



PHETICE

Public Health Training in the Context of an Enlarging Europe

“Public Health Training In The Context Of An Enlarging Europe”

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ON BEHALF OF THE PROJECT STEERING COMMITTEE:

Agneta Yngve Project Co-ordinator

Dr Irja Haapala Project Manager



**Karolinska
Institutet**



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Executive summary

Background

The European Union faces several public health challenges. In the second programme of Community Action in the field of health 2008-2013, the need for improving health security, promotion of health and the reduction of inequalities, as well as a need for high quality information and exchange of knowledge are stressed.

The heaviest disease burden in the WHO European region is caused by non-communicable diseases (77%), followed by accidents (14%) and communicable diseases (7%). The risk factors for non-communicable diseases are essentially similar across European countries. Specific problems that the European Union (EU) is facing are for example mental ill health, drug-resistant bacteria, flu pandemics, population ageing and obesity. Inequity in health within and between countries is still present and growing.

Through its Public Health Programme, the European Commission (EC) has supported significant investment in a series of European Masters programmes in public health over the last ten years. These programmes have included European Masters in Public Health Nutrition, Health Promotion, Gerontology, Epidemiology and Public Health. During the period from 2005 to 2008 the achievements and experiences of these five European Public Health Training Programmes formed the foundations of the PHETICE Project (see www.phetice.org).

The PHETICE project was launched in 2005, with the notion that public health developments within the European Union require a unified approach to building workforce capacity across the specializations of public health. Further, the introduction of a common European dimension of public health is needed to facilitate these developments and utilise the framework established by the EC. The European dimension includes knowledge on how decisions are made in the EU, the competency of the European Commission in relation to national authorities, European common structures regarding public health monitoring and issues of equity in public health within and between Member States.

The work performed within the PHETICE Project included a scoping of the current situation regarding public health training and a synthesis of relevant documents and information on higher education within the area of public health in Europe. Within the Project we reviewed information regarding the Bologna process, including relevant educational and pedagogical strategies suitable and necessary for public health development streamlined to fit with Bologna specifications. Within the PHETICE Project, we also collected and analysed relevant information on how a joint European health monitoring system can be supported by effective training and on how competencies and quality assurance systems are being developed throughout Europe.

The Bologna process has to a great extent opened doors for international cooperation in higher education. Striving towards a comparable level of training is certainly coming through clear and strong. This project has explored and analysed both public health generalist and public health specialist training, identified prioritized issues and developed methods, toolkits and guidelines to inform and support public health education in Europe.

Aims and objectives

The PHETICE Project aimed at identifying a unified approach to workforce development across the public health specializations. The project also aimed at collecting information from all over Europe regarding the current content and design of training programmes, identifying missing pieces in the content of the existing programmes, especially with regard to sections dealing with prioritised issues: monitoring and surveillance of health indicators and determinants, equality between and within countries, best practice in public health, and the European dimension of public health. It also aimed to identify the status of the European monitoring programme in regards to existing course modules and frameworks and evaluate the need for training to achieve optimal assessment of the indicators and determinants relevant to public health.

Building on the results, recommendations for optimal inclusion into programme curricula and course plans of the identified priorities above were to be made, and common modules or courses to be designed for the inclusion into programmes as a core or elective option. Furthermore, gathering of information regarding competency development over Europe was to be conducted and presented and suggestions for how competencies can be developed was to be produced.

Pedagogical strategies aligned with developments in the Bologna process were collected, developed and presented. As a final result of its work, PHETICE aimed to produce guidelines for public health training in collaboration with other EU projects and networks, NGOs and authorities, relevant for collaboration and coordination.

Working Structures and Practices

The project has been co-ordinated from Karolinska Institutet; in the beginning by the Department of Public Health Sciences under the leadership of Professor Leif Svanström. Eventually, the project management was transferred to the Unit for Public Health Nutrition in the Department of Biosciences and Nutrition, where Associate Professor Agneta Yngve took over as the Co-ordinator with Dr Irja Haapala as the Project Manager.

The project has been overseen through meetings of the Partner Steering Committee and actioned through subsequent work in each of its Work Packages. Work Package 1 was the co-ordination package, number 2 was the dissemination package, number 3 was the introduction of prioritized issues package and production of guidelines; all three of these were lead from Karolinska Institutet.

Work package 4, lead by Professor John Kenneth Davies at the University of Brighton, worked on professional and academic standards and pedagogical strategies for public health education and training. Work Package 5, 6 and 7 were the information and intelligence gathering packages, exploring the programme linkages between existing master programmes and collecting details of curricula (WP5, Dr René van Rijsselt, VU University Amsterdam), mapping current practice in public health training over the extended Europe (WP7, Dr Renate Schulze-Rath, Johannes-Gutenberg University Mainz) and developing survey tools and building a data base of existing training programmes (WP6, Thierry Louvet, Director of the Association of Schools of Public Health in the European Region (ASPHER) until 2007, and thereafter Professor Anders Foldspang, Vice President, ASPHER. It is important to note here that the role of ASPHER was limited to the development of survey tools and subsequently the

data base of existing training programmes. The other project partners all contributed to the PHETICE Guide, its Conclusions and Recommendations.

A full list of meetings and workshops is available in the full report.

Outcomes

For sound development of an effective and constantly updated workforce in public health, we identified the need for a supportive framework. This framework needed to include the continued development of a set of generalist and specialist functions in the public health area and agreement on competencies needed for each function. In this process, there was a need for registration systems, including regular updates. Public health is a constantly developing field and regular updates are essential for all representatives of the public health workforce, independent of geographic boundaries, language and field of specialization.

We also identified a need to further develop training in common European topics, such as the decision making process in the EU and national vs. European responsibilities, the joint monitoring programme under development by the EC, and the inclusion of equity issues in public health. There is also a distinct need to earmark support to ensure sustainability to public health education, training and updating all over Europe.

This project specifically focused on identifying ways to support the use of the Bologna process in influencing development work on course design and pedagogical delivery strategies within universities, increasing comparability and mobility between universities, and thereby pointing out best practice in public health education. By introducing prioritized issues in our toolkits and providing ways to develop our pedagogical skills we felt that this material can improve public health education in Europe. The project identified several parallel developments in competency development and suggested ways to achieve competencies in different settings.

The Guide that has been produced also contributes to a European strategy in public health specialist training by providing recommendations addressed at four levels; the Commission, the Member States, schools of public health/universities and teachers in public health. The recommendations stress a set of crucial points; how public health needs to be integrated into broader education policies within the Commission and in the Member States, how universities should take optimal advantage of support from the EC and also facilitate European issues, how individual teachers can strengthen their own careers by working in a more international context, through various means such as participating in teacher exchange and jointly developing materials to facilitate the European dimension of public health..

Recommendations for the future

The public health workforce in Europe needs to receive high-quality, comparable training, that includes European issues and builds on the existing supporting structure relating to the Bologna process. In order to fully develop a stable, skilled and comparable workforce over Europe, a set of recommendations have been developed by the PHETICE Project. Those directed to the EC are:

- To emphasize the links between DG Health and Consumers and DG Education and Culture in order to prioritize support to public health training in Europe

- To strengthen links between public health experts in Europe in regards to joint funding possibilities in relation to training programmes and linked research
- The set up joint and updated course material, certified by the EC, translated into several languages, for running a joint course on European Surveillance and Monitoring of Public Health, in collaboration with universities over Europe, including an annual training programme for teachers who will deliver the above course
- The development of in-service/continuing professional development, as well as postgraduate programmes in public health, in collaboration with the EC and relevant authorities and mirroring the EPIET programme
- A future joint expert group to be formed at European level, building on the current contact list, networks and public health bodies in Europe, helping to establish quality assurance systems, competency development and registration criteria for several levels and specialities within public health.

Further recommendations are to be found in the Guide and on the CD.

It is the hope of the PHETICE steering committee, that the collected intelligence, the Guide and the CD produced during this project shall be used and discussed in training institutions throughout Europe. The area of public health is constantly developing and there is a clear need for regular updating and refreshing of public health training programmes, to adapt to upcoming challenges in public health and/or to new pedagogical developments in the teaching/education area or in the policy framework for public health on European level.

Stockholm, September 2008, on behalf of the project steering committee:

Agneta Yngve
Project Co-ordinator

Irja Haapala
Project Manager

Background and introduction

The EU with its growing number of Member States faces several public health challenges. The Second Programme of Community Action in the field of health 2008-2013¹ in particular emphasizes the need for improving health security, the promotion of health and the reduction of inequalities, as well as a need for high quality information and effective exchange of knowledge.

The heaviest disease burden in the WHO European region is caused by non-communicable diseases (77%), followed by accidents and poisoning (14%) and communicable diseases (7%). The risk factors for non-communicable diseases are essentially similar across European countries and drug-resistant bacteria and flu pandemics are mentioned as future threats to the health of Europeans. Specific problems that the European Union is facing are for example mental ill health², drug-resistant bacteria, flu pandemics, population ageing and obesity. Inequity in health within and between countries is still present and increasing. Furthermore, the free market and free movement of citizens introduces new elements of mobility of healthy as well as unhealthy products, trends and disease patterns.

In order to stabilize future health developments in the European population there is a need to develop a well-educated public health workforce. There is also a need to ensure true mobility of public health workers, which requires comparable training in public health. There is a need to insert in-depth knowledge into generic and specialized issues of relevance for the optimal functioning of the public health regulations and recommendations that exist within the EU. There is also a definite need for more linkages between education and training systems and employers, providing feedback regarding the competencies needed to ensure positive developments in public health.³ As the European University Association states in a report in 2007³ *“Dialogue on lifelong learning provision with employers and other societal stakeholders is currently lacking”*.

The PHETICE project was launched in 2005, with the notion that public health developments within the EU required a unified approach to workforce development across public health specializations. The project was founded on the work of five EC supported European Master Programmes in public health, public health nutrition, gerontology, epidemiology and health promotion.

The cue to the project was that the introduction of a common European dimension of public health is badly needed, in order to meet the challenges and use the framework set up by the EC. The European dimension includes knowledge on how decisions are made in the EU, the competency of the EC in relation to national authorities, European common structures regarding public health monitoring and, for example, issues of equity in public health within and between Member States.

Objectives

The objectives set for the project included an analysis of public health training in the enlarged Europe and an attempt to set professional standards compatible with the Bologna declaration and with current knowledge of competency needs for public health workers on different levels. The Project also held as its objective to develop a set of pedagogical tools for student centred learning and to seek ways to integrate a set of prioritized issues into relevant training programmes. Among these prioritized issues the integration of monitoring and surveillance into training programmes was seen as particularly important.

Objectives of the project were:

1. To contribute to a European strategy in public health (PH) specialist training, building on experiences and investments made in existing training programmes, by identifying commonalities and synergies.
2. To identify and integrate educational institutions from acceding and candidate countries into existing European PH training programmes
3. To develop a common understanding of the core competencies of professionals within PH specialist areas, through networking and collaboration with relevant projects and institutions
4. To develop European professional and academic standards to enable uniform quality control processes and joint degrees at all levels
5. To further develop methods for PH training and integrate areas of inequality, health monitoring and best practice
6. To publish and disseminate guidelines for public health specialist training in Europe
7. To increase access to evidence-based education and information for European PH specialists and thereby indirectly to European citizens

Specific objectives of the project were to:

1. Identify possibilities for integration of existing public health (PH) programmes
2. a) Identify educational partners in the acceding and candidate countries (ACC)
b) Make an inventory of the status of PH training in the ACC
3. Define professional standards and competencies within PH, in cooperation with relevant projects, institutions, professional bodies
4. a) Develop uniform academic standards (with DG Education)
b) Investigate sustainability, joint degrees and quality control
5. a) Further develop PH training strategies, core curricula, materials and methods
b) Integrate prioritised areas into core curricula, equality, health monitoring and best practice
6. a) Produce guidelines on how to proceed in PH training, including results of the above objectives
b) Disseminate guidelines and monitor their implementation
7. a) Create a website for evidence-based information and educational resources
b) Train the future trainers
c) Develop new training packages.

Partners and co-ordination

The partners in the PHETICE project consisted of the following European Master programmes:

EuMaG: European Masters of Gerontology: 26 EU-countries / universities involved represented by Dr René van Rijsselt from Vrije Universiteit of Amsterdam.

EMPHN: European Master Programme in Public Health Nutrition: 19 EU/EFTA countries /universities represented by Associate Professor Agneta Yngve from Karolinska Institutet, Stockholm.

EUMAHP: European Master Programme in Health Promotion: 15+ EU-countries / universities represented by Professor John K Davies from the University of Brighton.

EMPH: European Master in Public Health: 70 institutions / schools involved, represented initially by Mr Thierry Louvet and later by Professor Anders Foldspang from the Association of Schools in Public Health in Europe (ASPHER) in Paris/Brussels.

EU-MSE: European Master in Epidemiology: 13 EU-countries / universities involved represented by Dr Renate Schulze-Rath at the Johannes-Gutenberg University Mainz.

Coordination of the project was initially led by Professor Leif Svanström with Emil Pettersson as Project Manager at the Department of Public Health Sciences at Karolinska Institutet, but was from the end of 2007 transferred to the new co-ordinator Associate Professor Agneta Yngve at the Department of Biosciences and Nutrition at Karolinska Institutet with Dr Irja Haapala as the new Project Manager.

A steering committee consisting of the representatives for each European master programme listed above has been responsible for the overall development of the project: Dr René van Rijsselt from Vrije Universiteit of Amsterdam; Professor Leif Svanström and Emil Pettersson followed by Associate Professor Agneta Yngve and Dr Irja Haapala, Karolinska Institutet, Stockholm; Professor John Kenneth Davies, the University of Brighton; Mr Thierry Louvet followed by Professor Anders Foldspang, the Association of Schools in Public Health in Europe (ASPHER); and Professor Maria Blettner followed by Dr Renate Schulze-Rath, and later by Professor Hajo Zeeb, University of Mainz.

Working groups within each Work Package have included the following people:

- WP1-3 at Karolinska Institutet: Associate Professor Agneta Yngve, Dr Irja Haapala, Professor Leif Svanström, Emil Pettersson, Susanna Kugelberg, Cecilia Wanhainen, Christel Bjarnholt, Jenny Rossen, Bettina Ehrenblad, Harneet Ahluwalia, Eric Poortvliet, Stephen Lawoko, and Research Professor Mirjana Pavlovic.
- WP4 at University of Brighton: Professor John Kenneth Davies, Dr Nigel Sherriff, Caroline Hall and Glynis Flood.
- WP5 at Vrije Universiteit of Amsterdam: Dr René van Rijsselt.
- WP6 at ASPHER: Professor Anders Foldspang and Mr Thierry Louvet.
- WP7 at Johannes-Gutenberg University Mainz Dr Renate Schulze-Rath, Professor Maria Blettner, Professor Hajo Zeeb, Stephen Weinand and Doris Reiner.

Results and vision

Identifying possibilities for integration of existing public health (PH) programmes (objective 1)

A review of the 5 existing/participating European Master programmes carried out in work package 5 in the PHETICE project revealed that all of them were moderate in size due to limited resources: between 12 to 26 participants in each. However, the five programmes had managed to organise an impressive total network of 86 universities and institutions throughout Europe (see figure 1 next page). The total network was found to be quite diverse in its geographical spread with a central focus among the longer established Member States.

Collaboration between the members of the five networks was not formally institutionalized; but good links were built up on an informal basis – for example joint European Summer Schools were held between EMPHN and EUMAHP in Bordeaux (2000) and between EUMAG and EMPHN in Valencia (2001) and in Crete (2002). The EC financed the programmes and the aim was to develop European Master Programmes in the broad domain of Public Health. No guidance or steering was offered by the EC in how the networks had to develop their programme and curriculum structure. In the end all programmes had developed their programme in different directions, with different views on the role of the administrative centre or who was responsible for programme and degree.

This was also true for the pedagogical strategies, the number of ECTS for the whole Master programme, the European added value, the ownership of the diploma, requirements for the diploma etc (see individual analyses) (WP5). Some programmes (eg Nutrition and Health Promotion) used the opportunity to develop research activities at European level and also at EU-Canadian levels.

The overall conclusion of the review process was that the programmes are worthwhile and successful. The European added value was highly appreciated by all the students, and in many cases it resulted in cross cultural competence.

Additionally, the diversity of the programmes leads to two conclusions: one that it is hard to formulate commonalities and synergy due to the high level of diversity, and two, the experiences of each network in building networks and programmes are so big that it must be possible to formulate commonalities and synergy at a higher abstraction level, especially given the fact that some programmes developed the “training-the-trainers” concept, in order to use the programme characteristics for dissemination.

The following statements were made during the interview with the programme directors of the five European Masters programmes regarding commonalities and synergy:

1. Revitalise the Summer Schools and make it possible for students from the five programmes and students from the New Member States to get involved in the true European dimension.
2. Use experiences from the five programmes to help departments to set up their own programmes. The (in many cases) benchmarked programmes can be used and the “training-the-trainers” concept can stimulate new programmes to learn fast and

- implement successful programmes in a relatively short period of time with high quality output.
3. Because of the wide experience in the group with very different learning strategies (f.i. engaged learning, problem based learning etc), it offers new comers an ideal opportunity to select the strategy that fits best with the local situation, or try a different new approach.
 4. Finally the suggestion is made to define mutual domains of interest that exceed the individual programmes. Example can be the topic of “healthy city” which can be linked to all five programmes. Eventually it offers the opportunity to develop research projects in line with these broader topics.

According to the European University Association, two potentially conflicting, and critical, agendas emerge: the competition and the solidarity agenda. The competition agenda can be retrieved from the Lisbon declaration, intending to make Europe the most competitive dynamic knowledge-based economy of the world by 2010. Competition implies however concentration of centres of excellence, with an emphasis on competence, strengths and high quality. Weak programmes or academic institutes are condemned to disappear. On the other hand, the so-called, social agenda stresses collaboration, cooperation and solidarity between programmes and organizations. This agenda finds its origin in the Bologna process. In this programme strong programmes should support weaker programs, by sharing experience and competence, and by setting up sustainable forms of collaboration, based on equality. So far it seems that the social agenda is predominant, strengthening collaboration and cooperation between organizations in higher education.

Identifying educational partners in the Acceding and Candidate Countries (ACC) (objective 2a)

Identification of educational partners was first achieved as part of WP7. In order to obtain as many addresses as possible of the relevant and appropriate PH training organizations in all countries of the European region, we used the following sources: internet, member lists of ASPHER, participants of the network of Public Health Nutrition and Public Health Promotion. As there are reputable PH institutions in non-EU countries (e.g. Andrija Stampar School of PH in Zagreb, Croatia), we also included the addresses of their PH training institutions. Additionally, we asked the partners in the steering committee to check the address lists and to add any missing institutions. Thus, we were able to add another 20 addresses just before starting the survey. Finally we had the addresses of 208 institutions with PH programmes. (WP7).

For the purposes of dissemination of the results, this list was further amended by working with the UNU/SCN Network for Capacity Building in Nutrition in Central and Eastern Europe –NCDNCEE (<http://www.srbnutrition.info/?page=Network>) (in WP 2). This work resulted in an additional list of 19 institutions on Forum for Public Health in South Eastern Europe (FPH-SEE) (www.snz.hr/ph-see/centres.htm).

During the development of the project, we were also able to add to the list of partners those taking part in the Prague Training Development workshop in WP 4.

Public Health Training in an Enlarging Europe: mapping current practice (objective 2b)

Within the PHETICE programme, a scoping exercise was performed in order to provide background, baseline information for the PHETICE project. This exercise included universities and schools of public health from all over the enlarged Europe, using a joint address lists from the Association of Schools of Public Health (ASPHER) and the already existing European Master Programmes. The responses revealed dissimilarities which need to be dealt with in order to promote exchange and collaboration between the Member States in the public health area.

In the mapping exercise, it was revealed that the entry requirement for a Master of Public Health or Master of Sciences in Public Health (MPH or MSc PH) training programme differed substantially. For fourteen of the eighty-six responding universities entry requirements corresponded to a master degree in a topic related to health or sociology or related topic. For fifty-two programmes, a bachelor degree was required for entry and for one of the programmes even a PhD degree was required for admission. However, all the responding schools of applied sciences required a bachelor's level for entry to their master programmes. In several existing programmes, professional qualifications, entry exams and language skills were also used as prerequisites for entry. The absolute majority of respondent universities/schools of applied sciences had more than 60% female students. The age range was quite spread, from 18 to 55 years. At 28 of the 86 responding universities, more than 10% of the public health students originated from another European country.

In most programmes, the tuition fees did not exist or they were less than 5000 Euros per programme, normally of two years duration. In half of the investigated training programmes, different tuition fees apply for international students, who have to pay more than their national/EU peers. In general, course fees for courses offered within the Member States are considerably lower in the new Member States than in the others. Specific fees are applied to e-learning students.

Most public health programmes had two terms/semesters per year, while a few had trimesters and some had a continuous programme. A modular structure was most often used, with a set of core modules and some optional modules. Ten out of the eighty-six universities offered summer schools on top of their normal academic year. An absolute majority of the responding academic institutions claimed that they used lectures, self-directed and problem-based learning methods. Only one academic institution used internships. The teachers were to a great extent university teachers, but also guest lecturers and individuals working in health administration. Regarding the teaching language, teaching in English was rare in the new member states, while teaching in English was as common as teaching in the native language in the other Member States. The most common system was teaching using a mixture of English and native language.

Further inventory of the status of PH training in the ACC (objective 2b)

In the subsequent follow-up of the results in WP 7, we made an inventory of ongoing public health training in collaborative projects in the ACC. The PH SEE project⁴ is a collaborative project to develop training modules and to strengthen research capacity in South Eastern European countries. The project is intended to support the reconstruction of postgraduate public health training through the development of online teaching materials.

The Public Health Collaboration in South Eastern Europe, a project of the so-called Stability Pact, is striving for social cohesion in the involved countries, has since the year 2000 been developing joint teaching materials and has developed a joint database on public health in the region. This group has also developed a minimum indicator list for health monitoring. Furthermore, the Open Society Institute and ASPHER are facilitating the establishment of schools of public health in Eastern Europe, mostly on master's level ⁵.

As part of SEE-FPH (South East Forum for Public Health) Albania and Macedonia have developed their MPH programme ⁶⁻⁹. A suitable start for the development of the MPH programme was the implementation of key modules developed by the European MPH programme ¹⁰.

In Serbia, as part of the drive to prevent disease and its resultant costly treatments, public health management and health promotion have in recent years become academic disciplines in their own right. EU assistance to Serbia, managed by the European Agency for Reconstruction, has helped to fund a new School of Public Health within the Belgrade University School of Medicine. It offers a Master of Public Health degree, based on internationally recognized standards, and which is fully accredited by the Association of Schools of Public Health in the European Region ¹¹.

The UNU/SCN Network for Capacity Development in Central and Eastern Europe

The UNU/SCN Network for CD in nutrition for Central and Eastern Europe (NCDN-CEE) was established in 2005 (<http://www.srbnutrition.info/?page=Network>). The objective was to initiate and support capacity Development (CD) activities in research and training in CEE countries. This was part of the UNU/SCN Working Group's efforts in catalyzing the formation of regional networks working towards the enhancement of individual, institutional, and organizational capacity in food and nutrition ¹².

Through the work within this network, the major nutritional challenges in CEE were identified as: nutritional and life style related public health problems, irregular meal pattern; low consumption of fruits/vegetable, milk products and fish; low intake of some micronutrients; and high intake of fat, sugar, and salt. Public policies in nutrition were either weak or non-existent; some countries had recently developed nutrition plans.

The Network identified some main targets for policies, programmes and activities and suggested ways to meet those targets. It became clear that a framework was needed where the requirements of various actors were specified. The framework suggests four different levels of actors including at governmental, institutional, education and community level. Participants over the last two years came from 10 countries: Albania, Bosnia and Herzegovina, Bulgaria, Czech Republic, Macedonia, Hungary, Romania, Republika Srpska, Serbia and Slovakia, and facilitators came from the Netherlands and Norway.

Recommendations for the CEE Region included two issues first and foremost: Firstly: Academic training of professionals: Higher training in nutrition is a prerequisite for policy, strategy and programme development. Such training is currently modest in many countries, and only a few countries have specific education for nutritionists. This lack of training opportunities is a major challenge. Secondly, taking into consideration the situation in CEE region, special attention should be given to the nutritional health related negative transitions, addressing the education and dissemination of information to the population ¹³.

The established Regional Network turned out to be an efficient tool in streamlining regional involvement and has led to highlighting the capacity development needs in nutrition within this region. Education, training, workshops, networking and sharing of experiences were welcomed themes for most countries. It is concluded that capacity development is a long-term, continuing process, with policies, plans, and activities that should have national priority. Special attention should be given to the capacity development dimension generated by Global and European strategies. Capacity development networks are important tools in addressing present and future needs in various countries ¹⁴.

Conclusions: Capacity development is seen as very important by professionals in the Region. It is a prerequisite for changing the negative trend of the nutrition transition. This initiative has created a professional network and will continue to work on issues that are still not adequately covered.

How to ensure comparable competency in Public Health across Europe (objective 3)

Professional and academic standards for teachers and trainers

In PHETICE, professional and academic standards for teachers and trainers involved in training in public health in Europe were approached from the broader public health perspective, underpinned by modern health promotion principles and values to build a theoretical model for future investigation. The competencies approach has been developed from a theoretical perspective, first in the business sphere and then in other professional fields. Initially a detailed and comprehensive literature review was carried out ¹⁵ to determine the core functions for public health practice. The findings of this review helped in the establishment of initial work on the production of the PHETICE competencies. Essential areas of public health practice were defined from the findings of the review and categorised within the following sections: Assessment, Policy Development and Implementation, Assurance, and Intervention. For the purposes of PHETICE, competencies were examined within the context of wider public health functions.

A scoping exercise using a dedicated questionnaire ¹⁶ was distributed to a wide section of public health stakeholders throughout Europe to determine an agreed list of public health functions. A brief summary of the agreed public health functions are listed below:

1. To provide data about the health status: to monitor and assess public health needs, to respond to health needs, to determine the most effective interventions, alternatives and preventative programmes
2. To co-ordinate inter-sectoral, interdisciplinary arenas
3. To act as a watchdog for public money and how it is used to improve health
4. To provide input to policies relevant to the health of communities and societies
5. To deal with the most widespread causes of death and most disabling diseases
6. To create awareness about socio-economic determinants of health
7. To use/organise protection and prevention services: food control, environmental control, family planning services, vaccination
8. To empower people to be healthy
9. To develop access to the population at risk or those outside of health systems

The PHETICE Model of competency analysis and development

The PHETICE Model (Figure 1) set outs the key areas of public health practice; it has been developed from existing models of public health and health promotion produced in different parts of the world. The PHETICE model is intentionally flexible to allow the broadest possible use so that it can link to other areas and can be expanded for use at European, national or local level. It has been refined to allow for further development and the inclusion of discipline specific- as well as core competencies. The model is developmental and meant to be a useful 'tool' rather than a means to an end. It should be interpreted as widely as possible within a European context, and it can therefore include both public health and health promotion approaches. The developmental steps in the current visual depiction of the model introduce and explain its rationale in order to meet the needs of different public health practitioners. It is based on a sound theoretical basis adapted from the Donabedian quality assurance framework¹⁷ and the internationally well established management cycle.

Competency development in Epidemiology

The EuMaG programme has been involved with competencies development in Gerontology during the formulation of the programme content. Its partner members engage in the discussion on the competencies within this field. For more information, please visit the website www.eumag.org.

Competency development in Gerontology

Competency development in Epidemiology in Europe is closely linked to basic and continuing university-level education in Public Health and the consolidation and extension of educational programmes at higher learning institutions focusing on epidemiology as such. The IEA European Epidemiology Federation is providing web-based information on epidemiology training courses and is actively involved in the discussion of competency development for epidemiologists in Europe. Several Epidemiology programmes in Europe have established collaboration to increase student and teacher exchange and to add a European dimension to epidemiology training. For more information please visit the EU-Master of Science Epidemiology programme website: www.eu-mse.de

Competency development in Health Promotion

Within health promotion a general view is taken of competencies as the knowledge, abilities and attitudes needed to implement specified health promotion actions within specified dimensions of practice according to a specified standard. The model presented on p 45 describes this process. Please see WP4 report for more information.

Competency development in Public Health Nutrition

There are examples of scholars, professional associations and EU-wide projects that focus on competency development of public health nutritionists in Europe and internationally.¹⁸⁻²⁵ The Nutrition Society in the UK has elaborated standards for public health nutrition practice, which is the basis for their registration system. JOBNUT is a project which investigates workforce development issues for public health nutrition practice. This project is funded by the Leonardo da Vinci programme, 2002-2008 which is part of DG Culture, Education and Youth and aims to develop vocational training systems.

Two wider consultation studies, whereof one is within the JOBNUT project, focus primarily on the needed competencies for the practice of public health nutritionists. The method applied in these studies is the Delphi technique, which is a tool to develop a consensus within a larger

group. In the first study, ²², 21 of 57 competency units were rated as essential competencies. In the most recent study, 29 competencies were rated as core competencies. These competencies were rated in relevance to the competency mix required of an individual practitioner to effectively address PHN issues. Competency units defined as core competencies were: Analytical, Socio-cultural and political, management and planning, communication and nutrition science.

Competencies development within Public Health

Competencies required within the field of Public Health have been recently defined by Skills for Health, the Sector Skills Council (SSC) for the UK health sector ²⁶. Their Public health skills and career framework focuses on competencies needed at nine levels of career development. The framework is intended for the wider workforce and those training public health professionals. This framework, produced through a “bottom-up” multidisciplinary and multi-professional stakeholder workshops process, serves as an excellent mirror for the work yet to be carried out at the institutional level (by academics and training institutions, policy makers and politicians).

The Association of Schools of Public Health in the European Region has launched a project to support the dialogue between the public health decision makers and managers and the schools of public health as concerns competencies necessary for public health professionals in order to develop, organise, implement, carry out and evaluate public health interventions, relevant for meeting present and future challenges to European populations’ health. The dialogue takes place within the framework of the ASPHER European Public Health Core Competencies Programme (EPHCC) for public health education, Phase 2. An ASPHER publication will be produced by the end of Phase 2 (October 2008). PHETICE project members have taken part in both phases of the dialogue.

Developing uniform academic standards (objective 4a)

The Bologna Declaration as a driving force for quality control

The Bologna Process aims to create a European Higher Education Area by 2010, in which students can choose from a wide and transparent range of high quality courses and benefit from smooth recognition procedures. The Bologna Declaration of June 1999 has put in motion a series of reforms needed to make European Higher Education more compatible and comparable, more competitive and more attractive for Europeans and for students and scholars from other continents. Reform was needed then and reform is still needed today if Europe is to match the performance of the best performing systems in the world, notably the United States and Asia.

The Bologna Declaration contains a number of recommendations concerning the Bologna Process, the creation of a European Higher Education Area (EHEA) by 2010. For details please visit: http://ec.europa.eu/education/policies/educ/bologna/bologna_en.html.

Within the EHEA, students should be able to choose from a wide and transparent range of high quality courses and benefit from smooth recognition procedures. The Bologna Declaration of June 1999 has put in motion a series of reforms needed to make European Higher Education more compatible and comparable, more competitive and more attractive for Europeans and for students and scholars from other continents. Reform was needed then and

reform is still needed today if Europe is to match the performance of the best performing systems in the world, notably the United States and Asia.

The three priorities of the Bologna process are:

1. Introduction of the three cycle system (bachelor/master/doctorate)
2. quality assurance and recognition of qualifications
3. periods of study

Bologna Process. What's the use?

It helps us modernise the programmes, and helps in meeting the diverse student body. It simplifies our lives as it harmonises the rules and guidelines in regards to admission criteria, curriculum development as well as examination design and thereby ensure a good and comparable quality level.

Bologna Process. Any downsides?

The change in the training systems puts a tremendous burden on teaching and administrative staff involved in the preparation of new entry criteria, new course plans and new assessment systems, often without additional funds to compensate for the temporary increase in work load.

The three cycles

The basic framework of the three cycles of higher education qualification is defined in terms of qualifications and ECTS* credits:

- 1st cycle: typically 180-240 ECTS credits, usually awarding a Bachelor's degree. (2-3 Years)
- 2nd cycle: typically 90-120 ECTS credits (a minimum of 60 on 2nd-cycle level), Usually awarding a Master's degree. (1-3 years)
- 3rd cycle: Doctoral degree, for which no ECTS range is given.

* ECTS = European Credit Transfer and Accumulation System, a standard for comparing the study attainment and performance of students of higher education across the European Union. For successfully completed studies, ECTS credits are awarded. One academic year corresponds to 60 ECTS-credits in all countries irrespective of standard or qualification type and is used to facilitate transfer and progression throughout the Union. One ECTS credit should represent a study workload of approximately 28 hours.

The extent to which the Bologna model is adopted in European countries can be seen here http://ec.europa.eu/education/policies/educ/bologna/bologna_en.html on the EU commission web site. The European University Association provides excellent information regarding the adoption of the Bologna model in European countries: www.eua.be.

Course Evaluation and quality assurance

Evaluation is done at a number of levels, it is conducted by universities in order to assure the quality of teaching and it is done by individual teachers and course directors in order to inform teaching practice, it also takes place to inform a supportive learning environment for the students.

Evaluation in any sense needs to evaluate whether education coheres to the principles of good teaching, learning and assessment. Evaluation can be a means of benchmarking quality

assurance, assessing teaching practice and following students' learning process with a view to improving them.

There have also been a number of endeavours towards acknowledging the importance of self reflection on behalf of the teacher, an example being the notion of Critical Friend²⁷, whereby teachers are encouraged to engage in critical reflection on the practice of others as well as their own in order to improve the same, and also to widen the pedagogical community of practice at university level. The teacher exchange programmes provided by the European commission can certainly be used for peer assessment or Critical Friend exercises.

The impact of the Bologna process on curriculum, assessment and course evaluation

In the following text, a set of optimal outcomes of the Bologna process are listed. They encompass curriculum and learning outcomes implementation and how these relate to student assessment.

Curriculum and learning outcomes

One of the most important implications of the Bologna process is the implementation of an outcome-based curriculum. A consequence of an outcome-based curriculum is the use of learning outcomes to express what students are expected to do and know in the form of knowledge, skills and ability to choose appropriate methods and make appropriate judgements.

Universities throughout the enlarging Europe are working on implementing the core ideas of the Bologna declaration, including the implementation of the Diploma Supplement, with the goal of adopting of a system of easily readable and comparable degrees. The Diploma Supplement, which clearly describes the courses taken by the graduate, helps to promote European citizens' employability and increases the international competitiveness of the European higher education system.

This places demands on universities to devise intended learning outcomes for courses with the aim of establishing a system of courses that are comparable throughout Europe. This goal is met in part through teacher training courses where teachers are given training in how to design learning situations with a student centred approach and also how to author and implement intended learning outcomes. Similar endeavours are courses for teachers in course design, where emphasis is placed on the concept of Constructive Alignment²⁸ creating a strong alignment between the intended learning outcomes, the teaching/learning activities and the assessment tasks. Ongoing teacher training at universities throughout Europe is seen as a strategic move towards fulfilling the goal of cross boarder education. For more information on the Bologna process, please consult the website:

http://ec.europa.eu/education/policies/educ/bologna/bologna_en.html

Transparency in student assessment

Awarding grades at an educational institution involves an organisational form of exercising authority, the student is in a subordinate position in relation to the examiner and it is fair that s/he is aware of the requirements of that particular institution to achieve a pass. There are a number of arguments for using assessment criteria; it is a natural transition of intended learning outcomes, assessment criteria facilitate the work of assessment. If students are to

reach certain outcomes then we need to articulate what it means to have fulfilled these goals. There is also the argument of fairness²⁹.

Using assessment criteria to determine how well students have achieved learning outcomes is conducive to a good learning process and a supportive learning environment. There are numerous reports on good practices in using criteria to enhance students' learning in Europe and abroad³⁰. According to Biggs, assessment and exams propel much of student learning; therefore we need to construct exams and forms of assessment that are aligned with learning outcomes²⁸. If the criteria are not aligned there is a risk that we motivate students to extreme forms of surface oriented learning. We generally speak of two types of assessment; formative (assessment to inform continued learning) and summative (assessment to inform setting of grades).

Pedagogical strategies in support of the Bologna process in Public Health training (objective 5a)

In terms of pedagogical strategies, relevant educational methods and related approaches were explored and analysed using the actual experiences of public-health trainers. In this way WP4 utilised the contemporary European practice and programme experience of skilled trainers from a range of countries but with a clear focus on the new Member States and Candidate Countries. This process was facilitated through a consensus building process and the implementation of a Training and Development Workshop (TDW).

The working philosophy of the PHETICE project reflects the key values of modern public health including empowerment and participation. Such a philosophy fits directly with supportive learning, peer learning or student-centred learning (SCL) approaches.

Peer Learning

Peer Learning is a diverse form of student-centred learning or as Boud³¹ writes; "Peer Learning is not a single, undifferentiated educational strategy. It encompasses a broad sweep of activities", the common denominator being that Peer Learning activities are student centred and that the student oriented learning involves alignment of student learning experiences. In addition it is suggested that through teaching and learning activities which are genuine, authentic and represent the natural complexities of the "real world", students may be able to achieve a better understanding. In addition there is evidence to suggest that intrinsic motivation to learn is likely to develop from authentic instructional activities which connect opportunities for students to connect academic learning and work based learning.³¹

Public health is a highly political area, with a need to interpret complicated facts to successful policies which need to be articulated and communicated. It is therefore a particularly useful exercise in the public health context, especially when mixing specialities in public health in a "real life" setting, such as internships in nationally recognized bodies. Among skills or attributes associated with peer learning are: the development of skills related to collaboration, teamwork, and becoming a member of a learning community; critical enquiry and reflection; communication skills; an insight into how to learn and the advancement of self and peer assessment skills; the ability to manage one's learning and learning to master skills that are also particularly mentioned in the Bologna Declaration.

One accepted example of student-centred learning is problem based learning (PBL). In PHETICE, a PBL approach is used as an important vehicle for developing and delivering

public health competencies and enabling students to understand and experience the European dimension.

Problem-based learning (PBL)

PBL can be used as a single method or in combination with other methods. Problems or cases are the points of departure for the learning processes. The problems are “solved” in a combination of group discussions, individual studies and lectures. PBL demands active students, who participate in the process and contribute to her/his learning and the learning of other group members. The expected learning outcomes of PBL processes are that students will develop problem solving skills, experimentation, collaboration, and communication and information skills, in the context of reflection and critical thinking. In terms of tutors or facilitators, their role is also active to support the learning process. The primary strategy for PBL facilitators is to ask questions that stimulate the students in their learning. Of course tutors may also share their expert knowledge with the students, but not in such a way that the tutor directs the student with the only correct answer.

The challenge of using PBL approaches in the PHETICE perspective is to develop the students’ understanding of European public health and how their own population/country/language/culture fits into the European context.

Distance Learning

The internet provides new challenges and also new opportunities for distance learning. Distance learning, is about transforming information technology into educational technology. It is education that focuses on instructional systems design that aims to deliver education to students who are not on campus or in the classroom, but may also act as a complement to traditional campus teaching. Distance learning is often carried out via learning platforms also known as Virtual Learning Environments (VLEs) such as Pingpong, Marratech, Moodle to name but a few. These platforms incorporate a number of synchronous and asynchronous technologies such as; broadcast video, internet chat, video conferencing, discussion forums and so on. Instead of attending courses in person at a designated time, students and teachers may communicate at times of their own choosing, through learning platforms where pre-set learning modules are designed and ready for implementation.

The ‘good’ lecture

Given the present structure of higher education there is a need to develop the lecture into an environment suitable for the goals of higher education. While lectures are “relatively effective for presenting information”²⁸, the challenge lies in lecturing for stimulating higher order thinking skills. When students are asked to identify the important characteristics of a good lecturer, they identify the same ones that lecturers themselves do: organisation, stimulation of interest, understandable explanations, empathy with students needs, feedback on work and clear goals encouraging independent thought.³²

Postgraduate training in European Master Programmes in Public Health (objective 5a)

Postgraduate (Doctoral) training in the current European Master Programmes is under development and it could ideally follow the example of the European Programme for Intervention Epidemiology Training (EPIET). EPIET provides training in combination with practical experience in intervention epidemiology in the area of communicable disease control and prevention. The programme is hosted at the European Centre for Disease Prevention and Control (ECDC) in Stockholm, Sweden. The admission criterion for the programme is master's level, and the programme can be seen as an excellent example of collaboration between authorities (future employers) and training institutions. The programme includes an introductory course of three weeks, followed by a field placement for 23 months at an associated EPIET training site. The training often leads to scientific publications, so apart from the obvious advantage of onsite training at national authorities for future job seeking ventures, the students often pursue a PhD programme as the next step in their career. During the two-years of fellowship within EPIET, a salary is paid to the student. More information can be found on the website <http://www.epiet.org/>.

Funding options for programme development

Several generic funding possibilities are available for training networks, within the Directorate General Education and Culture. These are related to vocational training (Leonardo da Vinci programme), networks of excellence for training, intensive programmes, teacher exchange and student exchange (ERASMUS). Funding is also available for foreign aid, for research in different public health areas (DG Research), for projects within public health (DG Health and consumer protection). For these activities, calls for proposals are launched regularly which are related to basic documents on prioritized areas for the particular call. For projects within the public health area related to DG Health and consumer protection, an agency has been created to handle all funding matters; the Public Health Executive Agency, located in Luxembourg. http://ec.europa.eu/phea/index_en.html

Exchange programmes within and outside EC borders

Exchange programmes provide excellent opportunities for collaboration between universities. By using teacher exchange, the best teachers can be used to teach a specific area and teacher exchange can also be used to ensure similar approaches and as quality assurance through peer review. Student exchange is an excellent way to improve the students' knowledge about other European countries and train the host students as well as the visiting student in an international context.

The lifelong learning programme is the main programme for educational collaboration in Europe. On university level the relevant programmes are listed below; Erasmus, Leonardo da Vinci and Tempus. More information can be found at <http://ec.europa.eu/education/programmes/llp/>

Inclusion of prioritized issues (objective 5b)

The Guide and CD which were produced in WP 3, provide two course module suggestions and a teacher's tool kit and facilitator's tool kit. The course modules enclosed cover the prioritised areas "The European Dimension" in the Summer School EU Basics example, and health monitoring, also in an example of a course module, piloted in Stockholm 2008. Issues on equity were considered more important to use as a cross-cutting theme in all training

programmes, thereby ensuring these as an important component in public health training programmes. A simple check list was produced for this part, and a reading list is provided, including relevant and updated (2008) references and links on equity in health and social determinants for health.

The European Dimension in already existing programmes

A specific module on the European perspective on public health was offered in 38 out of the investigated 86 programmes. The European angle was presented as European aspects of politics, law, health promotion, global and European trends, health care systems and policies for an ageing population. Another example was the EU Basics in Public Health Nutrition summer school, offered for many students within the European network for public health nutrition. More than 65% of the respondents claimed they use a formal accreditation process for approval of courses, most of them performed by a public institution. When it comes to course evaluation, very few programmes used web-based questionnaires.

General EU structure and function

The European Commission has a built-in framework for providing information on its structure and function. Several excellent printed sources as well as website material can be made available without cost to students. During the EU Basics Course in Public Health Nutrition, a summer school held by the European Master Programme in Public Health Nutrition, the students go through an online pre-course assignment, updated each year, in order to provide the most relevant and current information available. The assignment is meant to provide an insight into the general structure of the European Union, the decision making processes as well as the specific public health documents that exist and the directorates general that specifically deal with public health issues. During the summer school, the students are asked to complete an application for funding, following the framework set up by the Public Health Executive Agency (PHEA). In another example of a European master programme summer school, the students go for a week excursion/field trip to EC institutions in Brussels.

Producing guidelines on how to progress in Public Health Training, including results of the above work packages (objective 6a)

Guidelines were produced as a part of the PHETICE Guide and CD, Part 4:3 in the report, building on the integrated results of all work packages and inclusion of relevant additional knowledge.

Recommendations for the enhancement of Public Health training in Europe

The recommendations are directed towards four different action levels, the European Commission, Member States, Leadership and Teachers at universities and schools of public health. The recommendations are seen as key recommendations for securing a skilled and mobile public health workforce for the European arena. The recommendations were extracted from the separate work packages and developed during the work within the PHETICE project.

European commission

- There is a need to emphasize the links between the Directorates General Health and Consumer Protection on one hand and Education and Culture on the other. Training in public health needs to be prioritized in the different support systems for training administered by DG Education and Culture. This also follows on the Amsterdam treaty, stating that “A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”³³.
- The current links between public health experts in Europe need to be strengthened in regards to funding possibilities in relation to training programmes and linked research.
- Common courses on health monitoring on European level need to be certified on a European level, with centrally developed, regularly updated teaching materials and tools for distance learning.
- The links between authorities (regarded as future employers) and training programmes in public health in general should be supported on a European networking level, in order to provide a solid basis for in service training programmes and PhD programmes linked to national public health services.
- Future systems for common exams and recognition on European level should be further developed, including a licensing discussion for European public health workers in different specialized areas, also providing a platform for in service training and regular updates.

Member States

- Training in public health needs to be prioritized in regards to government funding to universities, this support should be linked to a quality assurance system.
- Training in public health with a European dimension needs to be encouraged, including health monitoring system developments and issues of inequity within and between countries
- Links between universities and authorities need to be encouraged and supported over time in order to provide a relevant and able workforce, dealing with general and specified public health areas
- National policies within general as well as in specified areas of public health need to include workforce development, training and updating of staff as a mandatory section
- University teachers in public health who fulfil necessary quality criteria, should be protected in the currently harsh academic environment, in regards to further funding for long term posts rather than the currently vulnerable system of consultancies and short term posts that many countries maintain
- The policy (active, under introduction or being suggested) for many member states to charge course fees for all or specifically for those students from outside of Europe, needs to be discussed from the perspective of public health training needs and the responsibility for member states to provide such training for low-income countries, whether within or outside of the EU. Changes in fee policy should possibly be evaluated by use of health impact assessment techniques

Universities

- The European dimension of public health needs to be included into training programmes and should be a part of any quality assurance programme
- The full aspects of the Bologna declaration need to be further developed in training programmes, not only in regards to structure but also content-wise

- Networking between universities within and between countries is a currently possible but not always used commodity. Administrative support for networking, exchange programmes and other relevant developments should be supported and promoted at university level
- Educational and administrative experience as well as international collaboration in all areas should be highly valued at all universities and recognized as one way forward
- Set standards of pedagogical training should be applied for all teachers, with an angle to particularly fit the specialized areas of public health
- The use of Computer-assisted assessment and course evaluation software should be encouraged

Teachers in schools for Public Health and universities

- Exchange programmes for teachers are available and should be used to a higher extent
- Lobbying for a more solid situation for university teachers within all areas of public health is an important way forward
- When collecting an academic portfolio, make sure to include teaching and teaching administration experience, pedagogical courses, international experience and teacher exchange
- Engaging in networking, international exchange and reflective practice for continuous development and updating of pedagogy and didactics is crucial to ensuring competency in the Public Health work force.

Dissemination of guidelines (objective 6b)

The Guidelines are disseminated to the contact list enclosed in Part 4: Annex 4:2, on the website www.phetice.org and the ASPHER website www.aspher.org. A comments form is included in the CD – to be returned over email. Comments and suggestions will be monitored over the upcoming year.

Creating a website for evidence-based information and educational resources (objective 7a)

The www.phetice.org website as well as the www.aspher.org website provides information and the resources developed in this project, including the PHETICE Guide and its accompanying CD.

Training future trainers (objective 7b)

Two trainer development workshops have been held, one in Malta and one in Prague in 2007. These are both reported in annex 4.3. Materials produced for these workshops are now available on the Guide CD.

Developing new training packages (objective 7c)

A whole host of new training packages have been developed, starting with the Bologna alignment guides “Designing a course for meaningful learning”, “Formulating learning outcomes”, “Assessment and assessment criteria”, moving on to two training packages providing the prioritised issues Public health monitoring and the European dimension, with

the examples provided in annex 4.3. Furthermore, an example of how a distance learning module can be run was developed, and a tool kit for facilitators and trainers is also available in annex 4.3, in print and on the Guide CD.

Conclusions and the Way Forward

For a sound development of an effective and constantly up-to-date workforce, there is a need for a supportive framework. This framework needs to include the continued development of a set of generalist and specialist functions in the public health area and agreement on competencies needed for each function. In the prolongation of this process, there is a need for licensing or registration systems including regular updates for in service staff as well as for teachers in public health. Public health is a constantly developing field and regular updates are essential for all representatives of the public health workforce, independent of geographic boundaries, language and field of specialization.

There is also a need to further develop the training in common European topics, such as the decision making process in the European Union and the national vs. European responsibilities, the joint health monitoring system under development by the European Commission, and the inclusion of equity issues in public health.

There is a distinct need to earmark support and sustainability to public health education, training and updating all over Europe.

In order to fully develop a stable, skilled and comparable workforce over Europe, a set of recommendations have been developed in this project, presented above and in the enclosed Guide and CD as well as published on the PHETICE website. It is the hope of the PHETICE steering group that the developed material will be built on in future discussions and developments of public health training in Europe.

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Appendices

Appendix 1 List of outcomes

Appendix 2 Output indicators lists

Appendix 3 Specific objectives tracking list

Appendix 4 Deliverables check list

Appendix 1 List of outcomes

Main outcomes of the project are here presented under relevant headings:

1. Mapping current practice in Public Health training

- 1.1. A survey of Public Health education in accession and candidate countries (ACC) (Deliverables D6.1 - D6.2, D7.1 - D7.3).
- 1.2. A survey of all the 5 existing EU master's programmes to report their accession criteria, core modules, teaching materials and teachers (D5.1 - D5.12).

2. Introduction of prioritised issues, networking and production of guidelines

- 2.1. A report on the current inclusion state of the art regarding prioritised issues in the EU Master's programme curricula (D3.1).
- 2.2. A new module on EU health monitoring of 10-15 ECTS developed and piloted (D3.2).
- 2.3. An inventory of relevant EU projects and networks, NGOs and institutions resulting in a contact list available in the report and in the Guidelines (D3.3).
- 2.4. A guide for future education and training in Public Health produced in CD-ROM and booklet format and disseminated to the list of contacts via mail and project website (D3.4 - D3.6, D7.4 - D7.7).

3. Professional and academic standards in Public Health

- 3.1. A framework to serve as guidelines/criteria for academic and professional standards for trainers in Public Health (D4.1).

4. Pedagogical strategies for Public Health education and training

- 4.1. Two "Training the trainers" pilot workshops (D4.2) with accompanying training the trainers manual (D4.3) and a self-directed, distance learning learning module (D4.4).
- 4.2. Case studies of best practice (D4.5) as presented by representatives from several EU countries.

5. Programme linkage, curriculum and module development

- 5.1. A report to highlight the common modules, commonalities and synergies of the five European Master programmes (D5.1 - D5.5).
- 5.2. Two new modules were developed, as listed under headings 2 and 4.

6. Increased access to information on Public Health education and training

- 6.1. Production and maintenance with constant updating of the project website (www.phetice.org), and production of PHETICE project leaflet. (D2.2) for the dissemination of information and outcomes of the project (D2.1, D2.5).
- 6.2. Production and dissemination of guidelines booklet and CD-ROM listed under heading 2 (D3.6, D6.5, D7.7) via project website and contact mailing list.
- 6.3. Attendance and presentations at relevant academic meetings (D2.3 - D2.4).
- 6.4. Final report (D1.1 - D1.14, D2.5) produced and disseminated via the guide (outcome 2.4) and the project website (outcome 6.1).

Appendix 2 Output indicators lists

Output indicators title (e.g. Distribution of leaflets:)	Target value to achieve (e.g. 200 copies:)	Target value achieved (Work package involved)
Number of modules identified as joint core or elective modules across programmes	10	5 PH, HP, Eur Dim, Monitoring, Postgraduate (WP 7)
Harmonised rules for accession and degrees	3 programmes/ 10 univ.	Intelligence collected but not possible to implement – due to still large differences (WP5 and 6)
Joint degrees	2 x 4 universities	See WP 5 page 7
Guidelines for public health training in Europe	1000 copies & 1000 pdf downloads from website	1000 copies & CDs sent to contacts; pdf downloadable from website (WP3 & 2, all)
Feedback received from relevant projects and organisations	50	So far, from selected partners within European Master Programmes, steering group – consultation in process
Conference presentations / Published papers	20 / 10	11+6 meeting/workshop presentations /4 papers in progress (WP1,3,4)
New training packages	5	7 (WP3&4)
Website hits	5000	Not yet assessed
Number of teachers trained	150	47 (WP4 & WP3)

Activities indicators

Indicator title <i>(e.g. Coordination meetings:)</i>	Target value to achieve <i>(e.g. Number of meetings:)</i>	Target value achieved (Work package involved)
Number of project coordination meetings	7	8 (WP 1)
Number of European countries actively participating in project.	20	35 whereof 32 European and 25 MS
Number of presentations at conferences to disseminate project objectives	10	10 (all WP)
Number of links made to relevant professional and national organisations responsible for devising European competencies in the various fields of public health	20	10 (all WP)
Number of modules, programmes and training packages produced and disseminated	10	7 (WP 3 & 4)
Number of countries aiming for joint degrees	5	In EMPHN, diploma supplement
Number of education and training colleagues reached and receiving training packages and attending course as appropriate	120	1000 (WP 2)
Number of publications in scientific journals	10	3 in preparation (WP 4)

Appendix 3 Specific objectives tracking list

Specific objectives	Achieved in Work package	Section in report
1 Identify possibilities for integration of the existing public health (PH) programmes	WP 5	2.5
2 a) Identify educational partners in the acceding and candidate countries (ACC)	WP 6 & WP 7 & WP 2	4.3, 2:2, 2:7; 2:4
2 b) Make an inventory of the status of PH training in the ACC	WP 7 & WP 6	2.7
3 Define professional standards and competencies within PH, in cooperation with relevant projects, institutions, professional bodies	WP 4	2.4, 4.3
4 a) Develop uniform academic standards (with DG Education)	WP3 & WP 4	2.4, 4.3
4 b) Investigate sustainability, joint degrees and quality control		2.5, 4.3
5 a) Further develop PH training strategies, core curricula, materials and methods	WP 3 & WP 4	2.3, 2.4, 4.3
5 b) Integrate prioritised areas into core curricula, equality, health monitoring and best practice	WP 3	2.3, 4.3
6 a) Produce guidelines of how to proceed in PH training including results of the above	WP 3	4.3
6 b) Disseminate guidelines and monitor implementation	WP 2 & WP 3	2.2, 2.3
7 a) Create a website for evidence-based information and educational resources	WP 2 & WP 6	2.2
7 b) Train the future trainers	WP 4	2.4, 4.3
7 c) Develop new training packages	WP 3 & WP 4	2.3, 2.4, 4.3

Appendix 4 Deliverables check list

Deliverables, month of delivery and section in report

Deliverable	Month	Status	Section in the report
WP 1			
D1.1. Draw up Consortium agreement	M 1	Completed	2.1
D1.2. Set up Project Office	M 1	Completed	2.1
D1.3. Set up other management functions	M 1	Completed	2.1
D1.4. Set up Knowledge Management System	M 1	Completed	2.1
D1.5. Organise kick-off meeting together with PSC meeting	M 1	Completed April 05	2.1
D1.6. Organise PSC meeting	M 9	Dec 05	3.1
D1.7. Organise PSC meeting	M 12	May 06	3.1
D1.8. Organise PSC meeting	M 21	Dec 06	3.1
D1.9. Organise PSC meeting	M 27	June 07	3.1
D1.10. Organise PSC meeting	M 32	Dec 07	3.1
D1.11. Organise PSC meeting	M 35 M 36	March 08 April 08	3.1
D1.12. Produce interim implementation report	M 13	Completed	4.1
D1.13. Produce interim implementation report	M 25	Completed	4.1
D1.14. Produce final implementation report	M 41	Completed	2.1
D1.15. Organise audit report	M 41	Completed	5

Deliverable	Month	Status	Section in the report
WP 2			
D2.1. Production of website (constant updates)	M	Completed	2.2
D2.2. Production of project leaflet	M 6	Completed	4.2
D2.3. Attendance of conferences	M various	Completed	2.2
D2.4. Press releases	M various	Completed	--
D2.5. Production of final report, printed and on website	M 36	September 2008	2.2

Deliverable	Month	Status	Section in the report
WP 3			
D3.1. A report on the current inclusion state of the art regarding the above prioritised issues in the programme curricula.	M15	Completed	2.3, 4.3
D3.2. A course plan for an introductory module in EU health monitoring of 10-15 ECTS.	M17	Completed	2.3, 4.3
D3.3. An inventory of relevant EU projects and networks, NGOs and institutions will be undertaken and a contact list produced.	M15	Completed	4.2
D3.4. The draft Guidelines disseminated to the list of contacts.	M27	Completed	2.3, 4.3
D3.5. Comments and suggestions included in the draft.	M30	Completed	2.3, 4.3
D3.6. The final Guidelines ready for dissemination.	M33	Completed	2.3, 4.3

Deliverables	Month	Status	Section of report
WP 4			
D4.1. Guidelines/criteria for academic and professional standards for trainers in public health	M 18	Completed	2.4, 4.3, 4.4
D4.2. 2 x Training the trainers pilot workshops	M 21	Completed	2.4, 4.3, 4.4
D4.3. Training the trainers manual	M 24	Completed	2.4, 4.3, 4.4
D4.4. Self-directed learning module	M 33	Completed	2.4, 4.3, 4.4
D4.5. Guidelines/case studies of best practice	M 24	Completed	2.4, 4.3, 4.4

Deliverable	Month	Status	Section in the report
WP 5			
D5.1. A common survey format will be developed	M3	Completed	2.5
D5.2. Survey undertaken by all the 5 existing programmes to report their accession criteria, core modules, teaching materials and teachers	M7	Completed	2.5, 4.5
D5.3. The results from D5.1. will be put into a draft report	M10	Completed	4.5

D5.4 The draft report disseminated and discussed with the 5 programmes	M14	Completed	2.5
D5.5. Final report	M18	Completed	2.5

Deliverable	Month	Status	Section in the report
WP 6			
D6.1. Production of web-based electronic questionnaires and instructions for use	M2	Completed	2.6, 4.6, 4.7
D6.2. Results of other WP's electronic questionnaires included in a database for use within the steering committee	M5	Completed	2.6, 2.7
D6.3. the draft Guidelines will be posted on an open website for downloading and commenting	M27	Completed	2.3, 2.6
D6.4. After commenting the finalised Guidelines for public health training in Europe will be posted as pdf-file.	M33	Completed	2.3, 2.6
D6.5. Further materials, tools, online modules, training packages for trainers and students will be published on website after completion of WP 4	M34	Completed	2.3, 2.6, 4.3

Deliverable	Month	Status	Section in the report
WP 7			
D7.1. Address list of extended network in ACC	M2	Completed	2.7
D7.2. Formalised questionnaire to educational institutions in ACC	M4	Completed	2.7
D7.3. Public Health education in ACC	M12	Completed	2.7
D7.4. Integration of results into Guidelines	M24	Completed	2.7, 4.3
D7.5. Consultation process in ACC	M27	September 2008	2.2
D7.6. Revision of above	M27	September 2008	2.2
D7.7. Dissemination of finalised Guidelines in ACC	M33	September 2008	2.2, 4.3

Annexes 1-5

Part 1: Annex 1 List of Project Partners and Steering Committee Members

Part 2(separate file): Annex 2 Technical report from Work Packages

Annex 2:1 Technical report from WP 1

Annex 2:2 Technical report from WP 2

Annex 2:3 Technical report from WP 3

Annex 2:4 Technical report from WP 4

Annex 2:5 Technical report from WP 5

Annex 2:6 Technical report from WP 6

Annex 2:7 Technical report from WP 7

Part 3 (separate file): Annex 3 Agendas and Minutes

Annex 3:1 Agendas and minutes from meetings

Part 4 (separate files): Annex 4 Supporting documents

Annex 4:1 Supporting documents from WP1

Annex 4:2 Supporting documents from WP2

Annex 4:3 Supporting documents from WP3

Annex 4:4 Supporting documents from WP4

Annex 4:5 Supporting documents from WP5

Annex 4:6 Supporting documents from WP6

Annex 4:7 Supporting documents from WP7

Part 5 (separate file): Annex 5. Financial Report

Annex 5:1 Financial statements

Annex 5:2 Technical and Financial amendments

Annex 5:3 Timesheets

Annex 5:4 Salary slips