

International Networking in Public Health Training

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It is 62 years since Winston Churchill declared that “From Stettin in the Baltic to Trieste in the Adriatic an iron curtain has descended across the Continent”. The reality was, though, that hard borders have existed across both sides of the continent until very recently. Our generation (the so-called millennials) are the first ones who don't conceive bringing the passport when travelling from Spain to Sweden, from Brussels to Slovenia. For those who dedicate their lives to public health, the importance of living in a continent without borders is even greater, as we understand that communicable diseases such as Tuberculosis or Ebola do not stop at those fictional boundaries. Equally, we are aware that tackling unhealthy lifestyles and socioeconomic inequalities in the global context in which we live can only be successful if it is coordinated at the international level.

We have seen steps forward in the right direction, in this sense. Work mobility, European programmes (a good example is ECDC's EPIET (1)) and international organisations (e.g. EUPHA (2)) help young professionals to learn about public health and to work with other colleagues across Europe. There are tools and opportunities for those with a European mindset to work and be involved in European public health (3,4). Yet, there is still a long way to go.

For public health to be a specialty with European vocation, effective professionalization of our workforce should be a priority. There is substantial heterogeneity in public health training across Europe, with some countries not having yet a structured

training. Even in those countries where a formal programme exists, there is an important lack of training in European public health skills. If young professionals are unaware of the impact of European laws, directives and organisations on health, it is not possible to have a workforce ready to deal with the challenges of tomorrow. The answer to this problem is twofold: first, it is important that national organisations work together to homogenise training programmes and to professionalise the public health workforce across Europe. Secondly, knowledge about European health organisations and about the European determinants of health must be embedded in national public health training programmes. We know that this is easier said than done, but as the proverb says: “where there is a will, there is a way”.

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Public Health – the Challenge of Diversifying its Workforce

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Public health is a recent discipline and science, often referred to as both art and science. These definitions and descriptions already imply that we cannot talk only about scientific capacity of professionals in the field. A public health professional also needs competencies, which encompass skills, where some of them belong to the complementary sciences.

Slovenia's public health workforce started with medical doctors trained in the USA and Canada. Later, doctors were quickly supplemented by nurses as inseparable members of the teams, especially in health education, health promotion and in

comprehensive population public health approaches on ground.

Public health has gradually moved away from the old postulates. Modern public health requires skills and competencies that cannot be acquired, developed and advanced by only one professional group. We need to build on strengthening multidisciplinary and multiprofessionalism in public health. This need does not imply that any of the existing professional groups needs to lose or give up on their specific input.

The main problem in Slovenia in raising the total public health workforce to a new level is the lack of a multi-level, multi-professional and multi-disciplinary

education, which would facilitate the incorporation of the entire range of professionals, which public health needs, into the existing workforce and enable seamless transitions. We can observe a rising interest in non-health study programmes through a range of topics covered in their first and second Bologna level degrees. There is an overall shortage of in-work courses and programmes, which would enable graduates of non-health programmes to obtain the basic knowledge of terminology and methodologies required in public health. At this point, this is too often left to the individual heads and supervisors.

An intense process is underway to reform and substantially restructure the specialty of public health medicine with the recommendations of UEMS (1) and ASPHER (2) and Bloom's competencies' (3) model. The process should significantly improve the current programme, which has not followed the conceptual changes occurring in the meantime ever since 2002 when the existing programme was adopted. This situation, together with the finalisation of the assessment process of the Essential Public Health Operations carried out by the WHO and the MoH,

should enable a more thorough reform of public health education and training and renew the concept of the modern public health professional. It is essential to sustain and modernise not only the standard educational programmes, but even more importantly to introduce an in-workplace system for introduction into public health methodology and practice and for its continuous development.

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Introduction of Competency-Based Education Approach to Specialty Training in Public Health Medicine in Slovenia

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Education of public health (PH) in Slovenia has been experiencing slow, but radical changes in the last two decades, which should enable introduction of the new PH concept in the country. This is true also for PH specialty (PHS) training for physicians/dentists.

The renewal of PHS training programme began early in the second millennium. In 2002, the epidemiology, social medicine and hygiene specialties were replaced by PHS (1). The programme, which is still valid, was designed in a modern way for the time being, but already at the beginning it was realized that a further transformation would be needed as soon as possible. Among the major problems are the imbalance in knowledge/skills set (with some new PH topics missing), an incomplete system of knowledge examination, and the approach not focused on the trainees' competencies.

The process of further transformation started soon, however, it turned out that it would be necessary to meet the conditions allowing the development of modern and high-quality PH training for all professionals in the PH field not only for physicians/dentists in Slovenia (2). The important prerequisite was setting-up the complete

knowledge/skills set necessary for quality operation in PH. In the South East Europe (SEE), a lot has been done in the frame of the Forum for PH in SEE (3). At the same time ASPHER - Association of Schools of PH in the European Region started to introduce the competency-based education approach (CBE) in the area of PH (4), as well as UEMS - Union Europeenne des Medecins Specialistes (5) in medical specialties training, including PHS (6). The CBE represents a major shift in education, as it builds both on knowledge/skills as well as on the attitude of the trainees (7,8). These were the main guidelines for further transformation of PHS in Slovenia. In practice, it started in 2007, when CBE was introduced in the part of the existing PHS training programme representing the knowledge/basic skills base - the one-year Postgraduate PH course. Its final revision was completed in 2016 (9). However, it was necessary to accomplish also the transformation of other programme parts.

In 2012, the first fully renewed program was prepared (10). It had some shortcomings (the CBE was not introduced, and the knowledge/skills were still not balanced enough), but it represented a good step forward. Unfortunately, the procedure was not