

Year 1 (2026) - FAR Implementation Report Master of Public Health Graduate Program (reviewed 2024/25)

Recommendation #1: Develop a systematic process for continuous improvement of the program.

Supporting/clarifying text: The curriculum in the program in its current state is excellent. However, there's no documented process to systematically monitor, access and respond to any feedback/inputs to inform continuous quality improvement in the future. The only evidence of period feedback is this external review which occurred 8 years after the program was started. During those 8 years, we have had events that may significantly impact the program curriculum and hence quality. For example, post-pandemic, PHAC and other stakeholders in public health sector have embarked on review and revamp of the Core- competencies of public health in Canada. The new version coming shortly will include exciting areas such as social justice, health equity and indigenous health, among others. Similar initiatives to improve public health education are going on globally.

Therefore, there is an urgent need to develop a systematic process for collecting inputs/feedback from a variety of sources, review this information, and then formulate actions. For example, we did hear from students, alumni and practicum partners who provided suggestions about "gaps" or areas that needed improvement in the program including lack of or inadequate content in indigenous health, and lack of or limited opportunities for students to develop verbal/oral communication skills through presentations. These stakeholders can be a valuable resource for the program but there needs to be a systematic mechanism in place to collect these inputs, which can then be reviewed by the Director or Program committee to formulate action. The input could potentially include any periodic questionnaires for students or faculty peer reviews.

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted and in the process of implementation. The Committee expects that the Curriculum Committee will establish processes to ensure continuous program improvement.

Implementation Plan (1st Priority)

Responsible for approving:	Program
Responsible for resources:	Program/Dean
Responsible for implementation:	Program
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

Actions	Responsibility	Year One	Year Two	Year Three
Short action statements for each				
Action #1: Create an MPH curriculum committee.	GPD	C		
Action #2: Map new <i>PHAC Release 2.0 core competencies</i> with all MPH courses with assistance from CPI.	GPD and MPH curriculum committee	T		
Action #3: Ongoing GPD participation in the Network of Schools and Programs of Population and Public Health (a national committee representing all MPH programs in Canada).	GPD	O		

*On Target (T), Delayed (D), Complete (C), Complete and Ongoing (O)

Comments 2026:

We have created a MPH Curriculum Committee that will ensure greater consistency and transparency across the course syllabi. Along with the GPD, this committee will standardize the inclusion of clear, measurable learning objectives and explicitly identify which PHAC Release 2.0 core competencies are addressed in each MPH course. We have invited CPI to host our 2026 AGM with the intent of mapping these new PHAC core competencies with all MPH courses. As a professional program, highlighting relevant and specialized competencies outlined in our MPH syllabi will better support our students in connecting coursework to practicum experiences and future employment opportunities in the health sector. Finally, the Network of Schools and Programs of Population and Public Health, a national committee meets quarterly each year, whereby our GPD represents and discusses national public health priorities and challenges. The GPD is responsible for sharing these insights with our curriculum committee and program as a whole. These discussions will facilitate and guide our MPH curriculum development ongoing.

<p>Recommendation #2: Mitigate administrative gap.</p> <p><i>Supporting/clarifying text: The current GPD and GPC are carrying too much of the administrative workload of this program. This has created a critical breakage point in the system. If one of them leaves, the program could be in jeopardy. In part, this has been caused by the growth of the program from 19 enrolled students in 2016 to 106 in 2023 plus the development of the MPH-MBA, MPH-MEd, specialization programs, and the articulation agreements.</i></p> <p><i>Therefore, we recommend pressure be taken off this critical point. The program should consider adding either a Program Committee or Curriculum Committee consisting of MPH faculty. The committee should meet monthly and have clear terms of reference. Their role would be to support the administration of the program at the academic level and take pressure off the GPD and GPC. Additionally, a Graduate Chair role can be used to support areas that are academic in nature, including academic discipline and tracking graduation rates.</i></p>

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted for consideration. Although the allocation of resources lies outside the jurisdiction of the Committee ARC expects that the Program, in consultation with the Deans, is best positioned to develop strategies to mitigate the administrative gaps and that they will continue to advocate for resources through available channels.

Implementation Plan (1st Priority)	
Responsible for approving:	Program
Responsible for resources:	Program/Dean
Responsible for implementation:	Program/Dean
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

Actions	Responsibility	Year One	Year Two	Year Three
Short action statements for each				
Action #1: Create three new committees including 1) Admissions, 2) Curriculum, and 3) Scholarship/Awards.	GPD	C		
Action #2: Meet to consider priorities for new staff hire.	GPD	C		
Action #3: Advocate through normal channels for new staff hire.	GPD	T		

*On Target (T), Delayed (D), Complete (C), Complete and Ongoing (O)

Comments 2026:

The proposal to establish specific MPH committees was addressed at our MPH Annual General Meeting on May 12, 2025. We have created three new committees including 1) Admissions, 2) Curriculum, and 3) Scholarship/Awards. All three committees have established Chairs' that have begun operations this Spring. These committees will support efforts to address content gaps and drive continuous improvement.

The current GPC role is carrying an unsustainable workload, covering responsibilities that would typically be distributed across multiple positions. With the program's rapid growth (i.e., 2026 enrolment anticipated to be 150), this structure has become unmanageable. To alleviate pressure and ensure continued program effectiveness, a separation of core administrative duties and practicum management is essential. This restructuring would enable targeted and efficient support in each area, particularly as new committees focused on curriculum, data tracking, and student experience are established. To address current operational challenges and support future program expansion, two dedicated staff positions are required:

- 1) Graduate Program Administrative Coordinator (GPAC) – to coordinate core program operations and student services
- 2) Graduate Experiential Education (EE) Coordinator – to oversee practicum development and manage placements

This request reflects a modest and pragmatic restructuring rather than a significant expansion of resources. It involves adding only one additional staff member, separating existing duties rather than duplicating them. In comparison, other Canadian MPH programs (including the MPH programs of the two external reviewers) with considerably smaller student (i.e., U. of Saskatchewan = 100 and Western U. = 60) intakes operate with 3-4 dedicated staff members. This highlights the disproportionate administrative burden currently placed on our GPC. The external review committee also identified this as a critical concern, particularly in terms of sustainability and program continuity. The current staffing model poses a significant risk of burnout and disruption. Several discussions have taken place between the GPD and Dean regarding a second staff position.

The Dean is in support of a second MPH staff member, but financial restraints have resulted in this request being delayed. As a result, the MPH has been forced to 1) pause our two Graduate Micro-programs in Health Information Management, and Infection Prevention & Control, and 2) extend the MPH degree completion from 12 to 16 months by scheduling a second section of MPH 5P21 (Public Health Practicum II) in the Fall term to address students failure to secure a public health practicum.

Recommendation #3: Ensure that software packages taught in the program meet industry standards.

Supporting/clarifying text: Feedback provided by current students and alumni indicated that some of the software packages taught in the MPH program do not match current industry standards. For example, a focus on using SPSS when the industry may be using R.

Therefore, we recommend that the program evaluate this area of its teaching and ensure that a larger variety of software packages are taught to students. The program can also update itself on the use of generative AI in the workplace and respond appropriately. This can be achieved by a survey of program alumni who inform the program on the current use of software packages and generative AI.

ARC Disposition of the Recommendation

ARC considers this recommendation to be already current practice. The Committee believes that the Program is best positioned to ensure software packages meet industry standards.

No Implementation Plan required.

Note: The Program is still encouraged to report on any activity annually.

Comments 2026:

The MPH program recognizes the value of equipping students with experience in multiple analytical software packages. Fortunately, Brock’s software instruction is extensive, including SPSS, GIS and QGIS, Python and R. While these programs are readily available to our MPH students, as of May 2026, we will switch from SPSS to R, which is an open-source software.

<p>Recommendation #4: Build oral Presentations in Public Health Practicum I & II.</p> <p><i>Supporting/clarifying text: From surveys of current students and alumni reported in the self-study report, as well as views gathered from interviews during the site visit, there was consistent feedback that one of the weaknesses of the program was that students did not get opportunities to present their work to an audience, at least to that of their peers. Alumni felt that they could have improved their oral communication skills if such opportunities were available. This weakness was recognized in the self-study report, and a suggestion was made that all required courses would be revised to offer opportunities for students to present. This is good, but an undertaking that will require more time and may depend on first developing a process for quality improvement (see recommendation #1). However, a more practical, efficient and equitable way of creating an opportunity for all students to present their work to an audience is to build in presentation as a learning outcome in the practicum. This way students can present to audiences at their practicum sites and/or their peers when they return to the program in the fall term.</i></p>

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted and in the process of implementation. The Committee believes the Program is best positioned to determine how to move forward with this issue.

Implementation Plan (1st Priority)	
Responsible for approving:	Program
Responsible for resources:	Program/Dean
Responsible for implementation:	Program/Dean
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

Actions	Responsibility	Year One	Year Two	Year Three
Short action statements for each				
Action #1: Incorporate practicum presentations into MPHA 5P11 and 5P21.	Practicum courses instructor	O		
Action #2: Encourage presentation outside the academy (at conferences).	MPH program committee	O		

*On Target (T), Delayed (D), Complete (C), Complete and Ongoing (O)

Comments 2026:

Both MPHA 5P11 (Public Health Practicum I) and MPHA 5P21 (Public Health Practicum II) now require students to present components of their practicum within the courses. Specifically, MPHA 5P11 students present practicum Elevator Pitch (10%) and Interview (10%), while MPHA 5P21 requires students to present their final practicum research (20%). In addition, the development of these presentation skills is explicitly reflected in the course’s learning outcomes.

Furthermore, all MPH teaching faculty have been encouraged to explore opportunities for integrating student presentations—synchronous or asynchronous—within their required and/or elective courses.

Considering that many students’ practicums are research-based, we encourage them to present their research outside of the academy, including:

- 1) Health sector stakeholder meetings, and
- 2) Peer-reviewed provincial, national, and/or international conferences that offer virtual and/or in-person formats.

Recommendation #5: In workload discussions with the Dean, consider assigning practicum course to a faculty member.

Supporting/clarifying text: The practicum is a graduate course, with clear learning outcomes, including experiential learning, and involves a field supervisor who's often from a third-party, non-academic, organization. It is critical that a faculty member (e.g. "Practicum coordinator, or Instructor") be assigned the duty to oversee the development and implementation of the learning contract, and finally to determine if sufficient learning has taken place. It is our experience that not every practicum goes as planned and "gaps" in learning can occur and the faculty member would be most appropriate to determine if such gaps occur and how they can be addressed. Also, this person will be responsible for resolving any conflicts that may arise during or after the practicum project is completed.

ARC Disposition of the Recommendation

ARC considers this recommendation to be already current practice. The Committee also notes that workload matters lie outside its jurisdiction.

No Implementation Plan required.

Note: The Program is still encouraged to report on any activity annually.

Comments 2026:

We did not anticipate this recommendation, as the external reviewers were informed through the report and during site visit discussions, that both practicum courses (MPHA 5P11 and MPHA 5P21) are instructed by a dedicated full-time faculty member from the Department of Health Sciences.

Recommendation #6: Investigate ways to increase the number of international students admitted to the program.

Supporting/clarifying text: Many of the challenges we face in public health are international in scope. This includes the rise of vector-borne disease, climate change, the global COVID-19 pandemic, growing social and economic inequality and inequities, and changing migration patterns. Increasing the number of international students admitted to the program will increase the quality of the program by exposing domestic students to a global perspective and by ensuring that international students benefit from learning with Brock University faculty.

We recommend that the program sets international admission targets and establishes a recruitment plan to meet those targets. One advantage that can be explored is the potential lack of a need for a PAL for international students in an online setting. Additionally, as the student visa process become more restrictive, Brock is in a position to leverage their online status to their advantage.

ARC Disposition of the Recommendation

ARC considers this recommendation to be accepted. The Committee believes the Program, in consultation with the Deans' offices, is best positioned to investigate strategies to move forward on this issue.

Implementation Plan (1st Priority)

Responsible for approving:	Program
Responsible for resources:	Program/Deans
Responsible for implementation:	Program/Deans
Timeline:	Dean of Applied Health Sciences to report by the end of academic year 2025-26.

Actions	Responsibility	Year One	Year Two	Year Three
Short action statements for each				
Action #1: Seek strategies and resources to increase international students from FGSPA and FAHS.	GPD	C		
Action #2: Launch MD-MPH dual degree pathway to attract US applicants.	GPD	C		

*On Target (T), Delayed (D), Complete (C), Complete and Ongoing (O)

Comments 2026:

A key barrier to international applications to our MPH program is that, upon admission, international applicants often decline their offer once they learn that our exclusively online program does not qualify our students for a 3-year Post-Graduation Work Permit (PGWP). While our admissions materials and website clearly indicate that physical presence in Canada is not required, the lack of a 3-year PGWP eligibility remains a significant deterrent. In addition to stating on our MPH website that we welcome international applicants, we have consulted with Brock International for their perspective. They have confirmed that PGWP ineligibility is a major factor in the decision-making process for international students. They also emphasized that students from regions such as Asia, the Middle East, Latin America, and Africa often prefer in-person programs in Canada to benefit from the full academic experience, access on-campus services, and pursue post-graduation opportunities, including employment and immigration pathways.

In this past year, the MPH program has experienced significant growth (26%) in domestic applicants (2025=426; 2026=535), while essentially no growth in international applications (2025=21; 2026=22). So, the reviewers' suggestion that the more restrictive visa process would serve as an advantage by leveraging our online status appears inaccurate. To this point, our focus has been largely dedicated to reviewing the 535+ applications (by far the largest of all graduate programs at Brock), and we are mostly at a loss for remedies to this recommendation. Therefore, the MPH program seeks guidance from the Faculty of Applied Health Sciences and Faculty of Graduate Studies and Doctoral Affairs regarding strategies to attract and support international students who are willing to complete their studies remotely. Nevertheless, potential strategies could include:

- 1) reducing international tuition fees for remote students, and/or
- 2) offering targeted scholarships to offset costs and enhance the appeal of online learning.

Despite our delayed response to addressing this challenge, we did increase our international target this year from five to 10 as we anticipated an increased interest from US applicants due to the newly launched MD-MPH dual degree pathway with the *American Canadian School of Medicine*. As this is the inaugural year, we received two US applicants and accepted one student from Washington State. We anticipate ongoing growth from this program moving forward.