

November 15, 2004

Phoebe Lindsey Barton, PhD  
President  
Council on Education for Public Health  
800 Eye Street, NW, Suite 202  
Washington, DC 20001

Dear Dr. Barton:

The undersigned organizations would like to submit the following comments on the Proposed Revisions to CEPH Criteria for Accreditation of Public Health Schools and Programs. We are grateful for the opportunity to provide these comments.

The Criteria are of special interest to our organizations because the Master of Public Health degree is an integral component of the residency training program for physicians planning to specialize in Public Health and General Preventive Medicine, Occupational Medicine, or Aerospace Medicine. The Accreditation Council for Graduate Medical Education requires that residents in each of the three specialties obtain an MPH or other appropriate postgraduate degree from a school or program accredited by the Council on Education for Public Health (CEPH) or other appropriate postgraduate accrediting body.

First, we would like to commend CEPH on the reorganization of the Criteria into four sections (replacing the previous 10). The new format eliminates redundancies and will streamline the self-study process. We also look forward to the development of the templates that will help clarify the way in which schools and programs should respond to the criteria.

In general, the criteria are appropriate and will help insure the quality of the public health education received by residents. We have great concern, however, regarding *Criterion 2.2. Program Length*, which specifies that “an MPH degree program or equivalent professional masters degree must be at least 45 semester credit units in length, or the equivalent of 2 years of full-time enrollment.”

While we understand the Council’s desire to specify a minimum content level for an MPH program, it is inappropriate for CEPH to dictate a quantitative minimum in terms of “semester credit units” or length of enrollment. The Council should recognize that there is no standardization of units across schools and programs. Terminology varies from one institution to another (“semester-hours,” “quarter-hours,” “units,” “credits,” etc.) and the educational content assigned to each of these measures likewise varies from one institution to another. The definition of these units is assigned by the institution and cannot be changed by the public health school or program. Similarly, the meaning of “full-time enrollment” varies by institution and even the specification of “2 years” is ambiguous since it does not specify whether or not this includes summer terms.

CEPH should also recognize, as an unintended consequence of the proposed changes, the potential negative impact on residency programs of an arbitrary 2-year requirement for an

MPH degree. Preventive Medicine residency programs are 2 years in length, following at least one year of postgraduate clinical training. The 2 years include a practicum year and an academic year leading to an MPH or similar degree (e.g., MS, MSPH). Many residency programs integrate the two years. If residents were required to devote two years full-time to their academic program alone, the length of the residency would necessarily expand to three years. The effect on most residency programs would be devastating. For instance, they would be unable to pay adequate stipends if, indeed, they were able to recruit any residents.

*Criterion 2.4. Practical Skills* is similarly inappropriate when it specifies in the Interpretation section that “as a minimum, these [practicum experiences] should be comparable to a full-time experience of 400 hours duration and should take place in an agency setting under the supervision of a qualified practitioner.” While a resident engages in practicum experiences far in excess of 400 hours, some MPH programs do not credit these experiences toward the MPH degree. In these MPH programs, the proposed CEPH criterion would require residents to enroll in an additional 400-hour practicum. Also, the term “agency” is needlessly restrictive, since some excellent practicum experiences are offered through nonprofit organizations, industry, and elsewhere.

In summary, the CEPH accreditation process should ensure that students receive the requisite educational content and achieve the appropriate competencies, not that they spend a specified number of hours sitting in class. Within broad parameters, individual schools and programs should be allowed to determine how educational content and public health competencies are to be assured, using their own definitions of “units” or “credits.” CEPH should delete the quantitative requirements from its criteria.

Again, we thank you for the opportunity to provide input and for your attention to these comments.

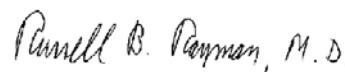
Sincerely,



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Russell Rayman, MD  
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Mary S. Applegate, MD, MPH  
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Joint Council of Preventive Medicine  
Residency Directors

## **ABOUT THE SIGNATORIES...**

### **American College of Preventive Medicine**

The American College of Preventive Medicine ([www.acpm.org](http://www.acpm.org)) is the national professional society for physicians whose expertise and interests lie in disease prevention and health promotion. ACPM's more than 2,000 members are engaged in preventive medicine practice, teaching, and research. ACPM advocates for the specialty of preventive medicine and for national policies that promote health and prevent disease.

### **American College of Occupational and Environmental Medicine**

The American College of Occupational and Environmental Medicine ([www.acoem.org](http://www.acoem.org)) represents more than 6,000 physicians and other health care professionals specializing in the field of occupational and environmental medicine. ACOEM is the nation's largest medical society dedicated to promoting the health of workers through preventive medicine, clinical care, research, and education. A dynamic group of physicians encompassing specialists in a variety of medical practices is united via the College to develop positions and policies on vital issues relevant to the practice of preventive medicine both within and outside of the workplace.

### **Aerospace Medical Association**

The Aerospace Medical Association ([www.asma.org](http://www.asma.org)) is the largest, most-representative professional organization in the fields of aviation, space, and environmental medicine. AsMA applies and advances scientific knowledge to promote and enhance the health, safety and performance of those involved in aerospace and related activities. AsMA's membership includes aerospace medicine specialists, scientists, flight nurses, physiologists, and researchers in this field.

### **Joint Council of Preventive Medicine Residency Program Directors**

The Joint Council of Preventive Medicine Residency Program Directors, sponsored by the American College of Preventive Medicine and Association of Teachers of Preventive Medicine, represents the directors of the nation's 79 preventive medicine residency training programs. The Joint Council serves as the organizational structure for information sharing and discussion among program directors to address issues of concern to these programs.