University of Lethbridge

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TO: Digvir Jayas
President and Vice Chancellor

DATE: August 1, 2026

FROM: Lynn Kennedy
Chair, Academic Quality Assurance Committee

RE: PhD Population Studies in Health Program Academic Quality Assurance Review

In accordance with the U of L *Academic Quality Assurance Policy and Process*, the Academic Quality Assurance Committee approved the review of the PhD Population Studies in Health Program at its March 12, 2026 meeting.

The Self Study Committee for this review was comprised of: Julia Brassolotto (Program Review Coordinator), Olu Awosoga, Sienna Caspar, Peter Kellett, and Bonnie Lee.

The review produced 5 documents:

1. Self Study Report. Written by the Self Study Committee. Received July 28, 2025.
2. External Review Report. Written by Lili Liu (University of Waterloo) and Vicki Kristman (Lakehead University) based on a site visit November 19 to 20, 2025. Received December 17, 2025.
3. Program Response. Written by the Self Study Committee. Received January 8, 2026.
4. Dean's Response. Written by Jon Doan, Dean of the Faculty of Health Sciences and Jackie Rice, Dean of the School of Graduate Studies. Received February 9, 2026.
5. Provost's Action plan. Written by Michelle Helstein, Provost and Vice President (Academic). Received June 4, 2026.

Self Study Report

The report highlighted a number of program strengths including:

- The Population Studies in Health program has successfully graduated students who have found work in academia, healthcare agencies, and non-profit organizations.
- The program design emphasizes individual students and customized degree content.
    - In the Faculty Member graduate program feedback survey in February 2023, “flexibility” was overwhelmingly cited as the primary strength of the program. The same was found in the alumni and graduate student surveys administered in April 2025.
- Supervision is provided by dedicated faculty members who are committed to the success of their students and the program. Multiple faculty members have held research chairs, and some have nationally and internationally recognized programs of research.
- The multi-disciplinarity of the program creates opportunities for students from a range of health disciplines, and for cross-disciplinary knowledge sharing.
- The program allows residents of southern Alberta who cannot undertake a doctoral degree elsewhere to pursue research.

The report also noted some challenges experienced by the program:

- There are currently no program-specific courses offered, and no minimum course requirements. The status quo requires that students seek permission for entry to MSc courses, take courses in the Cultural Social and Political Thought PhD program offered by Arts and Science or at other postsecondary institutions in Western Canada via the Western Deans Agreement. Reliance upon independent studies creates workload issues for faculty supervisors who are already working at capacity.
    - In the Faculty Member survey, the limited number of courses (particularly those related to the Population Studies in Health major itself) was cited as the dominant area of concern.
- Limited guaranteed funding to offer students for competitive recruitment and to make full-time study possible with the current cost of living, particularly for international students.
- Students struggle to complete the program within the 4-year timeframe. Most students have required program extensions.
- Graduate supervision, though time intensive, is not factored into faculty workload. Increasingly limited pool of potential supervisors and limited resources available to support supervisors.
- Current admissions criteria focus on student achievement, with somewhat limited consideration of fit with supervisor expertise and the curriculum/goals of the Population Studies in Health major.
- Lack of a formal or meaningful cohort experience for students.
- Somewhat low and unpredictable enrollment numbers. Lack of a focused recruitment or marketing plan.
- Inconsistency in practices and variation in student experiences/training and preparation.
- Limited involvement and investment from Arts & Science means that it is a collaboration in name only.

The report made several recommendations and asked for External Reviewer feedback on several areas including:

- The 2024 creation of the Health Sciences Graduate Governance Committee. This new body presents an opportunity to do collaborative work to address the recommendations that follow from this review.
- There is a strong research culture among faculty who teach and supervise in the program, which could be used more effectively to recruit students.

- The introduction of the course-based master's program may mean that we have fewer thesis-based students at the MSc level, making space in our supervisory rosters for doctoral students.

External Review Report

The External Review Report contained nine (9) recommendations for improving the program:

- Update the governance of the PhD Population Studies in Health program to reflect current practice. The PhD program should autonomously report to the Faculty of Health Sciences and no longer report to the Faculty of Arts and Science. This does not prevent faculty members from any other faculty at ULethbridge to serve on PhD supervisory committees of students in this program.
- Revise Program Objectives to be measurable and aligned with Faculty and Research Strategic Plans which have yet to be developed.
- Revise Student Learning Objectives to align with program objectives. Reduce or remove concentration areas.
- Create at least one 700-level PhD course that is foundational for all PhD students in the Population Studies in Health; create additional courses open to other PhD students across campus or from other universities. Courses could reflect what all PhD students should be prepared to do during and after graduation, such as course development and grant writing. A second required course could be a seminar course that engages the PhD learners in critical and analytical thinking as well as incorporate their individual scholarship interests. Limit the need for PhD students to take 500-level courses for elective courses, not for core foundational content.
- Provide structure for the comprehensive exam, consistent expectations, timelines, and length of paper(s).
- Strive for a learning environment that fosters relationship building within cohesive cohorts. Create guidelines for minimal class size, avoid the use of independent studies to meet core program requirements. While aligning with program and learning objectives, this approach also helps address resource allocation.
- Address perceived or actual conflicts of interest with respect to faculty/staff who are also students in the PhD program. For example, a leave of absence may be a fairer approach than giving a faculty member a reduced teaching assignment while they are pursuing doctoral studies.
- Enhance graduate student recruitment through a review of funding, supervisor matched funding and expectations, coordinating applicants' interest with potential supervisors' expertise and capacity, and engagement of alumni to inspire applicants and current students.
- Leadership in the PhD program can be distributed. For example, the Associate Dean does not need to chair all comprehensive exams and thesis defences. Instead, the Graduate Program Committee, or a committee of PhD supervisors could share this role, each signing up to chair comprehensive exams and defences, or it can be assigned by rotation or availability.

Program Response

In their Program Response, the Self Study Committee addressed the recommendations from the External Review Report:

1.	Update the governance of the PhD Population Studies in Health program to reflect current practice.	The program area agrees. The program has been administered exclusively through Health Sciences for several years. Formally acknowledging this as a Health Sciences program (both internally and in public-facing materials) more accurately reflects the offering and its associated resources.

2.	Revise Program Objectives to be measurable and aligned with Faculty and Research Strategic Plans.	The program area agrees. Given that there are no differences in course requirements or processes based on concentration areas, we can certainly reduce or remove them. Additionally, we see it being of critical value to establish some common learning objectives for the program –as well as meaningful ways to assess that learning.
3.	Revise Student Learning Objectives to align with program objectives. Reduce or remove concentration areas.	Refer to the response to recommendation 2.
4.	Create at least one 700-level PhD course that is foundational for all PhD students in Population Studies in Health.	While the program area strongly agrees in principle, we are not sure how feasible it would be to create new courses exclusively for this small program in our resource-constrained context. That said, we can envision at least three potential ways forward for this recommendation: 1) we do develop a 7000-level Population Studies in Health course and a Doctoral Seminar that addresses relevant professional skills (noting that this may be challenging to deliver with limited tenure track instructional capacity, but these courses would help to create an appropriate disciplinary foundation for the program and also address Recommendation 5 about student cohort development); 2) we consider making some of our existing 5000-level courses permanently cross-listed as 7000 and, from that, create a curriculum of required courses that all doctoral students must complete; and 3) we utilize the two new courses we have already-created for the upcoming course-based Master of Health Sciences (Advancing Health in the 21st Century and Health Communication). We have intentionally coded these courses at both the 5000 and 7000 levels so that they are automatically available to PhD students in our faculty (thus becoming the only 7000 level courses offered in the faculty). The foci of these courses are appropriate for the Population Studies in Health program, but we acknowledge that they would likely be electives rather than foundational courses and that their timetabling would be done with the MHSc program's needs as the priority. Ultimately, this recommendation is an important and foundational one, and requires dedicated discussion with PhD-program involved faculty members about the program's identity and learning objectives.
5.	Provide structure for the comprehensive exam, consistent expectations, timelines, and length of paper(s).	The program area agrees. We will be pleased to refine the comprehensive exam guidelines to ensure more consistent expectations, timelines, and length of paper(s).
6.	Strive for a learning environment that fosters relationship building within cohesive cohorts.	The program area agrees (with acknowledgement of some of the coursework and resource-related challenges identified related to Recommendation 3).
7.	Address perceived or actual conflicts of interest with respect to faculty/staff who are also students in the PhD program.	The program area agrees, with acknowledgement that this will need to be navigated alongside any relevant SGS policy changes, and may vary somewhat based on a) whether the completion of the PhD is a contract requirement for a professorial role or a voluntary undertaking by an Instructor looking to advance their education, or b) historical commitments made between faculty members and the Dean's office.
8.	Enhance graduate student recruitment through a review of funding, supervisor matched funding and expectations.	The program area agrees. We would particularly like to see the Graduate Program Committee more carefully consider supervisor-matched funding commitments and fit of supervisory expertise at the admissions stage.

9.	Distribute leadership in the PhD program.	The program area has a mixed response to this recommendation. While sharing the workload and leadership in this area would be valuable, having the AD serve in this role has been useful for improving consistency in process, reducing faculty workload demands, and information-gathering about PhD student performance and milestones (e.g., it was harder to identify patterns when defenses were chaired by different people each time). If this work becomes unsustainable over time, we may revisit this recommendation. Beyond chairing doctoral milestone events, some additional shared leadership of the program would be desirable, but requires discussion about what that commitment and workload might look like.

Dean's Response

This is a summary of the Dean of the Faculty of Health Sciences' and the Dean of the School of Graduate Studies' response to the above documents:

SGS and FoHS thanks Drs. Kristman and Liu for their enjoyable visit to Lethbridge, and for their thoughtful review. We are confident their task was strongly aided by the self-study report prepared by FoHS academic and non-academic staff – it was clear and concise, and thanks to those colleagues for their efforts. The external reviewers report identifies a PhD program that FoHS feels a strong connection with and has dedicated internal administrative leadership and research mentorship towards. The recommendations provided by the reviewers centre around an increased responsibility for FoHS in the governance, structure, and culture of the program.

Provost's Action Plan

Consulting the External Reviewer Recommendations, the Program Response, and Deans Doan and Rice, the Academic Quality Assurance Committee made the following four (4) recommendations for action which the Program must report on in 1 and 3 years:

1. The Deans of the School of Graduate Studies, the Faculty of Health Sciences, and the Faculty of Arts and Science will work to update the governance of the PhD Population Studies in Health program to reflect current practice. The Faculty of Health Sciences Dean's Office will take responsibility for communicating the clarified program identity as a Health Sciences only program.
2. The PhD Population Studies in Health program will hold a retreat to assess the program and its curriculum, ensuring it aligns with current resources. The discussion should include:
    - The development of formal program-level learning outcomes.
    - Reducing or removing areas of concentration.
    - Considering if courses from other areas within the faculty might be mapped on to this degree.
    - Establishing a clear and consistent process for comprehensive exams.
    - How to encourage a welcoming environment and cohort cohesion within the program.
3. Working within the preexisting conflict of interest and conflict of commitment policies the Faculty of Health Sciences Dean's Office and the School of Graduate Studies will develop guidelines to educate and communicate policies to both faculty and students.
4. The Faculty of Health Sciences Dean's Office and PhD Population Studies in Health program will

work with the School of Graduate Studies to enhance recruitment through a review of funding expectations (including internal, external, and Faculty research grants), matching students with potential supervisors' expertise and capacity, and engagement of both alumni and colleagues in other institutions.

The Academic Quality Assurance Committee is satisfied that the PhD Population Studies in Health academic quality assurance review has followed the U of L's academic quality assurance process appropriately, and acknowledges the successful completion of the review.

Sincerely,

Dr. Lynn Kennedy
Chair, Academic Quality Assurance Committee
Associate Professor, Department of History and Religion

cc Michelle Helstein, PhD.
Provost & Vice-President (Academic)