and in subsequent years, 80% of the revenue would flow to the initiative. Enrolment is estimated at 15 students in year 1, 30 in year 2, and 45 in year three.

The proposed partnership between the DeGroote School of Business and the School of Rehabilitation Science is an ideal partnership. The School of Rehabilitation Science already has a similar Master of Science degree (without the management components) in place and has developed critical experience with the delivery of online courses. Additionally, Health Sciences at McMaster has a positive reputation among health care professionals across Canada. The DeGroote School of Business already offers several courses dealing with key health services management topics and has built a solid reputation for delivering quality management education through its MBA program and Health Services Management specialization of the MBA program. This project would demonstrate a real cross-campus partnership in support of the McMaster University Collaborations for Health initiative.

BACKGROUND

As McMaster University considers mechanisms to foster collaboration among the various faculties, one promising area is a partnership between the DeGroot School of Business and the Faculty of Health Sciences. While McMaster University already has a wide range of graduate education programs available to students interested in health care, these programs have been largely discipline specific and have not permitted students to fully benefit from the vast range of health care expertise that exists throughout the various faculties at McMaster University. One recent notable exception has been the creation of a new multidisciplinary PhD in Health Policy.

Our preliminary investigations into potential partnerships and untapped markets suggest that there is a substantial number of health professionals who would like to both pursue graduate education and acquire management skills but do not want to focus too narrowly on either advanced education within their health profession area or in business administration. Rather, these individuals appear to want to follow a more flexible road that can be adapted to their changing career needs and goals. For example, McMaster's DeGroot School of Business offers a Health Services Management stream as part of the MBA program, however, this option attracts a relatively small proportion of health professionals. In fact, the majority of students in this stream each year are non-health professionals, often business students who want some academic exposure to health services. This raises the question: why don't more health professionals apply to our MBA program?

Clearly this lack of health professional enrolment in the MBA program is not related to a lack of need for, or interest in, gaining a wide range of management skills. Based on our preliminary investigations, the following appear to be the major issues of concern which deter working health professionals from applying to the MBA program:

- Reluctance to take the GMAT test.
 - Financial cost.
 - Time needed for test preparation.
 - Inconvenient to write the test.
- Inconvenience of program/course offerings for part-time students.
 - Travel distance to McMaster (lack of satellite locations).
 - Lack of distance/online education options.
 - Limited evening/weekend/summer course offerings.
- Concern about the length and content of the program.
 - For part time students, it takes an average of 7 years to complete McMaster's MBA if a student takes one course every term (including over the summer). This is much longer than graduate degrees for some discipline/profession specific programs which can require as few as 6 or 7 half courses and some of which can be completed on a part-time basis in as little as 20 months.

- Typically, no advanced standing is granted for health professionals who may already have significant education and professional experience.
- Most health professionals interested in an advanced degree want additional knowledge, skills and abilities but do not require or desire the depth associated with a full MBA program.

Addressing these concerns may lead to a significant opportunity for McMaster University. With a potential market approaching three-quarters of a million health professionals across Canada, the university that meets the needs of this population can expect substantial rewards to accrue in terms of both its reputation and financial situation. While specialized MBAs, joint degrees, diplomas, and executive education may suit the needs of some professionals, they simply do not address the needs of most health professionals, a largely ignored mass market.

Both the DeGroot School of Business and the School of Rehabilitation Science have been investigating the development of educational approaches to provide health management learning for a range of health professionals. Rather than develop separate approaches, the two Schools have come together to propose a new program in Health Management that will be structured similarly to the already successful, online Masters program currently run out of the School of Rehabilitation Science. We are excited about the potential of this partnership to foster increased collaborations across faculties and to meet the educational needs of today's health professionals.

The Need: Why do Health Professionals Want Graduate Education in Management?

- To satisfy general interest and meet their professional development needs.
- To obtain a graduate credential to facilitate promotion within the workplace. This has been especially pronounced in the hospital sector where the typical requirement for any management position now includes a graduate degree in a related discipline.
- To obtain specific management skills. This is of particular interest to health professionals who work in private practice but did not obtain these skills during their profession-specific education.

What Health Professionals Want in Graduate Education?

- A graduate degree rather than a diploma or executive education.
 - Since a large proportion of health professionals would be pursuing management education first and foremost as a means of gaining a graduate credential (Masters Degree) approaches which focus primarily on providing knowledge/skills and a diploma or certificate of completion would severely limit the potential market.
 - The cost of executive education is prohibitive for majority of allied health professionals
- A flexible education format that would not interfere with their full-time employment.
 - We therefore propose a part-time only format (at least initially).

- The format would be a hybrid model, including a combination of distance (online) and on-site learning. A benefit of this approach is that students would meet their fellow students initially to build some relationships. In addition, the demand on the University's physical resources could be minimized as some courses would be offered online or in low demand periods (such as August).

Potential Target Market:

This proposed program would at the outset target health professionals who are currently working and do not wish to undertake full-time studies. Data from Health Canada and the Canadian Institute of Health Information reveals that there are between 600,000 and 800,000 health professionals (depending on how they are defined) practising in Canada. A small proportion of these individuals have graduate degrees. While some of the health profession programs are currently offered at the graduate level (e.g. occupational therapy and physiotherapy) they generally provide little in the way of specific management education. In addition, the primarily online model of this program would facilitate international access to the program.

Table 1: Major Allied Health Professions by Province

Profession	BC	AB	SK	MN	ON	QU	NB	NS	PE	NF	T	TOTAL
					HC/04							
Nurses (RN) 2006 (CIHI)	29557	27308	8631	11268	102461	66148	7998	9098	1444	5559	1373	270,845
OT (CIHI, 2007)	1434	1242	217	456	4002	3288	245	309	33	129	23	11,378
Pharmacists					9000							~ 20,000
Physiotherapist					5800							~ 15,000
Social Workers					9400							~ 25,000
TOTAL												~340,000

There are currently 28 regulated health professions in Ontario. The initial target market is aimed at allied health professionals with four-year undergraduate degrees. However, individuals with health professional degrees of less than four-years who have additional education, such as practical nurses, and individuals with health professional degrees at the master's level, such as speech language pathologists, would also be eligible. In addition, this degree would be of interest to several newly regulated health professions including kinesiology.

PROPOSAL

In order to meet the graduate education demands of this group of health professionals, we propose the creation of a new program that would harness the health care expertise that exists across McMaster University. The new program builds on and uses courses currently run in either the online program or the MBA program. The new program would be offered through a partnership between the DeGroot School of Business and the School of Rehabilitation Science and would provide students with access to graduate level courses from professional and disciplinary specific departments and programs across campus.

The proposed MSc (Health Management) is intended to provide regulated health professionals with a combination of core management skills (accounting, finance, marketing, human resource management etc.) and a broad understanding of the Canadian health care policy development and service delivery environments (health system design, health policy analysis, and evidence based decision-making). Students will gain the knowledge, skills and abilities necessary to excel as a middle or senior manager within both the public and private spheres of Canada's health care sector. The program will be of particular interest to regulated health professionals wishing to gain the skills and credential that will facilitate their advancement within the non-profit health care system (hospitals, long-term care facilities, etc.) or for those health professionals who are currently working, or plan to work, in the for-profit health care system either in private practice or as part of a larger corporate entity.

Some of the distinctive aspects of the design are as follows:

- offered in partnership between the Schools of Business and Rehabilitation Sciences (with access to courses in other departments/programs);
- targeted to regulated health professionals;
- offered on a part-time basis only (at least initially);
- students would move through the program as a cohort;
- offered through a combination of on-site and online delivery; students who are not local may complete the program with as little as two short residency periods (of 3 days each) while local students may wish to attend one or more traditional on-site courses; and
- completion within as little as 20 months.

Admission requirements would include:

- Regulated health professional (evidence of registration in the applicant's professional affiliation in his/her own province/country)
- Graduation with a minimum of a B+ average from a 4-year health professional program
- Two clinical or work place related references.
- Written application outlining career plans, research interests and suitability for the MSc Health Management Program
- Identification of a faculty member who agrees to supervise the student's scholarly paper.

- For foreign applicants whose native language is not English, evidence of proficiency in the use of the English language. The most common evidence is a score of at least 580 (paper test) or 237 (computer test) on the Test of English as a Foreign Language (TOEFL).

The program (Health Management) would consist of 8 half credits (5 core courses, 1 elective, and a 2 credit scholarly paper). The proposed courses are as follows (see appendix 1 for graphic description of the program and appendix 2 for a more detailed description of the content of each course):

1. **Health Systems and Policy (modified from current course Business C721)** (Canadian health care system; comparative health systems; health policy analysis; evidence-based decision-making; basics of population health etc.)
2. **Evaluating Sources of Evidence for Management and Evaluation (Current course-based, online course Rehabilitation Science 705, with added health management problems and examples)** (research methods; critical evaluation of research; measurement and evaluation; etc.)
3. **Health Management Foundations I** (human resources management; legal issues; contract negotiations; marketing; organizational behaviour; etc.)
4. **Health Management Foundations II** (basics of finance; accounting; budgeting; forecasting; etc.)
5. **Elective** (course may be taken from health profession masters programs or from the MBA curriculum)
6. **Scholarly Paper** (2 credits) (Current course-based, online course 730) (requires students to design the project; collect (in some circumstances), manage and analyze data; and prepare a detailed report)
7. **Leadership in Health Organizations (modified from current online course Rehabilitation Science 770)** (leadership; ethics; communications; strategy; risk management, etc.)

BENEFITS OF BUSINESS/REHABILITATION SCIENCES PARTNERSHIP

The proposed partnership between the DeGroot School of Business and the School of Rehabilitation Science is ideal as the model has several important benefits.

- The DeGroot School of Business already offers several courses dealing with key health services management topics.
- The DeGroot School of Business has built a solid reputation for delivering quality management education through its Health Services Management program.
- The School of Rehabilitation Science already has a similar (without the management components) Master of Science degree in place (established in 2004, in partnership with UBC, with approximately 100 students from diverse health profession backgrounds, including some international students). Their current program accepts admissions in September and January and is completed online. Structuring a new “health management” program after the Rehabilitation Science program may allow us to start by September, 2009.
- The School of Rehabilitation Science has successful experience with online courses and already has three of the potential courses in place for their current online MSc. degree.
- The School of Rehabilitation Science would be able to provide access to a list of existing Masters level courses as possible electives and would make faculty available as supervisors or co-supervisors for the major student report/paper).
- The School of Rehabilitation Science already has an administrative structure in place for its online degree (one-half person time).
- Health Sciences at McMaster has a positive reputation among health care professionals across Canada.
- This project would demonstrate a real cross-campus partnership in support of the McMaster University Collaborations for Health initiative.

RESOURCES REQUIRED

Funding for this program will come from the grant and tuition funds provided to the university through graduate expansion. A projected budget is attached to the proposal. A half time program coordinator and half time program assistant will initially be required, and will be funded from course income and the additional BIU funding. No graduate scholarships will need to be funded from this program as the program will initially be offered on a part-time basis only. Given the online learning format, students are on campus only for two short residency periods and will only use campus services such as registration and online library access. Since the program is revenue-generating and delivered primarily in an online format, we are proposing that in Year 1, 100% of the income flow to the program to assist with development costs. In Year 2, 90% would flow to the program and subsequently, 80% of the revenue would flow to the program.

One of the chief benefits of this educational model is the limited resources required as compared to traditional programs.

Physical space:

- Some limited on-site course time would be during non-peak times (e.g. first course in August for 3 days on-site).
- Most of the course work would be online.
- Electives may be chosen from online or existing on-site courses, therefore maximizing current class room utilization.
- Administrative space is already in use for Rehabilitation Science's online degree program (no additional space would be required unless the program grew very large).

Faculty and Staff:

- A half-time faculty program coordinator would be required
- One half of an administrative staff position would be required; this position would become full-time once enrolment increased to 45 students per year.
- Minimal cost associated with having faculty members supervise major report/paper.
- Three courses are already available and need minimal modifications to add health management problems to them. Only three courses would have to be developed. There are full or part-time faculty with both Schools who have the expertise to deliver these courses.
- Since students move through the program in a cohort, only one course is offered each term which makes mounting and monitoring the program fairly straight forward.
- Overview of Core Faculty is provided in Appendix 4.

Marketing:

- Since regulated health professionals are all required to become members of a regulatory body it is possible to have direct contact with everyone in our target population. In fact, most provinces require that at least the work addresses of regulated health professionals be made publicly available. For most regulatory bodies, mailing lists may be purchased or direct email may be conducted through the regulatory body.
- Since many health employers are requiring that their managers have or are working towards a Masters degree, the major health employers may also represent an important target for marketing the program.

SUMMARY

The proposed partnership between the DeGroote School of Business and the School of Rehabilitation Science is an ideal partnership. The School of Rehabilitation Science already has a similar Master of Science degree (without the management components) in place and has developed critical experience with the delivery of online courses. Additionally, Health Sciences at McMaster has a positive reputation among health care professionals across Canada. The DeGroote School of Business already offers several courses dealing with key health services management topics and has built a solid reputation for delivering quality management education through its MBA program and Health Services Management specialization of the MBA program. This project would demonstrate a real cross-campus partnership in support of the McMaster University Collaborations for Health initiative.

APPENDIX 1: MSc (HEALTH MANAGEMENT) PROGRAM

Proposed Course Schedule for MSc (Health Management)
 (consists of 5 core courses, 1 elective and a 2 credit scholarly paper)

Term 1	Health Systems and Policy (Canadian health care system; comparative health systems; health policy analysis; etc.)	
Term 2	Evaluating Sources of Evidence for Management and Evaluation (research methods; critical evaluation of research; measurement; etc.)	
Term 3	Health Management Foundations I (human resources management; legal issues; contract negotiations; marketing; organizational behaviour; etc.)	
Term 4	Health Management Foundations II (basics of finance; accounting; budgeting; Forecasting; etc.)	<p>Scholarly Paper</p> <ul style="list-style-type: none"> • detailed proposal requires approval by end of fourth term • final project to be submitted by end of eighth term
Term 5	Elective (course may be taken from health profession master's programs such as nursing or social work or may be taken from the MBA)	
Term 6	Leadership in Health Organizations (leadership; ethics; communications; strategy; risk management; etc.)	
Term 7		
Term 8		

APPENDIX 2: COURSE DESCRIPTIONS

1. Health Systems and Policy

Description:

This course is the introductory course for the MSc (Health Management) program. It will provide students with an understanding how the Canadian health care system is organized as well as how services are financed and delivered. This will be done through an assessment of the *Canada Health Act* and various pieces of related provincial health care legislation. Discussions will include an exploration of the for-profit and not-for-profit mix of services within Canada. In addition, students will be exposed to the principles of evidence-based decision-making and various health policy analysis tools. Current issues and trends in health policy (both within Canada and internationally) will serve as cases to which students apply those tools.

Objectives:

Upon completion of this course students will be able to:

- describe how health care is organized, funded and delivered within Canada;
- demonstrate an understanding of current issues and trends in health policy; and
- describe and apply health policy analysis tools in examining complex health policy issues.

Delivery Methods:

This course will be offered through a combination of online and on-site delivery. Topics will initially be explored online through a review of documents, discussions, and course assignments. Students will then be required to meet on-site for an intensive 3-day (Thursday noon to Saturday noon to minimize time away from work/home) period (the last week of August) of presentations and discussions. This is the first of two on-site residency requirements for the program. Students will be responsible of all costs associated with travel and/or accommodation to attend each of the two on-site residency periods.

2. Evaluating Sources of Evidence for Management and Evaluation

Description:

This course will equip students with an understanding of evaluating sources of evidence to support decision making within a clinical environment. Students will be exposed to a range of methodological issues, their impact upon research and how information is to be interpreted.

Objectives:

Upon completion of this course students will be able to:

- understand qualitative and quantitative research methodologies;
- critically read and evaluate evidence to make practice decisions that lead to best client outcomes

Delivery Methods:

This course is delivered in an online only format. Topics are explored through a review of documents, course assignments, case studies and online discussions.

3. Health Management Foundations I

Description:

This course will provide students with exposure to the management principles and practices involved in the delivery of health care products and services in for profit and not for profit environments. The impact of cultural and ethical issues will be considered on workplace structure and the selection and development of marketing and communication strategies. Course content includes:

- human resources;
- legal issues;
- negotiations;
- organizational behaviour; and
- marketing principles and theories and their application in health care management.

Objectives:

Upon completion of this course students will be able to:

- demonstrate how managers can create healthy workplaces;
- understand different approaches to the evaluation of employee performance;
- understand the role and impact of collective agreements on the workplace;
- understand the key concepts of strategic marketing and how to apply them in the health care sector (both for profit and not-for profit)
- have working knowledge of the elements of the marketing mix and how to apply them to health care marketing situations
- be aware of the interrelationship between marketing and other functional areas within healthcare organizations (e.g., operations, human resources, information systems and finance).

Delivery Methods:

This course is delivered in an online only format. Topics are explored through a review of documents, course assignments, cases and online discussions.

4. Health Management Foundations II

Description:

This objective of this course is to introduce students to the fundamental concepts and practical issues related to accounting and finance and their uses in planning, decision making and control in health care management. Course content includes:

- basics of managerial finance;
- basics of managerial accounting;
- budgeting; and
- forecasting.

Objectives:

Upon completion of this course students will be able to:

- understand the concepts of risk and required return;
- analyze the set of investment opportunities, identifying those that will create shareholder value
- define the different types of costs including direct costs, indirect costs, variable costs, fixed costs, product costs, and period costs;

- determine the full cost/direct costs of a given object such as a product, a service, and a department;
- conduct detailed variance analysis in evaluating the performance of a business unit in an organization; use relevant cost information in making product/service decisions including pricing, outsourcing, operations planning, and capital investments

Delivery Methods:

This course is delivered in an online only format but may have an on-site period. Topics are explored through a review of documents, course assignments, and online discussions.

5. Elective

Description:

The elective course is selected from among a wide range of graduate level business and health profession specific offerings.

Objectives:

This course permits students to explore in greater depth either an area of business interest or a health profession specific topic to assist in meeting their personal learning objectives. Students may take either an online or onsite course.

Delivery Methods:

The delivery method is dependent upon the course selected. For students who wish to complete the bulk of the course requirements from a distance, there are several online course options available.

6. Scholarly Paper (2 credits)

This full course is designed as an opportunity for graduate course-based MSc students to demonstrate, in writing, their ability to integrate ideas that reflect current knowledge in areas of health management, education, research, and/or policy. The scholarly paper is to demonstrate integrative thinking at a general and abstract level. A student will identify a topic, and in consultation with a faculty member with expertise in the area develop a proposal that is individualized to the student's area of interest. The student will then develop the paper under the guidance of a faculty member. The paper must be 15 to 20 pages, excluding references and appendices. The paper does not require the collection or analysis of primary data or the conduct of research with subjects (although this may be an option in some instances). It is a scholarly essay, not a thesis.

Objectives:

Upon completion of this course students will be able to:

- demonstrate their ability to write a coherent research proposal;
- collect both qualitative and quantitative data;
- analyze data using a combination of statistical and policy analytical techniques; and
- prepare a comprehensive report (of a publishable quality).

Delivery Methods:

This course will take place over a twelve-month period as students simultaneously undertake other course work (only one additional course at a time). All aspects of the course may be completed online. Depending on the specific project topic, some students may need to conduct fieldwork to collect necessary data.

7. Leadership in Health Organizations***Description:***

This course explores principles, practices, trends and issues of leadership in health care settings. Current theories of leadership with attention to styles, practices, tasks and models will be covered. Participants will be encouraged to reflect on and analyze their own leadership experiences in light of theories studied. Through the interplay of theory and practical application, participants will gain a deeper appreciation for the requirements, responsibilities, and consequences of effective leadership. The course encourages professional and personal development through action learning that is relevant and transferable to organizations.

Objectives:

Upon completion of this course students will have:

- better understanding of effective leadership styles and practices
- perform analysis on personal leadership
- apply knowledge into workplace

Delivery Methods:

This course will be offered through a combination of online and on-site delivery. Topics will initially be explored online through a review of documents, discussions, and course assignments. Students will then be required to meet on-site for an intensive 3-day period of presentations and discussions. This is the final of two on-site residency requirements for the program. Students will be responsible of all costs associated with travel and/or accommodation to attend each of the two on-site residency periods.

APPENDIX 3: BUDGET

Production/Maintenance Costs	2009/2010		2010/2011		2011/2012		2012/2013		2013/2014		
	Base	#	\$\$	#	\$\$	#	\$\$	#	\$\$	#	\$\$
Course Designer - Adapt	2,000	2	4,000	4	8,000		0		0		0
Course Designer - New	8,000	3	24,000		0		0		0		0
Course Coordinators	7,000	4	28,000	7	49,000	7	49,000	7	49,000	7	49,000
Course Facilitators	5,000	0	0	6	30,000	10	50,000	10	50,000	10	50,000
Scholarly Paper Readers	1,000	0	0	10	10,000	35	35,000	45	45,000	45	45,000
Admin Support (.5 until yr 2; 27 % Ben, Base 40K, 6.6 % increase)	40,000	0.5	25,400	1	54,153	1	57,727	1	61,537	1	65,598
WebCT Support (.2 FTE, 27% Ben; 6.6 % Increase)	50,000	0.2	12,700	0.4	27,076	0.2	14,432	0.2	15,384	0.2	16,400
Program Coordinator (0.5 FTE at 25% benefits and 6.6 % increase)	98,000	0.5	62,230		66,337		70,715		75,383		80,358
Printed course materials (\$15 per student)	15	15	225	45	675	90	1,350	135	2,025	135	2,025
Marketing and advertising			15,000		15,000		15,000		15,000		15,000
Misc. Operating Costs			9,000		20,000		15,000		15,000		15,000
Other Recovery Costs (Finance, Mgmt costs)					45,000		45,000		50,000		50,000
Total development and delivery costs			180,555		325,241		353,224		378,329		388,381
Number of enrolments			15		45		90		135		135
Income: 2500/course	2,500										
BIU per extra student (.33 of full time student)		15	70,280	45	210,840	90	421,680	135	632,520	135	632,520
Course Income (Only stream courses)		15	112,500	45	337,500	75	656,250	90	787,500	90	787,500
Total Income			182,780		548,340		1,077,930		1,420,020		1,420,020
Central University			0		54,834		215,586		284,004		284,004
Net Income			2,225		168,265		509,120		757,687		747,635
Disbursement of Revenues			Year 1		Year 2		Year 3		Year 4		Year 5
School of Rehabilitation Science			1,113		84,132		254,560		378,844		373,818
School of Business			1,113		84,132		254,560		378,844		373,818

APPENDIX 4: LIST OF CORE FACULTY

Faculty Name	Rank	Home Unit	Area
Baptiste, S	Professor	School of Rehabilitation Science	Leadership, Organizational Development
Bontis, N	Associate Professor	School of Business	Knowledge Management and Business Strategy
Chamberlain, T	Professor	School of Business	Finance
Connelly, C	Assistant Professor	School of Business	Organizational Behaviour and Human Resources Management
Detlor, B	Associate Professor	School of Business	Information Systems
Geddes, L	Associate Clinical Professor	School of Rehabilitation Science	Health administration; Ethics
Hupfer, M	Associate Professor	School of Business	Marketing and Gender Issues
Flynn, T	Assistant Professor	School of Business	Communications and Crisis Management
Jung, B	Assistant Professor	School of Rehabilitation Science	Program evaluation; communication
Law, M	Professor	School of Rehabilitation Science	Research methods; Knowledge Exchange and Transfer; Health Policy
Letts, L	Associate Professor	School of Rehabilitation Science	Research methods; program evaluation
Longo, C	Assistant Professor	School of Business	Health Economics
McAteer, T	Teaching Professor	School of Business	Organizational Behaviour
McCracken, S	Associate Professor	School of Business	Accounting
Mitchell, C	Assistant Clinical Professor	School of Rehabilitation Science	Use of evidence in Health Care
Plews, N	Assistant Clinical Professor	School of Rehabilitation Science	Health administration; Human Resources Management
Randall, G	Assistant Professor	School of Business	Health Policy
Richardson, J	Associate Professor	School of Rehabilitation Science	Research Methods; Use of Evidence in Health Care
Solomon, P	Professor	School of Rehabilitation Science	Interprofessional Collaboration in the Workplace
Stewart, D	Associate Professor	School of Rehabilitation Science	Use of Evidence in Health Care; Leadership
Stillman, P	Sessional Lecturer	School of Business	Contract Law
Stratford, P	Professor	School of Rehabilitation Science	Measurement and Evaluation in Health Services
Taylor, W	Associate Professor	School of Business	Health Services Management
Tremblay, M	Associate Professor	School of Rehabilitation Science	Research Methods; Disability Policy
Tryssenaar, J	Associate Professor	School of Rehabilitation Science	Leadership; Mental Health in Workplace
Wakefield, P	Assistant Professor	School of Business	Marketing
Wilkins, S	Associate Professor	School of Rehabilitation Science	Health Administration; Human Resource Management; Research Methods

Proposal to Allow MBA Students to Take 400-Level Commerce Courses Recognized for Professional Accounting Designations as Credits for 700-Level MBA Courses

Background:

A number of MBA students in the Accounting and Financial Management Services specialization as well as the Management Accounting specialization have expressed concern about course availability and selection. Specifically, they are challenged by the fact that not all course offerings which are necessary to work towards their professional accounting designations: CA, CMA, and CGA, are typically available, due to low student enrollment. It is important to note that the corresponding 400-level Commerce courses are considered by the Institute of Chartered Accountants of Ontario (ICAO), the Society of Management Accountants of Ontario (CMA Ontario) and the Association of Certified General Accountants of Ontario (CGA Ontario) to be exact equivalents of their corresponding 700-level MBA courses.

The School of Graduate Studies has long adhered to the practice that common lectures and classes can be applied to undergraduate 400-level courses and graduate 600-level courses. However, 700-level courses are advanced graduate level courses which should not have common lectures and classes with 400-level courses. The MBA and Honours Commerce programs are professional programs, the relationship of which is different as compared to other Masters degrees and their respective undergraduate disciplines. As such, we would like to propose that this exception be made for 700-level MBA courses and 400-level Commerce courses, which are recognized as equivalent courses by the professional accounting organizations. This exception will only be made when enrollments in 700-level MBA courses are very low.

Motion:

That MBA students be allowed to take 400-level Commerce courses as credits for 700-level MBA courses when these courses are recognized as equivalents for professional accounting designations and enrollments in 700-level MBA courses are low. The evaluative components should differ between the MBA students and the Commerce students, where MBA students are required to complete additional work.

Proposal to Increase the Number of MBA Waivers Allowed for Commerce Graduates

Background:

Our current MBA course waiver policy is as follows:

“Students who have previously covered the material of one or more of the required courses of the first year may apply for waivers to a maximum two courses per term in the first year. This applies to graduates of University programs, subject to proof of advanced academic work in the specific area and approval of replacement of core course(s) waived by elective 700-level course(s) in the MBA program, and subject to having obtained a grade of B (B- if McMaster courses). Application is to be made prior to the term in question on a form available from the Academic Programs Office (DSB/104) or from the DeGroote website, and must be accompanied by documentation (course outline, calendar description, and list of texts used) concerning previous work taken along with a plan by the student to replace the course(s) in question. Such replacement must be made by substituting relevant degree-level courses of equivalent credit value at the Graduate level. It is the responsibility of the student to identify and secure requisite permission for such courses both from the offering Department and from the Manager, MBA Programs. Courses taken as substitutes for waivers (other than McMaster MBA courses), are not included in the MBA grade point calculations; however, they must be passed in order for the student to have sufficient credits for graduation. Please note that requests for waivers are only applicable reaching back to a maximum of 5 years.”

Several students with Commerce undergraduate degrees have expressed frustration with the limited number of course waivers they can apply for. While our accelerated program allows Commerce graduates to proceed directly into the second year of the MBA program, a Commerce graduate that wishes to pursue our coop offering must complete twice as many courses as in the accelerated offering. However, they can only waive (i.e. replace) up to 4 of their 600-level courses, limiting their options to take courses that provide new content and challenges during their first year of the program. The attached letter from a current first year MBA coop student further outlines some of the frustrations of the 4-course waiver maximum.

Motion:

To increase the number of MBA course waivers from a maximum of two courses per term in the first year to a maximum of three courses per term in the first year.

Attachment: Letter from a current first year MBA coop student

Dear Academic Committee,

I'm writing to you as a 1st year MBA co-op student, with a background in Commerce from the University of Guelph. As I am sure you know, the number of waivers available for all MBA students is a maximum of four, spread out over the first two semesters of the MBA. Overall, while this may have made sense before, I feel that this is now becoming detrimental to the quality of the DeGroote MBA, and the quality of the students who graduate.

I think this is a very important issue for all of the previous commerce graduates who enter into the DeGroote MBA. I know from my own personal experience, and speaking with my fellow peers, that retaking these basic courses is an incredibly frustrating experience, especially when we could be taking courses which will be much more beneficial to our education here at DeGroote. This school is all about pushing yourself to achieve in ways that you didn't know you could have before, and that is the major value added with the MBA. We're all here to grow, and we are ready to take the opportunity to get as much out of this school as possible, especially given the price tag.

The major downfall with this idea comes with the major debate of equality. One of the great things about living in Canada is our equal opportunity to become successful. While at first this increase in course waivers seems as though we are creating an unequal class of students within the MBA, I think that this change will actually bring our students together in talent level by the end of the MBA. Allowing Commerce Grads to waive extra courses means freeing up spots for non-commerce graduates to achieve in these first year courses. Less people in the class means that the professors will have more time to concentrate on each student, making them inevitably learn more. Also, without the commerce students, the marking scheme in each class will make it easier for students who have not seen the material before to achieve. Forcing students to take courses which they have taken before means that they now have an unfair advantage in each course since they can perform much better in these classes with minimal effort. Comparing their marks to those from students with a science background in these first year classes is the equivalent comparing apples to oranges. As Canadians we have a culture which provides equal opportunity for success, not equality. This is an important distinction, as equality implies that we cannot succeed past the rest of society regardless of effort, talent, or even luck. The DeGroote MBA is all about leadership and innovation, and what better way to grow into these characteristics than to be able to take control of your education and focus on the subjects that interest you, instead of the subjects that have already been taken.

In order for the DeGroote School of Business to grow into the business school that it is capable of, the quality of students exiting the school is of the utmost importance. While excellent faculty members and well designed courses are equally important, the reputation of the school hinges on our alumni in the working world. We are

what we create. This is the main reason why it is important for the DeGroote School to not hold back students to retake courses. I know from my own personal experience that I am here to learn about Accounting, but I am also very interested in Finance as well as Entrepreneurial Studies. By taking six repeated courses, I am no longer utilizing my time well in my MBA, when instead I could be attending classes which encourage me to learn and grow, instead of stagnate. It is important to recognize that I am by no means advocating a complete waiver of first year courses, but I am advocating an increase from the current four course maximum limit, which I find unreasonably small given the talent pool which the school draws from on a year to year basis.

So the question at this point becomes what is a reasonable limit to the number of waivers? We want entering students to be integrated with their year, but give them the opportunity to grow into their interests early if they are qualified to do so. I believe that this range falls between six and eight waivers of first year courses. To be conservative, six waivers means that students are with their own class year 40-50 percent of the time, and in more accelerated courses 50-60 percent of the time if they are so qualified. Taking these extra second year courses means we will be pushed harder and earlier in our MBA. But we have gotten this far already, and taking courses which are now of interest to us means that we will be even more driven to succeed in our studies at McMaster.

Ultimately this change is at your discretion, but given what I know of the DeGroote School of Business's culture, this change is critically important. At the end of each student's tenure at DeGroote, we want the person to be highly motivated, intelligent, entrepreneurial, and driven to succeed in a business world that is often far from idealistic or fair. This is a great school to bolster this passion and resiliency, and I hope you consider this action to further push our students to become more mature and responsible business people before they graduate.