

Expert Meeting on Professionalization of the Public Health Workforce



Expert Meeting
London, United Kingdom
19 June 2018



Public Health Services Programme
Division of Health Systems and Public Health



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

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Abstract

The Expert Meeting on Professionalization of the Public Health Workforce was held in London, United Kingdom on 19 June 2018. The purpose of the meeting was to review the three joint actions called for by the Coalition of Partners Agenda for Action in its objective to “recognize and value the public health workforce as a profession (objective 1).” The joint projects included 1) a core competencies framework for public health workforce in the European Region; 2) handbooks for managing public health professional credentialing and accreditation systems in the European Region; and 3) a roadmap towards professionalization of the public health workforce in the European Region. The meeting was co-hosted and co-organized by the Association of Schools of Public Health in the European Region; the WHO Collaborating Centre for Public Health Education and Training, Imperial College London; and the Public Health Services Programme, Division of Health Systems and Public Health, WHO Regional Office for Europe.

Keywords

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Executive Summary

The purpose of the Expert Meeting on Professionalization of the Public Health Workforce meeting was to review the three joint actions called for by the Coalition of Partners, including: 1) a core competencies framework for public health workforce in the European Region; 2) handbooks for managing public health professional credentialing and accreditation systems in the European Region; and 3) a roadmap towards professionalization of the public health workforce in the European Region.

The outcomes of the meeting provided concrete feedback on the content and format of the products, evaluating the extent to which they fit the needs of the target audience. Consensus was reached on efforts required to finalize the format and content of the proposed products. Expert participants from a variety of backgrounds (such as health ministries, national institutes, accreditation and credentialing bodies, schools of public health and public health organizations) and selected peer reviewers received the draft documents before the meeting. Also, the meeting's keynote listener highlighted that talk is often too general and that the meeting overcame this by focusing on specific critiques of the various documents and concrete next steps.

The meeting followed a workshop format, with eight participatory peer review breakout sessions. The experts responsible for developing the products presented their work, and peer reviewers provided verbal and written feedback. Participants also collectively appraised and evaluated the current documents. Emphasis was placed on eliciting specific constructive and generative proposals for changes to the documents, which the authors could use to improve the quality, avoiding general discussions. Summaries of the breakout sessions were shared in Plenary Sessions with opportunity for discussion. Evaluations, insights and next steps are summarized in tabular form for each of the breakout sessions.

There were repeated themes in the feedback received for all the products, including the need to: 1) simplify, define and keep language consistent; 2) make the documents more practical and actionable and less academic; 3) take end-users and stakeholders and their needs into account; 4) include case studies with examples of good practices; and 5) find opportunities to harmonize between the products, while underscoring how each is distinct.

Mature documents will be prepared based on peer reviews and meeting insights, to be presented at the third meeting of the Coalition of Partners on 27–28 November 2018 in Ljubljana, Slovenia. When tools are ready for implementation, WHO/Europe will take responsibility for recruiting pilot countries.

Contents

Executive Summary	3
Contents	4
Acknowledgements	6
List of abbreviations	7
Note to the reader	8
Background	9
Meeting objectives	10
Expected outcomes	10
Participants	10
Format	10
Documentation	11
Welcome and opening of the Meeting	11
Poland’s experience: towards a strengthened public health profession in Poland	12
Overview of the professionalization road map	13
Introduction to the participatory peer review sessions	16
Questions and discussion	18
Participatory peer review sessions	18
Participatory peer review sessions 1–4	18
Presentation highlights.....	19
Reviewer 1: Christine Hill.....	19
Reviewer 2: Marjan Soudant	19
Presentation highlights.....	20
Reviewer 1: David Kidney	21
Reviewer 2: Cris Scotter	21
Presentation highlights.....	22
Reviewer: George Lueddeke.....	23
Presentation highlights.....	24
Reviewer 1: Stephan Van den Broucke	24
Reviewer 2: Neil Squires	24
Plenary 1	26
Plenary discussion	26
Participatory peer review sessions 5–8	27
Kasia Czabanowska	27
Jascha de Nooijer:.....	27
Participant comments	28
Reviewer 1: Amber van Bijleveld	28
Reviewer 2: Andres Roman-Urrestarazu	28
Presentation highlights.....	30
Reviewer 1: Stela Guvir	30
Reviewer 2: Farhang Tahzib.....	30
Presentation highlights.....	31
Presentation highlights.....	32

Plenary 2	33
Sessions 5-8	33
Summary of participatory peer review outcomes and next steps	34
Keynote listener reflections	35
Wrap-up and closing of the Meeting	36
Annex 1. Participants	37
Annex 2. Programme	45
Annex 3. Peer reviewer evaluation template example Annex 4. Peer review session word clouds	49

Acknowledgements

The report was written by Lore Leighton, Managing Editor, Public Health Reviews, Association of Schools of Public Health in the European Region, and rapporteur to the meeting.

The report was edited by Ms Danielle Agnello, Dr Anna Cichowska Myrup , and Dr Martin Kraye von Krauss of the Public Health Services Team, WHO Regional Office for Europe, and by Mr David Breuer , text editor, Denmark.

List of abbreviations

ASPHER	Association of Schools of Public Health in the European Region
CoP	Coalition of Partners to Strengthen Public Health Capacities and Services in the European Region
EPHOs	the Essential Public Health Operations
PHS	public health services
PHWf	public health workforce
WHO/Europe	World Health Organization Regional Office for Europe

Note to the reader

The World Health Organization Regional Office for Europe, through the Public Health Services Programme, the Division of Health Systems and Public Health, together with the Association of Schools of Public Health in the European Region, and the WHO Collaborating Centre for Public Health Education and Training, Imperial College London hosted the Expert Meeting on Professionalization of the Public Health Workforce on 19 of June 2018 in London, The United Kingdom. This report provides a summary of the proceedings, presentation and interactive discussions of this meeting. The report condenses each session, including interventions from the participants, according to the theme addressed, as well as provides a chronological summary.

The summaries of the discussions and group work address the main themes emerging from wide-ranging discussions among all speakers, and do not necessarily imply consensus. Summaries of presentation and points made in the discussions and interactive sessions are presented as the opinions expressed; no judgement is implied as to their veracity or otherwise.

Background

The midterm progress report on the implementation of the European Action Plan for Strengthening Public Health Capacities and Services called for an increased focus on supporting Member States in their efforts to strengthen the public health workforce (PHWf) and for an increased effort to engage partner organizations in implementing the European Action Plan for Strengthening Public Health Capacities and Services.

In response, the World Health Organization Regional Office for Europe (WHO/Europe) convened the Coalition of Partners to Strengthen Public Health Capacities and Services in January 2017. The Coalition of Partners (CoP) brings together experts and practitioners from within national public health services (PHS), international organizations, civil society and academia. The mission of the Coalition of Partners is to empower countries to make their PHS function better within the wider health system, with the ultimate aim of improving population health outcomes and reducing health inequalities and inequities. The CoP's approach is highly participatory and action-oriented, inviting partners to jointly identify challenges and develop solutions for strengthening PHS at the national level.

One objective adopted by the CoP in its Agenda for Action is that the public health workforce will be recognized and valued as a profession. In pursuit of this objective, CoP experts selected and initiated three joint actions as follows:

- *Core competencies framework for the public health workforce in the European Region.* The framework will enable standardization and consistent definition of the skills required of public health professionals. As such, the target audience is public health professionals, public health agencies, employer organizations, professional bodies, credentialing and accreditation bodies and training institutions delivering continuous professional development;
- *Handbook for managing public health professional credentialing and accreditation systems in the European Region.* The handbook will serve as a reference tool for the national education and health authorities, and for professional bodies, concerned with establishing and strengthening national credentialing and accreditation systems;
- *Road map towards professionalization of the public health workforce in the European Region.* The road map will support countries in taking action to further professionalize the PHWf, describing a variety of measures that countries can take and identifying considerations related to implementing these measures.

The development of these resources was initiated in 2017, and draft versions were made available for consultation and peer review in 2018.

Building on that, the Association of Schools of Public Health in the European Region, the WHO Collaborating Centre for Public Health Education and Training, Imperial College

London, United Kingdom and the WHO/Europe convened this one-day expert meeting to present the draft of the deliverables listed above. This meeting provided an opportunity to reflect on the progress and gather feedback and to ensure that the final deliverables will meet the needs of their intended users. Another important function of this expert meeting was to provide a platform for promoting the use of these resources and to generate creative and innovative ideas on using the project deliverables in real-life contexts. The output of the day will inform and accelerate the scaling up and pace of the relevant efforts at the European and country levels.

Meeting objectives

1. To appraise the content of the draft resources: ensuring that they are of sufficient quality and are relevant and applicable to the target audience.
2. To evaluate the format of the draft resources: ensuring that they meet the needs of the target audiences: self-explanatory, have an easy interface, etc.

Expected outcomes

- Concrete feedback on the content and format of the products, evaluating the extent to which the product fits the needs of the target audience.
- Consensus on the final format and content of the proposed products.

Participants

55 people participated (see Annex 1 for full list of participants), including:

- experts who have contributed to the development of the resources;
- experts from health ministries, national institutes of public health or other relevant public health agencies;
- experts from accreditation, professional credentialing and other relevant professional bodies;
- experts from schools of public health and other relevant training institutions;
- representatives of WHO/Europe, the Association of Schools of Public Health in the European Region, the International Association of National Public Health Institutes, the European Public Health Association and other pertinent collaborators; and
- Logistical support and volunteers.

Format

The meeting followed a workshop format and took place at Imperial College London, United Kingdom over one day: Tuesday, 19 June 2018. The emphasis was on interactive

plenary and breakout sessions that enabled validation of the draft deliverables, exchange of ideas and inspiration.

Documentation

The participants were provided with draft copies of deliverables of all three projects along with relevant background documents: scope and purpose, list of participants and tailored expert review templates (see an example in Annex 3).

Welcome and opening of the Meeting

Dr Anna Cichowska Myrup, Programme Manager, Public Health Services Programme, WHO/Europe, opened the meeting, reminding everyone that the Coalition of Partners is dedicated to reforming PHS for the 53 Member States of the European Region and that this requires a focus on the system enablers: 1) proper organization of public health services; 2) appropriately financing the public health system; 3) increase the mandate for strengthening public health services (public health law); and 4) recognizing the public health workforce (PHWf).

Dr Cichowska Myrup encouraged the meeting participants to be very practical in improving the products under discussion, since countries require functional tools to match their needs and to make systems work better. She highlighted the diversity of backgrounds represented among the meeting participants including health ministries, schools of public health and public health organizations and the need to tap into the collective expertise of this devoted group. She emphasized that the products should be demand driven and co-created and that implementing them is a joint responsibility.

Professor Kasia Czabanowska, President, Association of Schools of Public Health in the European Region (ASPHER), gave an overview of the resources for fostering workforce professionalization of WHO/Europe and ASPHER. She reminded the audience of the need for an effective, well-educated public health workforce and that public health must be a conscious choice for young people. She asked participants to keep three terms in mind while undertaking the evaluation of the products: 1) responsible for the development of the PHWf; 2) achievement for professionalization; and 3) choice to benefit training.

Professor Salman Rawaf, Director, WHO Collaborating Centre for Public Health Education and Training, Imperial College London, offered words of welcome, including reflections on the success factors for the public health profession in the United Kingdom. Professor Rawaf welcomed the expert participants to London and gave an overview of the Imperial College of London, describing the four integrated and collaborative faculties of medicine, engineering, natural sciences and business. He reflected on successes of the public health profession in the United Kingdom, underscoring its long history of practice and education, its strong public health system at both the national (Public Health

England) and local (local health authorities) levels. For example, the public health specialty training has been in place since 1975 in the form of the Faculty of Public Health and the regulation of public health as a profession with registered and accredited professionals both medical and non-medical. He pointed out that the United Kingdom recognizes three levels within the PHWf: specialist, practitioner and wider workforce.

Mr Robert Otok, Director, Association of Schools of Public Health in the European Region, gave an overview of the objectives, agenda and format of the meeting. He reminded the audience that the objectives of the meeting were to appraise the content and evaluate the format of the draft resources for the three co-created projects. He asked the participants to ensure that the deliverables are of sufficient quality, are relevant and applicable to the target audience and meet the needs of the target audience: self-explanatory, and an easy interface. He emphasized that the outcomes of the meeting should include concrete feedback and consensus on the content and format of the products. He described the format of the agenda as a one-day meeting with emphasis on eight participatory peer review sessions (see Annex 2 for the full agenda).

Poland's experience: towards a strengthened public health profession in Poland

Dr Grzegorz Juszczuk, Director, National Institute of Public Health, Poland, illustrated Poland's experience and ongoing efforts to strengthen the public health profession.

Dr Juszczuk presented ongoing work to professionalize the PHWf in Poland. He described the history of public health training in Poland going back to 1991; with postgraduate opportunities and 1994 with the first Bachelor and Masters of public health programmes, and the parallel path open to doctors to take public health specialization training. However, Poland's PHWf has experienced many challenges. The first is

Fig. 1. Logo of the Young Health Managers Association, Poland



uncertainty about professional career paths, with a lack of understanding of key competencies in the health-care sector. Second has been a lack of demand from employers, necessitating individual efforts among public health professionals themselves to carve out employment opportunities. The third factor has been a lack of mentoring in science and practice of public health outside academic centres.

Grzegorz Juszczuk used the example of the logo of the Young Health Managers Association, which combines a doctor's coat with a manager's business suit, as an example

of the lack of clear identity within public health in Poland (Fig. 1). He asked the participants to reflect on whether it is an advantage or a system failure to have so many different roles within public health.

In taking stock of the current state of public health in Poland, Grzegorz Juszczuk pointed out that more than 60 public and private universities have schools or departments of public health but only an estimated 6,000 – 12,000 public health graduates since 2000, and about 2,000 doctors with a specialization in public health and a declining number of public health students. Further, there is no public health professional organization, only research-focused, scientific associations. However, new opportunities are opening up in transforming care, leading to a coordinated and integrated approach to health-care services.

As a result, Poland has developed a plan for professionalizing the PHWf consisting of:

- the National Institute of Public Health as a focal point for developing public health professionals, known as the Council for Cooperation and Workforce Training;
- in-depth analysis of the skills required by key employers and description of competencies and the level of proficiency; in collaboration with the Association of Schools of Public Health in the European Region and WHO/Europe ;
- a unified voluntary registry of public health professionals as a tool to effectively influence policy-makers, which was initiated in October 2017 to be completed in September 2018;
- voluntary or compulsory certification of competencies, planned for September 2019; and
- A “train the trainer” model for continuing education for academic teachers in the network of competencies.’

Grzegorz Juszczuk commented that the public health professionalization roadmap is a risky but thrilling initiative and would be of use to Poland in professionalizing its public health workforce.

Dr Martin Kraye von Krauss, Senior Adviser, Public Health Services, WHO/Europe followed up Dr Juszczuk’s presentation, commending Poland’s efforts as an example of what the Coalition of Partners needs to support. Martin Kraye von Krauss found that seeing the professionalization process in action was inspiring, and highlighted the need to expedite this overall process.

Overview of the professionalization road map

Professor Czabanowska introduced an overview of the professionalization road map, to be reviewed in participatory peer review sessions (breakout sessions) 1–4. She first posed

the questions: Why have a road map? Where should we go with it? How to find the way? Professor Czabanowska emphasized that the main answer to keep in mind is that the destination is professionalizing the PHWf. She highlighted that there is now a favourable policy context for professionalization with the Third European Union (EU) Health Programme (2014–2020) and the WHO Health 2020 policy framework. In addition, the Coalition of Partners members identified the need for a professionalized PHWf to strengthen public health systems, and the collective knowledge and experience of the CoP and interested stakeholders offers an opportunity to act.

There is a complicated discourse around professionalizing the PHWf with competing paradigms, questions of whom the workforce encompasses and social, political and professional perspectives. This gives rise to an awareness and urgency for professional identity. Paradoxically, the nature of the PHWf gives rise to strengths and weaknesses, strengths including multidisciplinary and multiprofessionalism, but weaknesses including being inclusive of everyone and no one with unclear professional roles. This has led to a definition of the PHWf used in the road map as “including all individuals engaged in providing public health services or operations who identify public health as being the primary part of their role (core public health workforce), but also those who contribute to public health only as part of their job as well as other individuals whose work can positively influence population health (wider public health workforce)”.

The road map itself is a management technique for supporting innovation and strategy development. It usually comprises a visual time-based, multi-layered chart allowing for various functions and perspectives to be aligned. It provides a structured framework for addressing three key questions: 1) where do we want to go? 2) Where are we now? and 3) how can we get there?

The road map proposes:

- to strengthen effective public health capacity and human resources;
- to guide actions and policies that can be taken to professionalize the public health workforce in any given country in the World Health Organization European Region;
- to help increase the extent to which such people as policy-makers, employers, public health professionals at all career stages and government authorities recognize and value public health; and
- to provide several specific milestones and recommendations.

It is designed for use by governments (health ministries, national and local health authorities, etc.), public health institutes, public health associations and relevant organizations, schools of public health and training organizations, public health professionals and students and graduates of public health programmes. The path the road

map will take to strengthen and professionalize the public health workforce is open, and to be decided by the users within their specific country or regional context.

Professor Czabanowska described how the road map had been developed through a review of the literature and practice of existing workforce plans and governance including:

- alignment between the 10 essential public health operations or core public health functions and organizational resources and priority areas;
- regulation and norms: national and regional levels;
- assessment of public health capacity;
- data, datasets and databases on the public health workforce;
- workforce development strategies, planning and management;
- public health education, training, core competencies and competency models;
- licensing, accreditation and credentials;
- forecasting strategies for enumerating and quotas; and
- codes of ethics and professional conduct.

The road map was then constructed based on the professionalization trait model by Keith Macdonald and strategies for a successful PHWf development plan.¹ This resulted in three elemental levels of the road map: 1) the public health profession itself, 2) public health organizations and 3) system and government policy (Fig. 2).

Within the public health profession level, there are three framework pillars taken from three clusters of professional traits identified by Keith Macdonald:

- pillar 1: skills, training and education – encompassing theoretical knowledge, competencies and university education;
- pillar 2: certification and formal organization – encompassing accreditation, certification and licensing, and professional organization; and
- pillar 3: code of ethics and professional conduct.

¹ Gershuni O, Czabanowska K, Burazeri G, Cichowska A, Kraye von Krauss M. Is there a golden recipe? A scoping review of public health workforce development. In preparation.

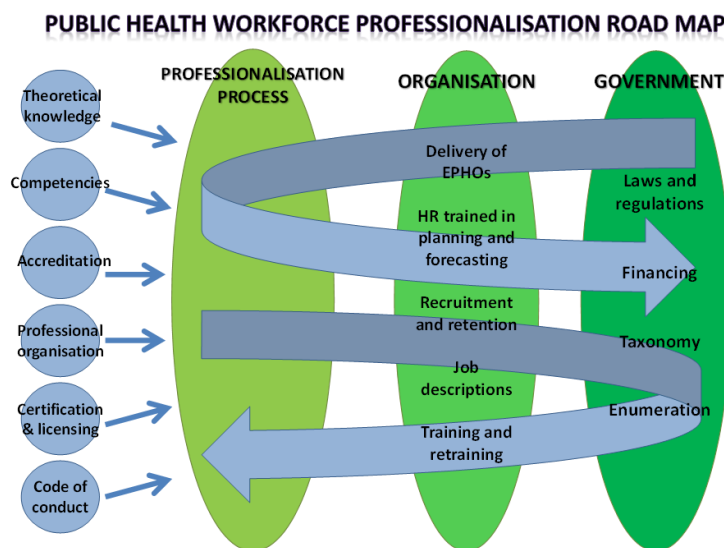


Fig. 2. Levels of the public health workforce professionalization road map

Introduction to the participatory peer review sessions

Professor Czabanowska introduced the five participatory peer review sessions to discuss the public health workforce professionalization road map.

Session 1 – pillar 1: skills, training and education presented by pillar lead, José M. Martin Moreno, Director, University of Valencia. The goals of this session were:

1. to identify who is currently delivering the essential PHS and how the public health education is structured in the country;
2. to examine the current competency frameworks available for public health;
3. to assure demonstration of the right mix of skills, knowledge and on-the-job abilities for the public health workforce; and
4. to improve the educational institutes and programmes through academic preparation of public health professionals at community colleges and in undergraduate and postgraduate education.

Session 2 – Pillar 2: Certification and formal organization presented by pillar lead, Selena Gray, Professor, University of the West of England, Bristol, United Kingdom. The goals of this session were:

1. to set and enforce consistent accreditation and credentialing standards;
2. to strengthen organizational capacity to support the workforce;
3. to generate a national strategy for professionalizing the public health workforce; and

4. to ensure coherence between international agreements and real action.

Session 3 – Pillar 3: Code of ethics and professional conduct presented by pillar lead, Peter Schröder-Bäck, Associate Professor, Maastricht University, Maastricht, Netherlands. The goals of this session were:

1. to introduce norms, values and codes of ethics and professional conduct;
2. to establish a work group or commission to identify, format and development content for a code of ethics and professional conduct based on a synopsis of existing codes and recent literature;
3. to inventory the available codes and draft a code of ethics and professional conduct; and
4. to validate, own and implement a code of ethics and professional conduct.

Session 4: Stakeholder engagement in the road map implementation presented by Robert Otok, Director, Association of Schools of Public Health in the European Region. The goals of this session were:

1. to survey the landscape;
2. to determine the most important actors to support the initiative;
3. to determine who could oppose it and why; and
4. to include and engage.

Session 8: *Visualization of the public health workforce professionalization road map* presented by Cedric Slock, Intern, Association of Schools of Public Health in the European Region. The goals of this session were:

1. to determine where each country is situated on the road map;
2. to determine what resources participants have or need to progress the certification and how to use them;
3. to determine the opportunities to adapt public health organizations towards the essential public health operations;
4. to determine how a registry of public health professionals can influence the professionalization process; and
5. to determine how to assess which path is a priority for each country.

Finally, Professor Czabanowska asked that participants to give feedback and contribute to the road map by considering: Are we going in the right direction? What is still unclear or missing? What are relevant examples to include as illustrations? How can the road map be a practical tool? How can you contribute? And do you want to join us?

The meeting co-moderator, Dr Kraye von Krauss, introduced the process of the participatory peer review sessions, noting that the timing is appropriate to professionalize the PHWf, which often feels like an orphan of the regulated professions within the healthcare workforce. He emphasized that the PHWf is crucial to take on the burden of disease, but resources are often poorly or wrongly allocated. There is often low morale and low wages and therefore difficulty in recruiting public health professionals. Examples of this must be given as evidence in support of decision-making.

Questions and discussion

Dr José M. Martin-Moreno asked about the timetable for implementation? Dr Cichowska Myrup replied that a key milestone will be that the European public health meeting in Ljubljana, Slovenia on 27–28 November when mature, publication-ready drafts would be presented and launched. She affirmed WHO/Europe's role in recruiting countries to pilot the tools.

Participatory peer review sessions

There were eight participatory peer review sessions: four in the morning and four in the afternoon. After each set of parallel sessions, all participants gathered again in plenary to receive feedback from the parallel session rapporteurs, and then the floor was opened for discussion and questions.

Before the meeting, the draft documents under review were shared with participants, and peer reviewers were selected and received review templates to be filled in before the meeting (Annex 3). Each session ran for 85 minutes: after the opening, about 15 minutes was allocated for a technical presentation and questions. This was followed by 60 minutes for the participatory peer review process. The designated peer reviewers were first given the floor for their commentary and feedback. The session was then opened up for commentary and discussion with all session participants. The sessions ended with a short summary, closing, and the next steps.

The goal of the sessions was to elicit specific proposals for changes to the documents, which the authors could use to improve their quality. General discussions were to be avoided, with a focus on being constructive and generative. The participatory peer review sessions are denoted in the meeting programme (Annex 2).

Participatory peer review sessions 1–4

The morning sessions addressed the public health workforce professionalization road map with three sessions addressing each of the three road map pillars and a fourth addressing stakeholder engagement. Boxes 1–4 summarize the collective insights from these sessions, including the next steps that each project leader and group are recommended to take. Further, each session rapporteur created a word cloud from all the

notes that were collected during the session and shared these with the participants during the feedback session (Annex 4).

Box 1. Peer review session 1: public health workforce professionalization road map pillar 1 – skills, training and education Presented by José M. Martin-Moreno Rapporteur: Ela Augustyniak, Project Manager, Imperial College London	
<p>Presentation highlights</p> <ul style="list-style-type: none"> • Societies are looking for competent public health professionals. • Competence versus competencies was defined: competence is the what, competencies are the how. • ASPHER will soon publish the fifth edition of <i>Core competences for public health professionals</i>, which should be a key ingredient of this pillar. • A T-shaped model of competencies is to be used: with a strong breadth of knowledge (foundation knowledge for public health professionals, including health protection, health promotion, etc.) coupled with the depth of expertise. • What is needed for professionalization? Innovation in public health education based on defined European core competencies for public health. • Current goals that represent challenges for the road map: <ol style="list-style-type: none"> 1. identifying who is currently delivering the essential PHS and the structure of public health in European Region countries; 2. determining the current versus ideal composition of the public health workforce; 3. ascertaining required disciplines and skills; 4. completing the framework of competencies; 5. deciding how to improve education centres and programmes; and 6. providing for continuous professional development. 	
Reviewer evaluations	
<p>Reviewer 1: Christine Hill</p> <ul style="list-style-type: none"> • The document felt too academically written; it is not clear who the target audience is. • The content is not practical enough: it is mostly aspirational, without real suggestions for specific countries. • Stress was put on the importance of maintaining the credibility of the profession (established statues and accreditation should remain). • The reviewer suggested dividing the pillar into three parts: public health education and training, continuous professional development and competencies. • There is a need to define who is called the public health workforce and to provide a method for how to measure their work. • Attention was called to a pilot programme in the United Kingdom: the Public Health Practitioner Programme for accrediting health workers other than doctors. 	<p>Reviewer 2: Marjan Soudant</p> <ul style="list-style-type: none"> • Stakeholders must know how to take what is already on paper into practical life with concrete examples given. It is important to share experiences from different fields (other than public health) to build up the document.

Questions

- The United Kingdom public health model is one of the most developed in Europe but is not the reality in other European countries. How can we harmonize public health competencies across programmes and countries in Europe?
- Consider that PHS may not be delivered by the traditional PHWf. Should there be public health specialists in all careers?

Collective insights

- The competencies included should be based on evidence, comprehensive and practical. Keep in mind how they will they align with doctors and health workers other than doctors (since other health-care professions are part of the PHWf).
- Social and organizational innovations should be taken into account, since collaboration and synergy are necessary to reach professionalization.
- Several entities (organizations, universities, etc.) can provide continuous professional development.
- Input from the employers is important, since they define standards that should be transferred to educational programmes. However, stakeholders beyond employers (such as government officials and public health professionals) also need to take part in deciding who should be in what place at what time to fill population needs.
- The document must take into account gender and sustainability.
- When you increase accreditation while having second-tier practitioners, this can segment the market and lead to salary differentials.
- A clear map is needed of who is providing services in countries with an assessment of their needs.
- Collaboration can be encouraged with professionals in other fields (such as engineering, architecture and journalism).
- The skills taught should include how to confront the unknown and how to collaborate.

Proposed next steps

1. Create a method for assessing public health needs.
2. Provide success stories (case studies) as practical examples.
3. Use the essential public health operations as a framework to identify the skills needed.
4. Work to strengthen the broker or communicator role within the pillar.
5. Identify what services and structures should exist for skills education and training and present strategies to reach the goals with best models.
6. Make the pillar less academic and more persuasive and practical for end-users.

Box 2. Peer review session 2: public health workforce professionalization road map pillar 2 – certification and formal organization

Presented by Selena Gray

Rapporteur: Damir Ivankovic, Public Health Resident, Croatian Institute of Public Health, Zagreb, Croatia

Presentation highlights

- The work on the certification topic within the Coalition of Partners shows how pillars are interconnected.
- A prerequisite for the pillar will be to determine the (current) composition and characteristics of the PHWf.
- Key roles for professional bodies include:
 1. creating and maintaining standards and processes (mechanisms) such as:

<ul style="list-style-type: none"> * (explicit) standards but also the ownership of standards and processes; * training schemes, continuous professional development and appraisal of both; and * formal professional registration process; <p>2. advocacy for:</p> <ul style="list-style-type: none"> * training schemes; and * professional recognition. <ul style="list-style-type: none"> • The keywords for the pillar are “national”, “training” and “system”, with important emphasis on sustainability. 	
Reviewer evaluations	
<p>Reviewer 1: David Kidney</p> <ul style="list-style-type: none"> • Currently there is not much on licensing and accreditation in the road map document. The roles of licensing and accreditation bodies can be found on pages 22, 29, 32 and 33. • Selena Gray’s presented slides are more actionable than the work on licensing currently described in the road map. • Examples are given from the United Kingdom, but the documents must stay mindful of local circumstances. • It would be useful to include a more comprehensive glossary and an infographic on how these terms interact; for example, for such words as: registration, regulation, representation, certification and licensing. 	<p>Reviewer 2: Cris Scotter</p> <ul style="list-style-type: none"> • Prerequisites are important. Defining who, where, how and when is not a parallel process, since prerequisites will always be required. In some countries, the PHWf is not as effective as it should be. This shows the importance of definitions and overview as it applies to identifying gaps.
Questions	
<ul style="list-style-type: none"> • Salman Rawaf pointed out that, if you are planning for a workforce, it assumes that you are dealing with “norms”. He asked whether this is the case in public health. Do we know how many public health professionals are needed per 100 000 population to work successfully? Reply from Chris Scotter: Norms are an output measure. First, you need to know what you want to do. An output measure such as “we need [a number] public health professionals per 100 000 population” is only useful if we know what we want them to do. • Stela Guvir asked: Who defines the professionalization certification and organizational needs? Different national examples were presented (mostly from the Republic of Moldova). • Salman Rawaf asked: What skills are needed to deliver on the public health questions? • Martin Kraye von Krauss pointed out that, until employers require certified competencies, there is no real need for mandatory certification. He asked how to deal with the transition period. Reply from Selena Gray: Make employers think it is desirable and expected. 	
Collective insights	
<ul style="list-style-type: none"> • Salman Rawaf offered that the role of public health is all about protection. Canada and severe acute respiratory syndrome (SARS) is an example. Another prerequisite for licensing and standards planning is the country’s particular system of PHS. • Martin Kraye von Krauss noted that analysis of PHS is available from the series Health Systems in Transition (European Observatory on Health Systems and Policies) and essential public health operations (WHO). • Cris Scotter emphasized that the role of professional bodies is important but that they also must be 	

independent.

- Salman Rawaf added that there must be a relationship (in terms of responsibilities) between academia and PHS. Services are “urgencies” and “people to serve”. When we look at the workforce, we need to know where the workforce will be. In public health, there is a great gap between academia and services, which is not the case in law or business or clinical specialties, where (university) teachers are lawyers, businesspeople, surgeons and ophthalmologists, for example.
- Carmen Varela Santos offered the European Programme for Intervention Epidemiology Training and European Public Health Microbiology Training Programme as examples from European Centre for Disease Prevention and Control that provide lessons on involving different stakeholders in qualitative standards.
- Martin Krayer von Krauss added that professionalization work is important because it is a tool for decision-makers (such as government ministers) to “make a case” for decisions. Transferring from needs and objectives to services and interventions and quantifying that into workforce capacity in terms of full-time equivalents is an important and challenging possible addition to this work.
- Cris Scotter interjected that the goals of the pillar are “not rocket science”. It should seek to define what public health in your country is, describe services and plan for the capacity and capability of the workforce.
- Selena Gray proposed a dashboard as a way to review and scope European countries according to which of the 10 essential public health operations they are working on.
- Varela Santos identified that a final goal of this pillar is to put competent people in the right posts and positions.
- Salman Rawaf highlighted the need for “levels” of competencies. Not everyone can be taken to the speciality level (which implies accountability and legal responsibility). He suggested the example of United Kingdom (Liverpool and the Liverpool School of Tropical Medicine) and the portfolio process to become a specialist.
- There was general discussion on resistance to this (or any) change and that strong leadership and political commitment with mechanisms for good stakeholder management is needed. Key figures (such as the Chief Medical Officer in the United Kingdom or Surgeon General in the United States of America) or regional bodies will be needed as a political “sponsors”.

Next steps

1. The pillar needs consistency of wording, with an expanded glossary and infographic showing interactions between keywords.
2. Actionable content on licensing and accreditation from presentation need to be added to the pillar.
3. A transitional arrangement is needed as public health professionals move from a non-regulated to a regulated or licensed profession.
4. Make reference to similar projects (case studies) outside public health to make the case for public health professionalization.

Box 3. Peer review session 3: public health workforce professionalization road map pillar 3 – code of conduct and altruistic service

Presented by Peter Schröder-Bäck

Rapporteur: Genc Burazeri, University of Medicine, Tirana, Albania

Presentation highlights

- A code of conduct should be considered (conventionally defined) as a set of rules, norms, values and virtues adopted by a given profession. This approach should also be embraced when developing a sound code of conduct for public health professionals.

- The history of codes of conduct in health sciences dates back to the Hippocratic Oath, whose paternalistic features clash with the current (modern) developments of human society.
- Current efforts for establishing and refining a sound and holistic code of conduct for public health professionals should employ a critical reflection approach. A sound code of conduct for the PHWf should be a product of deep and critical ethical reflection.
- An effective code of conduct for the PHWf should be a result of a wide participatory approach engaging stakeholders and actors pertinent to different fields and areas of expertise.
- Consequently, the process of developing an effective code of conduct for public health professionals should be interdisciplinary, engaging experts and resources from all relevant disciplines.
- The process of establishing a code of conduct for the PHWf starts with systematic collection of the available material. Careful consideration must be taken to address the purpose, the content, the procedures and the format of the envisaged code of conduct for public health professionals.
- Sustainability of the proposed code of conduct is critical and should be carefully addressed and considered.

Reviewer evaluation

Reviewer: George Lueddeke

- George Lueddeke's main concern was the human-centric approach, which limits and narrows the discussion within the realm of human health and well-being.
- A holistic approach should be employed encompassing human population health, animal health and the environment. This "one health" approach is a crucial element and a major prerequisite for sustainable development of all societies to meet the goals and the targets envisaged in the United Nations 2030 Agenda for Sustainable Development.
- A shift from a reductionist (human-centric) model toward a holistic approach (the "one health" concept) would broaden and enlarge the focus and mandate of sound and effective codes of conduct for public health professionals worldwide.

Questions

- Who should be in charge of developing a professional code of conduct for the PHWf?
 - Several participants who were representatives from various public health institutes (Albania, Kosovo (in accordance with Security Council resolution 1244 (1999)) and Poland) argued about the leading role of the national institutes of public health in the process of developing a sound code of conduct for the PHWf.
 - Nevertheless, independent (self-governing) agencies and other institutions may take the lead in this process, including professional associations and nongovernmental organizations.
 - In all cases, regardless of the leading institution, the process of developing a professional code of conduct for the PHWf should be as participatory and interdisciplinary as possible, engaging all the relevant stakeholders and potential beneficiaries.

Collective insights

- Careful consideration and caution is required to avoid any potential harm stemming from a certain code of conduct for public health professionals.
- Regardless of the stage and pace of development of a code of conduct for public health professionals, there is an urgent need to foster and promote public health ethics as a core competency. From this point of view, ethics should be regarded as a core public health competency that should be included in all teaching and training programmes at all levels.
- The process of developing a sound and holistic code of conduct for public health professionals should be carried out in parallel with the integration of public health ethics as a core competency in all teaching and training programmes in public health.
- A comment was made from plenary session 1: careful consideration is needed when using the term

“altruistic” in the code of conduct, since public health professionals must still be appropriately paid.

Proposed next steps

1. Bring “one health” considerations of animal and environmental health into the pillar.
2. Emphasize public health ethics as a core competency for public health professionals.

Box 4. Peer review session 4: stakeholder engagement in implementing the road map Presented by Robert Otok

Rapporteur: Cedric Slock, Intern, Association of Schools of Public Health in the European Region

Presentation highlights

- Stakeholders at the EU level have been identified and should be integrated in the PHWf professionalization road map to harmonize the professionalization process across the WHO European Region.
- The entry points for stakeholders can be at the level of:
 1. overall or specific goals to improve population health;
 2. self-assessment outcomes for the essential public health operations; and
 3. public health workforce development plans.
- The stakeholders who have to use and implement the road map need to be identified and targeted.

Reviewer evaluations

Reviewer 1: Stephan Van den Broucke

- The road map tries to achieve too much at the same time and should be funnelled more into practical and clearly rationalized steps for users to understand the logic to professionalize.
- The language chosen is too academic. As a result, it is quite technical and might create more confusion at the country level. In its current form, it might not help countries to professionalize the PHWf.
- The glossary should be more extensive to clarify terms, since this will help countries to have a common language and understanding of the road map content.
- More technical annexes should be included to streamline the overall document and to reduce complexity and improve understanding among the users.
- The economic case for public health needs to be included in the preamble, and how the bigger picture for improving public health outcomes relates to a more professionalized PHWf needs to be clarified better.

Reviewer 2: Neil Squires

- The document needs to include more case studies to clarify why the proposed suggestions are effective and why these suggestions would improve the use of current resources.
- It was suggested that public health standards that are chosen by the stakeholders greatly influence the use of the road map. It is therefore of interest to clarify how the road map can help to achieve these and through which pathways.
- The road map should focus more on country stakeholders that have to implement the professionalization: who they are, what they can do, how to assess themselves in comparison to the road map (or in comparison to the case studies) and how to take steps forward.

The road map’s approach should be more inclusive, since public health is everyone’s business. It should be clarified that the professional PHWf works together with the wider PHWf to achieve public health objectives and what the added value is of this professional workforce.

Collective insights

Language should be used to facilitate stakeholder understanding and clear communication

- Better clarify the terms being used to facilitate cross-country understanding.
- Use clear and more common language and expand the glossary.

Include a broader public health rationale as to how professionalization can help or has helped to achieve past and future public health goals

- Provide a logical rationale why professionalization is needed, how it helps public health outcomes, the use of all PHWf human resources and the broader societal impact (such as economic, social, technological, ecological, legal and political).
- Provide a rationale that explains how the road map will help to improve the efficacy and efficiency of the resources for public health.
- Include case studies to visualize, advocate and explain how the road map can help in improving the use of public health resources.
- Explain that the objectives of the public health outcomes at the country level are directly related to the professionalization process, essential public health operations and efficient use of public health resources.

Prevent professional protectionism through an inclusive approach

- It is necessary to have an inclusive approach, including the non-professional PHWf, human resources and health professionals.
- The road map must better define the role of public health standards in choosing which suggestions to use. For example, if a ratio of public health nurses per 10 000 inhabitants is a standard and is not achieved, this could then help a country decide to first increase access to public health education via incentives for public health schools or retraining programmes for public health organizations.
- Bridges need to be built with other professions and non-professionals (such as non-public health professionals, patients and the general population) and clarify how they will benefit from professionalization (this is a key feature, since public health is a quite political domain).
- Integrate EU-wide stakeholders that support the need for professionalization to increase the mandate for professionalization.
- Better explain that the six traits of Keith Macdonald are a means to an end rather than an end goal to prevent the perception that the document is being highly protective towards the public health profession.

Keep it simple: clarify how professionalization can be achieved in a stepwise approach, the outcomes that might be expected from it and the stakeholders that can take responsibility for the proposed steps

- Create clarity about the sequence of steps and details on how to go from one step in the road map to the next (which stakeholders have or can take responsibility for the next step of the road map and what do they need and how they can bring these resources together) and thus help stakeholders to find each other and work together.
- Include a mechanism on how to identify and bring stakeholders together and drive forward the objectives a country sets out to achieve.

Proposed next steps

1. Simplify and clarify the road map and its language, focusing on stakeholder needs and giving rational sequential steps to take for professionalization.
2. Make the glossary more extensive to provide common terms for cross-country understanding.
3. Make an economic case (showing efficacy and efficiency and improved services and outcomes) for professionalizing the PHWf.

4. Define the role of public health standards.
5. Streamline the document by moving technical aspects to annexes.
6. Provide more case studies as success stories and models.
7. Build bridges to other professions and integrate European-wide stakeholders.
8. Include mechanisms for identifying and integrating stakeholders and their objectives.

Plenary 1

Dr Krayer von Krauss welcomed the group back for the plenary session, emphasizing that this was an opportunity for direct reflection and to digest conversation. He introduced the rapporteurs from sessions 1–4, who subsequently shared their highlights from each session. Boxes 1–4 summarize the content of the participatory peer review session insights and outcomes.

Plenary discussion

Professional capacity

The floor was then opened for discussion. Professor Rawaf began by speculating on whether there was sufficient capacity to professionalize the PHWf and suggested there could be a Europe-wide board of public health. He reminded us that we are preparing people to deliver services to protect the population and national systems, and we must know whether there are shortages or a lack of expertise.

In reply, it was pointed out that, if we wait until there is a clear narrative and support, then we risk missing an opportunity. Countries will need capacity to strengthen the PHWf; they will need to know how to do it once they have decided to do it.

Country focus and the EPHOs

Professor Anders Foldspang added that some countries cannot afford expensive specialists, and their needs must still be covered. Professionalization enables mobility to sustain development and to attract high-level people to public health.

Competencies have shifted, and there is no longer a blanket profile for public health professionals. Essential public health operations (EPHOs) should be tapped into as measures for assessing needs. EPHOs as standards enable professional engagement, which then enables the development of professional functioning. Many people can deliver essential public health operations, and the professionalization road map must include non-professionals and professionals from other fields, while understanding that leadership is still needed to ensure and oversee the delivery of essential public health operations. The participants were reminded that political commitment and leadership underpin the process. Priorities must be clear, and it must be implemented on a country-by-country basis. Plans must proceed based on individual country timetables.

Feedback on the documents

In terms of the content of the three reviewed documents, it must be acknowledged that public health professionals are needed to confront today's challenges. The narrative must be sharper to emphasize that public health is everyone's business, but this must be done in a non-paternalistic, 21st-century context. The case for the PHWf must be brought to the forefront.

The documents need a logical hierarchy. Language must flow better and be more accessible. Glossaries should be expanded and define standards (such as standards for individuals, employers and experts, public health teams and the national level). The target audience should be kept in mind, and the documents should be making smaller and more concise. It should be clear what the product does and does not do. Consider the difference between a policy paper (about two pages) versus a manual (in depth). What is most useful to countries? Inspiration can be taken from other contexts outside public health.

Kazakhstan's perspective

We must turn to health ministries and ask what is useful to them. Massimo Pignatelli, Vice President for Medicine and Dean, School of Medicine, Nazarbaev University, Kazakhstan was asked what tools could be useful to fill his country's needs. Massimo Pignatelli explained that Kazakhstan has greatly transformed the health-care system from the Soviet style, which did not have a primary care system, only specialists. Public health has only been given priority since 2015. When documents are available, they should be helpful and it can be seen how to use them with the government and the health ministry.

Participatory peer review sessions 5–8

The afternoon participatory peer review sessions addressed additional deliverables under development. These include the European competencies framework for the PHWf, the accreditation handbook, the credentialing handbook and the PHWf road map visualization. Boxes 5–8 summarize the collective insights from these sessions, including the next steps each project leader and group should take.

Box 5. Peer review session 5: European competencies framework for the public health workforce Presented by Kasia Czabanowska and Jascha de Nooijer Rapporteur: Danielle Agnello, Consultant, Public Health Services Programme, WHO/Europe	
Kasia Czabanowska <ul style="list-style-type: none"> • Kasia Czabanowska presented the framework goals to: <ul style="list-style-type: none"> ○ provide shared understanding of the definition and role of public health; ○ enable standards; and ○ support policy-making. 	Jascha de Nooijer: <ul style="list-style-type: none"> • Jascha de Nooijer presented the use of a framework at Maastricht University. The steps included: <ul style="list-style-type: none"> ○ picking a framework per programme with key competencies, focusing on less competencies rather than more;

<ul style="list-style-type: none"> • Who is the framework for? Public health professionals, employers, human resources departments, governments, etc. • How was the framework created? The framework was developed with: <ul style="list-style-type: none"> ○ a review all existing competencies (Europe, Association of Schools of Public Health in the European Region, United States of America, United Kingdom, Canada, Australia); ○ an analysis and synthesis of all the frameworks; ○ input from 50 experts from November 2017 to May 2018; and ○ a focus on the Organisation for Economic Co-operation and Development (generalist) and United Kingdom models. • All previous reviewers agreed on a need for: <ul style="list-style-type: none"> ○ content and context; ○ relations and interactions; and ○ performance and achievement. 	<p>and</p> <ul style="list-style-type: none"> ○ formulating the concept. <ul style="list-style-type: none"> • She noted that a framework of competencies can be used at both the programme and course levels. • The framework helps define the public health role for the labour market. • As an example of applying the framework at the performance level, it helps to: <ul style="list-style-type: none"> ○ chart with learning activities; and ○ define and assess needs. • Having a universal framework allows the development of global citizens. Creating a global or regional consensus on the competencies for a public health professional can create comparability of degrees and coursework. <p>Some next steps for Maastricht’s public health–focused programmes: “Do we want six black sheep programmes or all the sheep going in the same direction?”</p>
<p>Participant comments</p> <ul style="list-style-type: none"> • The framework feeds well into pillar 1 of the road map because of the comprehensiveness of the competencies. • Comment from Anna Cichowska Myrup: the framework aims for country’s PHWf to have: <ul style="list-style-type: none"> ○ institutional appropriateness; ○ a country-level assessment tool for competencies; and ○ competency-based recruitment: that is, templates for job descriptions. 	
<p>Reviewer evaluations</p>	
<p>Reviewer 1: Amber van Bijleveld</p> <ul style="list-style-type: none"> • Amber van Bijleveld reviewed the framework with a human resources lens. • She commented that the framework was missing: <ul style="list-style-type: none"> ○ the behavioural attitude of the competencies; and ○ a common language consistent with the use of “tool” or “instrument.” • She noted that the framework has good domains and subdomains. • The framework could better describe levels and maybe add an extra “level down”. • The framework is a useful tool with good depth and breadth. • Her overall recommendation was to concentrate on activities and include more behavioural aspects and specific terms. 	<p>Reviewer 2: Andres Roman-Urrestarazu</p> <ul style="list-style-type: none"> • Andres Roman-Urrestarazu commented that he reviewed this based on a United Kingdom perspective. • He recommended that the Framework: <ul style="list-style-type: none"> ○ use the United Kingdom model of simple English explanation to create a preface to the document; ○ add the people aspect of the framework; ○ add flexibility to allow for differences in where members of the workforce come from: for example, where a psychiatrist would fit in the PHWf spectrum; and ○ map current evidence of what public health professionals bring to the table in terms of improving the health of a population. • He asked how we measure the success of the

	<p>tool. It requires a reporting mechanism. How can success in achieving competencies be measured?</p> <ul style="list-style-type: none"> • What data are currently available in other countries in the region (versus the United Kingdom)? • Overall recommendation: use simple English and try to work with the competencies in certain contexts and levels.
Questions	
<ul style="list-style-type: none"> • What is the implementation plan? Answer: To finalize and present to Member States with WHO support at the country level. 	
Collective insights	
<ul style="list-style-type: none"> • The competencies need to be quantified. For example, if people are dying from drug abuse, how do we measure the number of public health professionals needed to address this issue? An example would be Eurostat, which shows the number of public health professionals currently in EU countries. • Other participants pre-reviewed the framework: Selena Gray, Inês Fronteira, Stephan Van den Broucke, José M. Martin-Moreno, Ellen Kuhlmann, Anders Foldspang, David Kidney and Alberto Mateo. The comments included the following. • Four levels are a lot to work with: recommend creating only two or three. • There should be a framework for each level. They should not be listed simultaneously – there will be different competencies at a high professional level of functioning versus a lower level. Keep in mind how to target competencies to the professional level and develop role profiles. • The framework will be useful for developing and designing master and internship programmes. • The framework can also be used to identify people who can provide PHS without formal training. • It was agreed to change the health promotion heading to promoting health to create a stronger message. • There was discussion as to whether domains should acknowledge and address the names of fields that address public health (such as epidemiology and biostatistics). This could simplify domain names and use “traditional language”. Alternatively, there was a desire to avoid the use of traditional silos but rather to find more inclusive terms. • The framework should use the core competencies of the Association of Schools of Public Health in the European Region and focus on employment. • Case studies of organizations that have applied competencies need to be added: for example, the United Kingdom system has three pillars: (1) health care in public health, (2) health promotion and (3) health protection. • A competency for public health in health care for primary, secondary and tertiary prevention should be added. • A primary concern for public health is not just the health of the public but also health of the planet. A main vehicle for this is coordinated action. Silos of public health were created in the 17 Sustainable Development Goals, but the framework must make links not being made elsewhere since everything is interconnected and interdependent. • The framework should improve the specificity of competencies and how to practically achieve them. • It would be valuable to include specific examples of how to achieve the listed competencies. 	
Proposed next steps	
<ol style="list-style-type: none"> 1. The language of the framework needs to be simplified, making it consistent and using the idea of simple English explanation. 	

2. The framework should be organized into three professional levels, with a separate framework for each.
3. It must explain each professional level, targeting competency needs to each and defining the profile roles.
4. The competencies should include professional behaviour and attitudes.
5. A method to measure the success and achievement of competencies needs to be added.
6. Examples of case studies should be included.

Box 6. Peer review session 6: the Accreditation Handbook

Presented by **Julien Goodman**

Rapporteur: Peter Schröder-Bäck, Associate Professor, Maastricht University

Presentation highlights

- The concept of accreditation is self-study followed by a site visit by experts, their report, judgement and periodic review.
- There are many differences between accrediting programmes and institutions.
- Some countries do not have accreditation agencies (such as Luxembourg, Monaco and San Marino).
- Most agencies receive either direct or indirect funding from governments; thus, there is no true independence, with varying degrees of influence and control by governments.
- Governments define what public health is at the country level, and there is considerable heterogeneity.
- Organizations appreciate the support for accreditation provided by the Agency for Public Health Education Accreditation, especially the support of external experts.
- National agencies could use the tools of the Agency for Public Health Education Accreditation, which the Agency would welcome.

Reviewer evaluations

Reviewer 1: Stela Guvir

- Stela Guvir noted that the handbook covers a lot of literature and evidence. The survey data are good to have and helpful.
- Including a list of available resources would be helpful.
- Considering students and alumni at site visits would be beneficial.
- Standards of accreditation should be included (such as curricula and criteria relating to competencies).
- More examples (case studies) of good practice could be added.

Reviewer 2: Farhang Tahzib

- Farhang Tahzib acknowledged that the handbook is an interesting research report that hopefully will be published as an article and, in this context, more discussion and the limitations of the study should be added (such as the fact that no response came from France, Italy or the United Kingdom). However, he noted that the purpose of the handbook has not been achieved. It – and a handbook in general – is meant to be a resource for accreditation, offering tools for the practical accreditation work.

Questions

- Should the title of the handbook be changed (in accordance with the different purposes of handbooks: see peer reviewer 2)?
- Can judgements on the findings be added for the research part of the report (such as if “dependence” on government money is a disadvantage)?
- How can the handbook deal with the diversity in the public health education landscape throughout Europe?

Collective insights

- For further work on the handbook, the end-users could be asked what they would need and find helpful.
- When talking about accreditation criteria, a link to the competencies should be clearer, with evidence on the public health impact.
- Training for professionals could be added to the scope of the handbook and to the Agency for Public Health Education Accreditation.

Proposed next steps

1. The handbook must include a list of available resources.
2. A section on how to use the tool should be added.
3. Accreditation standards should be added to the handbook.
4. Examples of good practices and good curricula (case studies) need to be added to guide countries.
5. The survey research report should be published, but the handbook needs to be a resource – a concrete tool with practical steps and recommendations.
6. End-users must be engaged to be able to address their needs.
7. Continuous professional development should be added to the scope of the handbook.

Box 7. Peer review session 7: credentialing handbook

Presented by Robert Otok

Rapporteur: Olga Gershuni, Researcher, Maastricht University

Presentation highlights

- The handbook, which is still in the development stage, will aim to increase the professionalization of the PHWf and to build careers providing and using the evidence on core knowledge and skills and promote recognition of public health as a profession with shared solutions and good practices, giving evidence of knowledge and skills to assure the served community that the PHWf meets standards.
- The objectives are to provide overview and description of approaches to professional credentialing and give recommendations for implementation.
- The target audience is credentialing organizations, decision-makers for public health, public health associations and public health professionals.
- The proposed structure is:
 - introduction;
 - existing professional regulation and credentialing in public health in the European Region;
 - models of good practices in professional regulation and credentialing in public health to consider for possible Europe-wide implementation; and
 - outlook and recommendations.
- Case studies that are proposed to be included: Poland, United Kingdom and the health promotion specialist credentialing scheme of the International Union for Health Promotion and Education: Certified in Public Health.

Reviewer evaluations

Since this was a handbook proposal, there were no preselected peer reviewers for this deliverable.

Questions

- There is a huge gap between training and actual practice. How will the handbook deal with this?
- Who should be certified, and how can cross-validity be assured?

- Appropriate credentialing is equally important for the employers and the employees. How can the handbook work for both?
- How is the accreditation services displayed across the EU?
- The proposed structure contains four parts. Should the third part (models of good practice) be skipped?
- To what extent can a faculty (or any institution) find such a tool useful?
- Who oversees the system?
- How do we get to general knowledge without devaluing the information?
- How will the handbook acknowledge people who are currently not a part of the traditional PHWf (the United Kingdom example presents how many available competencies are widely used outside of the core PHWf)?
- How can we increase respect for differences among various public health professionals?

Collective insights

- The proposed handbook could be a very useful and dynamic tool. It should take an approach that would support and strengthen other related Coalition of Partners projects, especially the road map (aligning with pillar 2).
- The credentialing handbook should consider how to align accreditation with professional credentialing.
- Even though it will be a tool at the country level, the solutions and outcomes of the handbook are meant for specialists.
- The handbook should include maintaining certification: all professionals performing public health-related activities should be licensed.
- Stages should be defined: know-how and show-how.
- The proposed structure in part 2, with Poland and United Kingdom as case studies, presents very different systems. However, comparable outcomes are expected at the review stage and should be included.
- The career structure includes being employable and having attractive job opportunities: The handbook should lead to showing how (well) one is recognized as a public health professional and the pathways towards career advancement.

Proposed next steps

1. The credentialing handbook will be developed considering feedback from the peer review sessions.
2. It will be decided whether or not this should be combined with the accreditation handbook.
3. European solutions will be provided, but the handbook will not require only one Europe-wide credentialing model.

Box 8. Peer review session 8: visualization of the public health workforce professionalization road map

Presented by **Cedric Sloek**

Rapporteur: Ha Wynn, Intern, Association of Schools of Public Health in the European Region

Presentation highlights

- The PHWf professionalization road map was compared with the United Kingdom road map system.
- The road map should answer: Why? What? Where do we want to go? But with different options on how to get there.
- The tool can be powerful for a grandiose vision.
- The road map is useful to:

<ul style="list-style-type: none"> ○ bring stakeholders together and set priorities for which actions to take; ○ exemplify what would be a logical road map per domain; developing such a visual representation could help countries to understand where they are and where they want to go and how they might get there; and ○ underpin the management of change. <ul style="list-style-type: none"> ● It can be a checklist for such countries as Poland that still lacks their own road map.
Reviewer evaluations
<i>This was an interactive workshop, so peer review was not needed.</i>
Questions
<ul style="list-style-type: none"> ● Who is going to use the road map visualization? ● If it is a stakeholder analysis, then who can influence it? Tools are needed for feedback and to bring together stakeholders to set priorities for action. ● How does the tool apply to the public and private systems? ● How does the method relate to the final publication? ● What would be the method for applying the visualization at the country level to develop a road map in context? How can this process be captured and enabled?
Collective insights
<ul style="list-style-type: none"> ● The visualization is like a basket of many complex things. It is a mix of definitions and requirements, etc. ● The road map visualization needs a facilitator, such as a systems-thinking expert, who knows the tools and can set the boundaries of the professionalization system. ● The current visualization is very complex; it should be: <ul style="list-style-type: none"> ○ simplified and re-categorized; and ○ more user-friendly and flexible. ● Be aware that the road map could create more friction rather than enabling change.
Proposed next steps
<ol style="list-style-type: none"> 1. The road map visualization should be simplified so that it is more user-friendly but kept flexible. 2. End-users must be identified. 3. The method should be elucidated for countries to develop their own road map within their own context.

Plenary 2

Sessions 5–8

Dr Krayner von Krauss moderated the second plenary session. Again, the session rapporteurs shared the highlights from each session with the participants. Boxes 5–8 show the content of the highlights, summarizing the participatory peer review session insights and outcomes.

While the session rapporteurs were reporting back, the participants were invited to think of three words that come to mind while they are listening to the rapporteurs. Then, using

the Mentimeter application², the participants digitally contributed to the instant co-development of a Word Cloud via any smart device. This resulted in four very different word clouds that showed the varying themes that arose in these four parallel sessions (Annex 4). Specifically, the word cloud resulting from session 8 on the road map visualization seemed particularly illustrative of the inspirational ambitions of the actions of the Coalition of Partners in professionalizing the PHWf. Most boldly, the cloud emphasizes the complexity of this undertaking, followed by method, which must be clearly and rationally provided to stakeholders in the form of powerful tools to reach the goals of professionalizing the PHWf. Fig. 3 and Annex 4 show the resulting word cloud from session 8.

Fig. 3. Word cloud from session 8: public health workforce road map visualization



Discussion after the session reports was brief. Professor Selena Gray noted that the whole of the project was more than the sum of the parts and that the documents need to be linked.

Summary of participatory peer review outcomes and next steps

In addition to feedback specific to each session topic, repeating themes cut across all eight sessions and apply to all the presented documents.

- The language should be simplified and consistent and explained in simple English. More comprehensive glossaries should be developed providing consistent language and definitions that can be understood between countries.
- Overall, the documents are too academic. They should be streamlined, with more emphasis on practical, rational and concrete steps and actionable strategies.

² Mentimeter: <https://www.mentimeter.com/>

- The end-users and stakeholders must be taken into account. What are their needs? How can these tools help them in reaching their PHS and PHWf goals? The insight from session 4 on stakeholder engagement (Box 4) focused on stakeholders for the PHWf professionalization road map but contains feedback that should be considered for all the documents.
- Include case studies of best practices that can be used as real-world examples for how end-users can professionalize their PHWf and implement competency, accreditation and credentialing tools. These may come from outside public health if applicable.
- Look for opportunities in which the different tools can harmonize with each other while making the case for how each is distinct.

The experts responsible for creating these products plan to initiate the next steps to finalize the products based on the meeting insights and peer reviews.

All meeting participants were invited and encouraged to contribute concrete material to the documents as co-creators. Completed, publication-ready documents will be finalized for the third meeting of the Coalition of Partners on 27–28 November 2018 in Ljubljana, Slovenia. When mature tools are ready for implementation, WHO/Europe will take on the responsibility of recruiting pilot countries.

Keynote listener reflections

Dr Alberto Mateo, President, European Network of Medical Residents in Public Health (EuroNet MRPH), was invited to provide his reflections from listening to the day's meeting. He spoke of the responsibility of EuroNet to be the voice of future generations of public health specialists. He enjoyed the meeting and found it insightful. From the perspective of a young public health practitioner, he noted that professionalizing the PHWf could help in solving some of the difficulties young public health professionals have today.

He was pleased to see that different ages were represented at the day's events, not only senior-level participants. However, he raised the issue that public health problems know no borders and that professionalizing the PHWf should be applied at the European level, and it was therefore unfortunate that some countries lacked representation at the meeting.

He also was concerned that the bureaucracy created by professionalization could be problematic. However, he highlighted that talk is often too general and that this meeting overcame generalities by focusing on specific critiques of the various documents and concrete next steps. Dr Mateo ended by reflecting that we often want products that are big and perfect, but sometimes we must find a balance and go forward with what we can to achieve optimally.

Wrap-up and closing of the Meeting

Professor Czabanowska wrapped up the meeting, emphasizing that the work continues to develop the documents on PHWf professionalization. She underlined that we often think we should add more, but actually we must simplify and use language that can be understood. She encouraged participants to send messages with what they can contribute to the products and to send the products to others for input and feedback. She also thanked all participants, WHO/Europe, Mr Robert Otok, colleagues on the Executive Board of ASPHER, direct contributors, meeting organizers, pillar leads and Imperial College London.

Dr Cichowska Myrup closed the meeting, stressing that this is an important process of co-creation and that she hoped participants all felt part of it. She invited everyone to continue their involvement. She reminded the group that the next milestone will be the third meeting of the Coalition of Partners on 27–28 November 2018 in Ljubljana, Slovenia.

Dr Cichowska Myrup thanked ASPHER, the Agency for Public Health Education Accreditation, Imperial College London, the presenters, the moderators, the reviewers for constructive feedback, the volunteers, Ms Danielle Agnello and Dr Krayner von Krauss for preparing and executing this meeting seamlessly.

She underscored that professionalizing the public health workforce is a joint effort, as is public health in general.

Annex 1. Participants

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Annex 2. Programme

Tuesday, 19 June 2018

8:30–9:00 Registration

Welcome and opening of the meeting by the Secretariat

Moderator: Martin Kraye von Krauss, Senior Adviser, Public Health Services, WHO Regional Office for Europe

9:00–9:20 Welcome and opening of the workshop, including overview of the WHO and Association of Schools of Public Health in the European Region resources for fostering workforce professionalization

Anna Cichowska Myrup, Programme Manager, Public Health Services, WHO Regional Office for Europe and Kasia Czabanowska, President, Association of Schools of Public Health in the European Region

9:20–9:30 Words of welcome, including reflections on the success factors for the public health profession in the United Kingdom

Salman Rawaf, Director, WHO Collaborating Centre for Public Health Education and Training, Imperial College London

9:30–9:45 Objectives, agenda and format of the meeting

Robert Otok, Director, Association of Schools of Public Health in the European Region

9:45–10:00 Towards a strengthened public health profession in Poland

Grzegorz Juszczyk, Director, National Institute of Public Health, Poland

10:00–10:30 An overview of the professionalization road map and introduction to the breakout sessions

Kasia Czabanowska

Participatory peer review sessions 1–4: the public health workforce professionalization road map

10:30–12:00 Session 1 – pillar 1 – skills, training and education

Moderator: Kasia Czabanowska

Presenter: José M. Martin-Moreno, Director, University of Valencia

Peer reviewer 1: Christine Hill, Physician, Cambridge Institute of Public Health

Peer reviewer 2: Marjan Soudant, Netherlands National Institute for Public Health and the Environment, Ministry of Health, Welfare and Sport

Session rapporteur: Ela Augustyniak, Project Manager, WHO Collaborating Centre for Public Health Education and Training, Imperial College London

Coordinator: Ha Wynn, Intern, Association of Schools of Public Health in the European Region

10:30–12:00 Session 2 – pillar 2 – certification and formal organization

Moderator: Salman Rawaf

Presenter: Selena Gray, Professor, University of the West of England

Peer reviewer 1: David Kidney, Chief Executive, United Kingdom Public Health Register

Peer reviewer 2: Cris Scotter, Senior Adviser and Consultant, Human Resources for Health, WHO Regional Office for Europe

Session Rapporteur: Damir Ivankovic, Public Health Resident, Croatian Institute of Public Health

Coordinator: Reda Misghina, student, Imperial College London

10:30–12:00 Session 3 – pillar 3 – code of conduct and altruistic service

Moderator: Azeem Majeed, Professor, Department of Primary Care and Public Health, Imperial College London

Presenter: Peter Schröder-Bäck, Associate Professor, Maastricht University

Peer reviewer: George Lueddeke, Chair, One Health Commission

Session rapporteur: Genc Burazeri, University of Medicine, Tirana

Coordinator: Zoe Pan, master of public health candidate, Imperial College London

10:30–12:00 Session 4 – stakeholder engagement in the road map implementation

Moderator: Anna Cichowska Myrup

Presenter: Robert Otok

Peer reviewer 1: Stephan Van den Broucke, Professor, International Union for Health Promotion and Education

Peer reviewer 2: Neil Squires, Director, Global Public Health, Public Health England

Session rapporteur: Cedric Slock, Intern, Association of Schools of Public Health in the European Region

Coordinator: Hilke Mansholt, intern, Maastricht University

12:00–13:00 Lunch

Plenary discussion 1: public health workforce professionalization road map

13:00–13:05 Moderator introduces the plenary discussion and the four presenters

Martin Kraye von Krauss

13:05–13:10 Highlights from pillar 1 – skills, training and education session

Ela Augustyniak

13:10–13:15 Highlights from pillar 2 – certification and formal organization session

Damir Ivankovic

13:15–13:20 Highlights from pillar 3 – code of conduct and altruistic service session

Genc Burazeri

13:20–13:25 Highlights from the stakeholder engagement in the road map implementation session

Cedric Slock

13:25–13:55 Discussion and questions

13:55–14:05 Wrap-up and introduction to the next session

Martin Kraye von Krauss

14:05–14:30 Break

Participatory peer review sessions 5–8

14:30–16:00 Session 5 – European competencies framework for the public health workforce

Moderator: Anna Cichowska Myrup

Presenters: *Kasia Czabanowska & Jascha de Nooijer, Director, Master Programme in Health Education & Promotion, Maastricht University*

Peer reviewer 1: *Amber van Bijleveld, HUMAN RESOURCES Coordinator, Netherlands National Institute for Public Health and the Environment, Ministry of Health, Welfare and Sport, Netherlands*

Peer reviewer 2: *Andres Roman-Urrestarazu, Clinical Research Associate, Cambridge Institute of Public Health*

Session rapporteur: *Danielle Agnello, Consultant, Public Health Services, WHO Regional Office for Europe*

Coordinator: *Zoe Pan*

14:30–16:00 Session 6 –accreditation handbook

Moderator: *Salman Rawaf*

Presenter: *Julien Goodman, Director, Agency for Public Health Education Accreditation*

Peer reviewer 1: *Stela Guvir, independent expert*

Peer reviewer 2: *Farhang Tahzib, Chair, Faculty of Public Health Ethics Committee*

Session rapporteur: *Peter Schröder-Bäck*

Coordinator: *Reda Misghina*

14:30–16:00 Session 7 – credentialing handbook

Moderator: *John Middleton, President, Faculty of Public Health*

Presenters: *Robert Otok*

Session rapporteur: *Olga Gershuni, Researcher, Maastricht University*

Coordinator: *Hilke Mansholt*

14:30–16:00 Session 8 – visualization of the public health workforce professionalization road map

Moderator: *Martin Kraye von Krauss*

Speaker: *Cedric Slock*

Session rapporteur: *Ha Wynn*

Coordinator: *Ha Wynn*

Plenary discussion 2: European competencies framework for public health workforce, accreditation and licensing handbook and visualization of the public health workforce professionalization road map

16:00–16:05 Moderator introduces the plenary discussion and the two presenters

Anna Cichowska Myrup

16:05–16:10 Highlights of the European competencies framework for the public health workforce session

Danielle Agnello

16:10–16:15 Highlights of the accreditation and licensing handbook session

Peter Schröder-Bäck

16:15–16:20 Highlights of the credentialing handbook session

Olga Gershuni

16:20–16:25 Highlights of the visualization of the public health workforce professionalization road map session

Cris Scotter

16:25–16:40 Discussion and questions

16:45–17:00 Wrap-up and closing of the meeting

Anna Cichowska Myrup & Kasia Czabanowska

Annex 3. Peer reviewer evaluation template example

Peer Review Guidelines – The Public Health Workforce Professionalization Road Map

Pillar 2: Certification and Formal Organization

*Created by Danielle Agnello (PHS Programme, WHO/Europe), Martin Kraye von Kruass (PHS Programme, WHO/Europe),
Katarzyna Czabanowska (ASPHER), and Robert Otok (ASPHER)*

June 4, 2018

Version 3

Background

The World Health Organization Regional Office for Europe (WHO/Europe) has convened the Coalition of Partners (CoP) to Strengthen Public Health Capacities and Services in January 2017. One of the objectives adopted by the CoP partners is that the public health workforce is recognized and valued as a profession. In pursuit of this objective, CoP experts initiated three joint actions, as follows:

1. **Core Competencies Framework for Public Health Workforce in the European Region:** The framework will enable standardization and consistent definition of the skills required of public health professionals. As such, the target audience is public health professionals, public health agencies, employer organizations, professional bodies, credentialing and accreditation bodies and training institutions delivering continuous professional development.
2. **Handbook for Managing Public Health Professional Credentialing and Accreditation Systems in the European Region:** The handbook will serve as a reference tool for the national education and health authorities, as well as for professional bodies, concerned with establishing and strengthening national credentialing and accreditation systems.
3. **Roadmap towards Professionalization of the Public Health Workforce in the European Region:** The roadmap will support countries in taking action to further professionalize the public health workforce, describing a variety of measures that countries can take, and identifying considerations related to the implementation of these measures.

The reviewer's task is to provide advice to help the WHO and the authors improve the relevance and the quality of the resources being developed. The review is structured along the categories from the left hand column, in order of appearance in review checklist.

Instructions to peer reviewers

To ensure that your comments are given due consideration please complete this template and return to Ms Danielle Agnello, WHO/Europe agnelloda@who.int no later than **Friday 15 June 2018**.

When submitting comments, please adhere to the following guidelines as much as possible:

1. Please provide all comments in writing and in an MS Word or similar document format using the table provided below. Comments may be provided in English;
2. Please provide full contact information for the individual submitting the comments;
3. Please clearly indicate which document and section (if applicable) you are commenting on;
4. To facilitate the revision process, please be as specific as possible in your comments. If you refer to additional sources of information, please include these with your comments when possible or provide a complete reference or hyperlink;
5. Should you have any questions regarding the review process, please contact agnelloda@who.int.

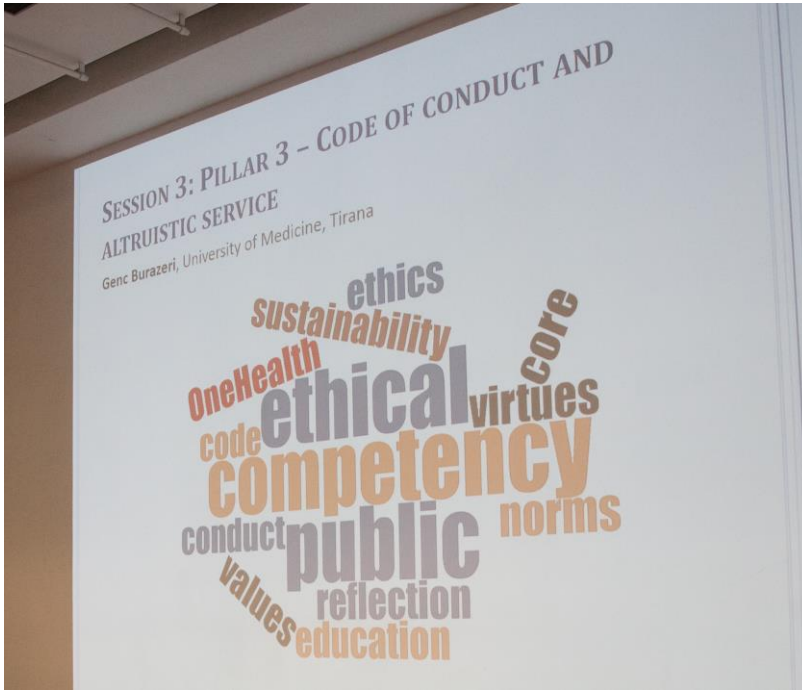
Documentation Review Checklist				
Document Title:		Document Section(s):		
Expert Reviewer:		Review Date:		
Purpose of the Roadmap		<ol style="list-style-type: none"> 1. To support the governments of each country in the European region, in developing policies related to public health workforce enumeration, developing, planning and forecasting; 2. To assist in strengthening professional identity of the current public health workforce, and align public health services and operations with public health workforce development and professionalization; and 3. To make public health a wanted, important profession for the young generation, and for those who are already in the field. 		
Target Audience		Governments and the current public health workforce.		
<p>Click the check box in the Y [Yes] column if the item is complete and accurate. Click the check box in the N [No] column if the item is incomplete or inaccurate. Provide any supporting comments in the <i>Comments/Recommended Changes</i> column.</p>				
Peer review criteria		Y	N	Comments/Suggested Changes:
The Public Health Workforce Professionalization Road Map				
Relevance and added value	The purpose of the road map (stated above) is relevant for the target audience.	<input type="checkbox"/>	<input type="checkbox"/>	<i>[Note: if there are specific claims that you think you think need to be better supported, please specify these here].</i>
	This road map has the potential to improve knowledge and practice in the field.	<input type="checkbox"/>	<input type="checkbox"/>	
	In its current form, the road map can be considered “fit for purpose ¹ ”.	<input type="checkbox"/>	<input type="checkbox"/>	
Scope and level of detail.	In light of the purpose and the target audience, the road map strikes a good balance between breadth and depth.	<input type="checkbox"/>	<input type="checkbox"/>	
	The scope of the road map is appropriate, i.e. all relevant topics are included, and there are no irrelevant topics included.	<input type="checkbox"/>	<input type="checkbox"/>	

¹ “fit for purpose”= meaning, well equipped or well suited for its designated role or purpose

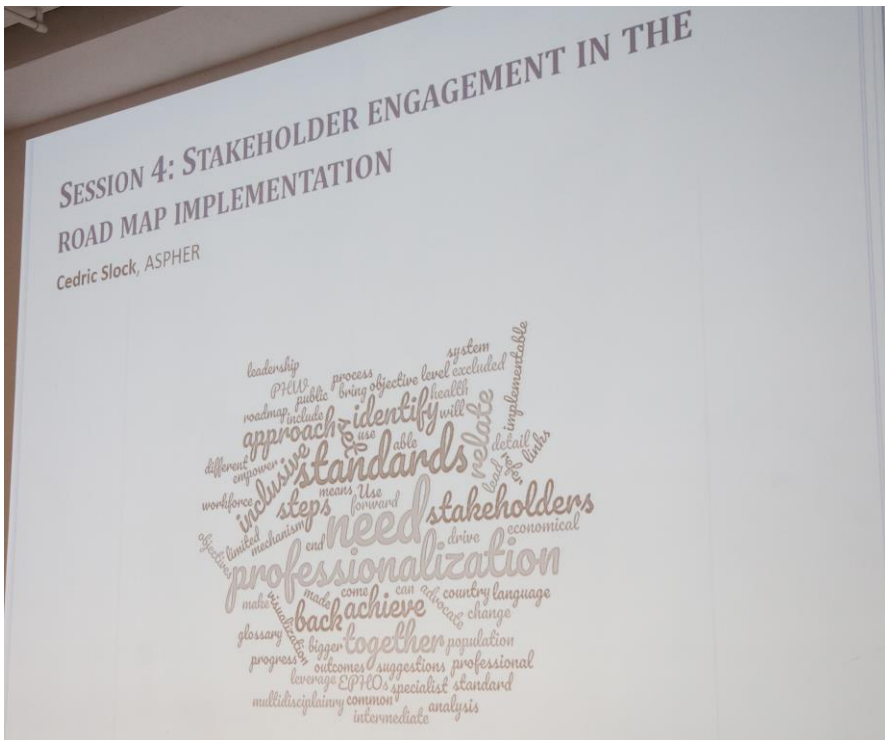
Professionalization Road Map – Pillar 2: Certification and Formal Organization				
Action oriented.	Pillar 2 suggests courses of action that can be taken.	<input type="checkbox"/>	<input type="checkbox"/>	
	The guidance provided in Pillar 2 is of a sufficient level of specificity for it to be acted upon by members of the target audience.	<input type="checkbox"/>	<input type="checkbox"/>	
	Pillar 2 provides references to additional resources that readers can access to guide planning and implementation.	<input type="checkbox"/>	<input type="checkbox"/>	
Use of evidence and examples of good practice	Claims made in the text, either explicitly or implicitly, are appropriately supported by evidence.	<input type="checkbox"/>	<input type="checkbox"/>	
	Where appropriate, Pillar 2 refers to relevant and up-to-date evidence.	<input type="checkbox"/>	<input type="checkbox"/>	
	Pillar 2 includes examples of good practice, from a variety of different national contexts throughout the Region.	<input type="checkbox"/>	<input type="checkbox"/>	
Accessibility of the form and style	The structure of Pillar 2 is logical and facilitates understanding.	<input type="checkbox"/>	<input type="checkbox"/>	
	The text can be easily understood by a target audience.	<input type="checkbox"/>	<input type="checkbox"/>	
	The vocabulary and grammar used in Pillar 2 can be easily understood by non-native speakers (English).	<input type="checkbox"/>	<input type="checkbox"/>	
	The text is sufficiently concise for a policy audience.	<input type="checkbox"/>	<input type="checkbox"/>	
	The figures included are useful in facilitating understanding.	<input type="checkbox"/>	<input type="checkbox"/>	
	Important terminology is defined and/or explained.	<input type="checkbox"/>	<input type="checkbox"/>	
Reviewer	Your review is considered free of bias,	<input type="checkbox"/>	<input type="checkbox"/>	

Independence /objectivity	equitable and fair.		
	If no, please explain what measures are taken to mitigate conflict of interest.		
Other comments or suggestions:			
Page	Line/ paragraph	Comment	
0	0	<i>[This is an example of an entry of a general comment]</i>	
14	23	<i>[This is an example of a specific comment on Page 14 Line 23]</i>	

Peer review session 3 word cloud. Pillar 3. Code of ethics and professional conduct



Peer review session 4 word cloud. Stakeholder engagement in the road map implementation



Peer review session 7 word cloud: credentialling handbook

Session 7: Credentialing Handbook, Olga Gershuni (Maastricht University)

Mentimeter



17

Peer review session 8 word cloud. Visualization of the public health workforce professionalization road map



The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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