

CompHP

DEVELOPING COMPETENCIES AND
PROFESSIONAL STANDARDS FOR HEALTH
PROMOTION CAPACITY BUILDING IN EUROPE

Developing Consensus on a Pan European Accreditation Framework for Health Promotion

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DISCLAIMER

This document was developed as part of the CompHP Project – Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe - which received funding from the European Union, in the framework of the Health Programme (project Number 20081209). The information and views set out in this document are those of the authors and do not necessarily reflect the views of any body of the European Union. Neither the European Union and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained herein.

EXECUTIVE SUMMARY

This report details the development of the CompHP Pan European Accreditation as part of the CompHP Project 'Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe'.

The CompHP Project aimed to develop competency-based standards and an accreditation system for health promotion practice, education and training in Europe. A key aim of the Project was to develop a Pan European Accreditation Framework, building on the CompHP Core Competencies and Professional Standards which would outline the systems and processes for the accreditation of health promotion practitioners and health promotion education and training at national and European levels.

In developing the Framework a phased, multi-method was utilized in order to capture opinions and feedback across the diversity of health promotion settings, systems and contexts in Europe. There were four major phases in the development each of which resulted in a successive draft Accreditation Framework:

1. Review of existing frameworks;
2. Online survey with key stakeholders;
3. Testing in practice and academic settings, focus groups and online consultation;
4. Review and approval by Project Partners.

The following methods were utilized:

- A review of existing health promotion accreditation systems;
- An initial draft Accreditation Framework based on the review findings and several other sources, including a scoping study on health promotion practice and evaluation, a review of health promotion competencies and accreditation in Europe, a feasibility study on the implementation of a Pan-European framework for health promotion accreditation and a literature review on core competencies which included a reference to accreditation in related fields such as health education;
- An online survey on draft 1 of the Framework, combined with questions on a draft of the Professional Standards, emailed to over 300 contacts in the 34 target countries, and processing the results in draft 2 of the Framework;

- Testing of the draft Framework in practice settings through focus groups, and workshops and in-depth country specific studies in five countries, representing different levels of health promotion development;
- Testing of the draft academic accreditation framework for ‘full courses’ in academic settings. Focus and discussion groups at a national level, and at a European level at the ETC-PHHP Symposium in Zagreb, Croatia in July 2010 of the draft of the Framework;
- A web based consultation of the draft of the Framework to obtain feedback from the wider health promotion community across Europe.
- A major revision of the Framework (Draft 3) based on the results of the consultations and testing.
- .A short questionnaire to gather opinions on the revised draft which was sent to the Project Partners and the international Expert Advisory Group.
Draft 4 which incorporated feedback from the Partners and the Advisory Group developed and discussed at the final partners meeting in June 2012.
The resulting final Draft 5 published as the CompHP Pan European Accreditation Framework for Health Promotion Handbook on the Project website in August 2012.

This report provides an overview of this phased, multi-method development of the CompHP Accreditation Framework and the major outcomes of the research and consultations undertaken in the four phases of the development process.

INTRODUCTION

Background to the CompHP Project

The CompHP Project, which is funded by the *European Union* for the period September 2009 – October 2012, aims to develop competency-based standards and an accreditation system for health promotion practice, education and training in Europe.

Bringing together 24 European partners with experience across the professional development, policy, practice and academic sectors, the specific objective of CompHP was to develop, test and refine the implementation of a sustainable competency-based system in countries with varying levels of infrastructure development. The work of CompHP is also supported by an International Advisory Group of experts with experience of the development of health promotion competencies at a global level. (See Appendix 1 for a full list of CompHP Partners and members of the International Expert Advisory Group).

The CompHP Project takes a consensus building approach working in collaboration with practitioners, policymakers and education providers from across the geographical spread in Europe, using a variety of participatory methods including Delphi surveys, online surveys, focus and discussion groups, workshops, scoping studies and country perspective studies and social media such as Twitter and Facebook.

The CompHP Project builds on the work of the International Union of Health Promotion and Education (IUHPE) European Regional Sub-Committee on Training, Accreditation and Professional Standards which, under the leadership of the Vice President for Capacity Building Education and Training (2007-2010) including a scoping study (1) and feasibility study (2).

The rationale for the CompHP Project lies in the fact that health promotion is an evolving field in Europe with a diverse and growing workforce drawn from a broad range of disciplines. Despite this diversity, however, it is recognised that there is a specific body of skills, knowledge and expertise that represents, and is distinctive to, health promotion practice (3). The development of the health promotion workforce internationally has brought renewed interest in identifying competencies for effective health promotion

practice and education as well as accreditation systems for effective health promotion practice and education. Within the context of capacity building and workforce development, the identification of core competencies, standards and accreditation processes offers a means of developing a shared vision of what constitutes the specific knowledge and skills required for effective health promotion practice. A competent workforce with the necessary knowledge, skills and abilities in translating policy, theory and research into effective action is critical to the future growth and development of global health promotion (3).

In the context of capacity development and also in relation to effectively implementing European Union strategies, there is a need for a skilled and professional health promotion workforce across member states with shared understanding of the core principles, knowledge and evidence base of health promotion, and the ability to translate strategic objectives into practice. Building and enhancing capacity to deliver effective health promotion is crucial to health improvement and the reduction of health inequities in Europe. EU member states can benefit from a system that facilitates structured exchange, collaboration and coherence across diverse national structures in building the capacity of the health promotion workforce.

However, within the pan European context, while health promotion goals are clearly identified in EU strategies, no Europe-wide competencies, standards or accreditation systems have been agreed to assure quality standards in reaching those goals. The development of the CompHP Project was driven by the need for a coherent competency-based framework that would build on related national and international developments. Other key drivers included: freedom of employment across the EU; quality assurance issues for practice, education and training identified within all fields in Europe; and clarity on the workforce capacity required for promoting health and addressing inequities as identified in EU strategies.

Structure of the CompHP Project

The CompHP Project is structured into eight units of work called 'workpackages'. Three core workpackages, which run for the three years of the project, focus on coordination and management (Workpackage 1) dissemination (Workpackage 2) and evaluation (Workpackage 3) of the project. The remaining workpackages focus on specific aspects of developing and testing the core competencies, professional standards and accreditation framework.

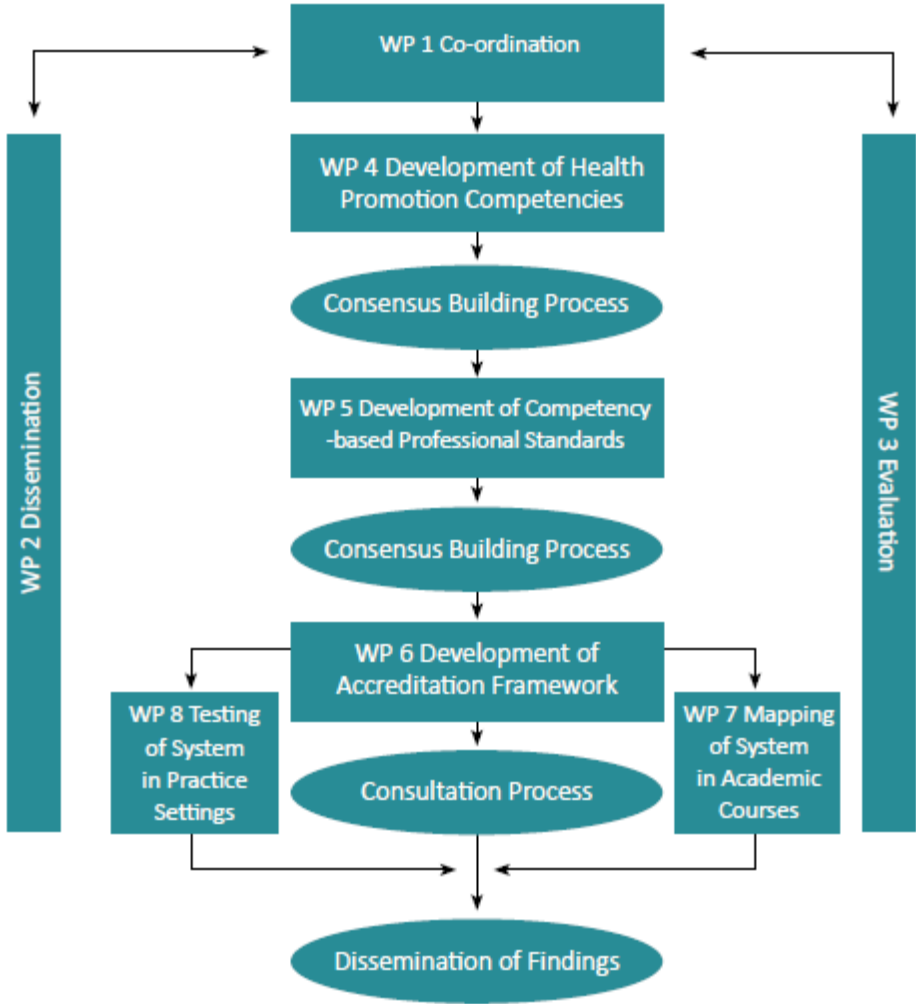


Figure 1. Structure of the CompHP project

The CompHP Pan European Accreditation Framework

The CompHP Pan European Accreditation Framework for Health Promotion was developed in response to the need for a quality assurance system to unify and strengthen a health promotion workforce which was at different stages of development across Europe, with varying levels of professional identify education and career development within and across countries.

While quality assurance systems for practice, education and training had been identified within health and other professional fields across Europe and globally, few were evident in the health promotion context. There was, for example, no agreed Europe-wide accreditation system to assure quality standards in reaching the health promotion goals identified in EU health strategies or to support the trans-national recognition of professional qualifications as the basis for free movement and employment across the European Member States.

An impetus for the accreditation of academic courses within the CompHP Framework was also provided by the Bologna Declaration (4), which encourages European cooperation in quality assurance of higher education with a view to developing comparable criteria.

The Framework is based on the CompHP Core Competencies (3) and Professional Standards (5) which were developed in earlier stages of the Project through consensus building with health promotion stakeholders in Europe.

The Framework draws on several sources including:

- A scoping study on health promotion practice and education (1) which reported on the diversity of health promotion across Europe.
- A review of health promotion competencies and accreditation in Europe (6) which explored the three accreditation systems for health promotion then in existence (Estonia, the Netherlands and the UK, with the latter incorporating health promotion into a multidisciplinary public health register).
- A feasibility study on the implementation of a pan-European framework for health promotion accreditation (2), which found support for such a system and identified drivers for, and barriers to, its development and maintenance.

- A literature review on core competencies (7), which discussed health promotion in the European and global context, including its relationship with public health and health education. The review also discussed the development of competency-based approaches in related fields (for example, health education in the USA and public health in Europe) and considered the debate on the professionalization of health promotion in the context of accreditation.
- A review of existing pan-European accreditation systems in related fields (8), including the development of the Agency for Public Health Education Accreditation, and an Accreditation Framework which was developed by the European Communities Confederation of Clinical Chemistry (9), which was then one of the few systems operating at a pan-European level.

The Framework also built upon global developments in competency based approaches to health promotion, for example, the Galway Consensus Conference Statement (10) which referred to the need to develop competency based quality assurance systems.

The focus of this section of the report is on the development of the CompHP Pan European Accreditation Framework for Health Promotion (11) through wide ranging consultation and testing in academic and practice settings in Europe.

DEVELOPING THE COMPHP ACCREDITATION FRAMEWORK

Definitions and context

The aim of the Framework is to promote quality assurance and competence in health promotion through a Europe-wide accreditation system that will enhance professional profiles and give recognition to best practice based on agreed competencies and standards.

- The CompHP Project Glossary, which was developed to ensure shared understanding of key terms, included the following definitions of accreditation: Accreditation of education and training is the process of evaluating courses/programmes to determine whether they meet agreed criteria and provide content which is required to practice professionally.
- Accreditation of a practitioner is described as 'registration'. Registration confirms an individual as fit to practice based on their educational attainment, work experience, continuing professional development (CPD) or agreed combinations of these elements.

In addition to the health principles and ethical values agreed as underpinning the Framework it also outlines key principles which reflect its emphasis on quality and commitment to the public and health promotion community (Figure 2).

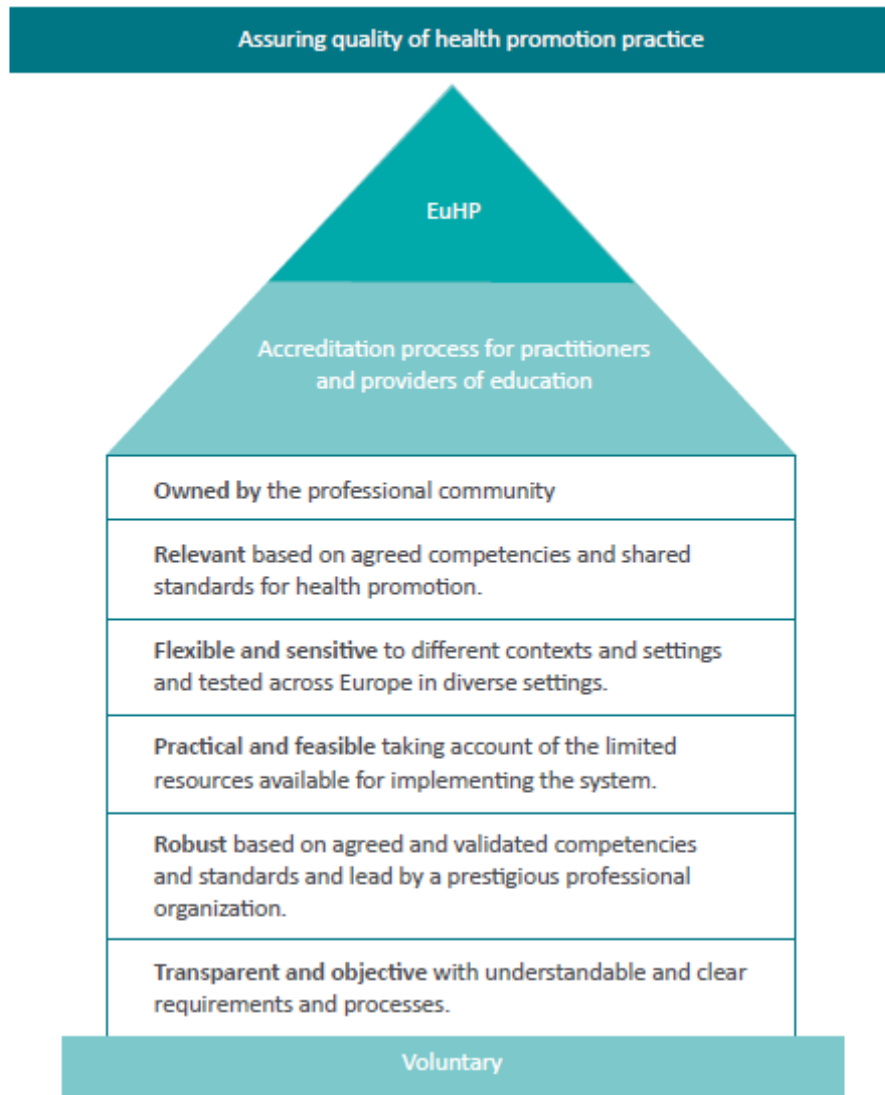


Figure 2 Key quality principles of the Framework

The Framework describes a devolved system of accreditation by national accreditation organisations approved by a central European accreditation organisation and designed for use by:

- The European and national accreditation organisations in developing and maintaining a Pan European accreditation system for health promotion for both practitioners and providers of education and training.
- Health promotion practitioners and providers of education in applying for, attaining and maintaining registration/accreditation in health promotion.

Methodology

A phased, multi-method (Table 1) was utilized in order to capture opinion on the Framework across the diversity of health promotion settings, systems and contexts in Europe.

Table 1 – Phases of development process

Phase	Activity	Timescale	Draft
1	Review of existing accreditation frameworks	September 2009 - May 2010	1
2	Online survey with key stakeholders	April-May 2011	2
3	Testing in academic and practice settings	September 2010 - February 2012	▼
	Focus and discussion Groups	May 2011- September 2011	▼
	Online consultation with key stakeholders	November 2011- January 2012	3
4	Review/approval by Project Partners	February 2012 – July 2012	4/5

The CompHP Project Partners and International Expert Advisory Group contributed to each stage of the development process.

Data Collection

Review of existing accreditation frameworks

The three existing health promotion accreditation systems and a Pan European accreditation system in an unrelated discipline were analysed and compared across key criteria (for example, legal status, eligibility criteria, accrediting body) (8) to provide a template for the first draft of the Framework (11).

Online survey¹

An online survey on Draft 1 of the Framework, using the Survey Monkey data collection tool, was used to reach health promotion experts across Europe. The survey was emailed to over 300 contacts in the 34 target countries (27 EU Member States, three Candidate countries and four European Free Trade Association (EFTA) countries), comprising stakeholders identified in a comprehensive Project stakeholder list. The e-mail explained the reasons for the survey, provided a copy of the draft Framework and links to the questionnaire.

A combined questionnaire, which presented separate sets of questions on a draft of the Professional Standards and Draft 1 of Accreditation Framework, was used to make best use of resources and avoid 'survey fatigue' in potential respondents. The questions on the Framework focused on respondents' opinions on its relevant to health promotion in their country and how it might be implemented.

Testing in academic settings

The testing in academic settings aimed to relate the processes and criteria outlined in the Framework and its implementation, to the diversity of education contexts across Europe. The testing focused on 'full courses', defined as undergraduate (Bachelor) or postgraduate (Masters) level courses which prepared graduates to entry level in health promotion practice. Courses which included substantial health promotion content, whatever the title (i.e. health promotion or other title) were eligible for inclusion.

The Project Partners and key contacts in health promotion academic networks were asked to identify relevant courses across Europe. From these, 12 courses, which represented as far as

¹ Appendix 2

possible the diversity of systems, languages, cultures, education level and course titles across Europe, were engaged in detailed mapping of their curricula against the CompHP Core Competencies (3) and Professional Standards (5). Focus and discussion groups were also employed to explore the application of the Framework in this setting.

Testing in practice settings

In practice settings health promotion practitioners and other key stakeholders in health promotion across Europe, including professional associations, ministries, trade unions and employer were engaged in in-depth consultation on the Framework. An earlier scoping study (1) was also updated, using telephone interviews and email communication, in order to ensure that, as far as was possible, the consultation process was grounded in the current practice context.

In - depth country specific studies in five countries, which represented levels of health promotion development from high to very little, followed a case study format. Interviews were conducted using face to face meetings, telephone and email communication with key stakeholders with insight into, and in some cases experience of, accreditation systems.

Invitations to participate in these consultation processes were disseminated by email to Project stakeholders and published on the Project website, in the Project and IUHPE EURO Newsletter, health promotion journals and through social media including Facebook, LinkedIn and Twitter.

Focus groups and discussion groups

Focus and discussion groups were conducted to further explore the opinions of health promotion stakeholders across Europe. At national level, Project Partners and other key stakeholders were requested to facilitate focus and discussion groups. At the Pan European level, it was agreed that discussion groups would be conducted at the European Training Consortium in Public Health and Health Promotion (ETC-PHHP) Symposium in Zagreb, Croatia in July 2011, to maximise the reach of the consultation and make best use of resources. Templates and structured questions for the groupwork were agreed for use by facilitators to maximise continuity in data collection across all groups.

Online consultation

An online consultation, which aimed to obtain feedback from the wider health promotion community across Europe, invited participants to read a summary of the Framework before completing a short questionnaire and contributing to an online discussion forum using Google Groups. It was hoped that providing a summary more increase participation, although a link to the full version was also provided. The questions posed in the questionnaire and prompt questions posted on the discussion forum were similar to those used for the focus and discussion groups. Invitations to contribute to this consultation were again widely disseminated through established contacts and media.

Review and approval by the Project Partners

The findings from analysis of all the data collected formed the basis for a major revision of the Framework. The resulting Draft 3 and a short questionnaire, which aimed to gather opinions on the revisions, were sent to the Project Partners and the International Expert Advisory Group.

A copy of Draft 3, the feedback from the questionnaire and a number of key questions on outstanding issues for agreement were then presented at a CompHP meeting in February 2012.

Following revision which incorporated feedback from the Partners and the International Expert Advisory Group, the penultimate draft was discussed at the final Partners' meeting in June 2012 and the resulting final draft was published on the Project website in August 2012.

Data Analysis

The quantitative data from each stage of the development process were collated and analysed to ascertain the levels of agreement with successive drafts of the Framework. Qualitative data were analysed to identify common themes and issues which required clarification or revision. Findings from the qualitative data also informed an action plan for the implementation of the Framework.

Results

Review of existing frameworks

The comparison of the existing health promotion accreditation systems (Table 2) and analysis of the Pan European accreditation system provided a template for developing the content and structure of the Framework. For example, the Framework proposed was a voluntary system, as health promotion was recognised as a regulated profession in only one country in Europe (Estonia) and it was considered that this was unlikely to change in the foreseeable future. Some of the features of the Dutch system, in particular, an online application and monitoring process and a credit system for re - registration were also adapted for use in the Framework.

Table 2 Comparison of existing Frameworks, adapted from Van der Zanden et al., (8)

Country	Level of training	Registration based on	Legal status	Registration authority	Focus on
UK	Public health specialist	Education or portfolio assessment	Voluntary	UK Public Health Register	Safety for public / capacity building
The Netherlands	Bachelor	Study points	Voluntary	Dutch Association for Health Promotion and Prevention	Quality Assurance / capacity building
Estonia	Bachelor	Education and occupational qualifications	National statutory qualification	Health Promotion Union of Estonia/National Standards Authority	Professional recognition/quality

Online Survey ²

A total of 72 representatives from 29 countries responded to the survey and responses indicated that:

- 84% agreed or strongly agreed that a pan-European Accreditation Framework would have a positive impact on the development of health promotion in their country.
- 82% agreed or strongly agreed that, to be eligible for registration, a health promotion practitioner should be educated to at least Bachelor (degree) level.
- 47% agreed or strongly agreed that a health promotion practitioner must work a minimum of 20 hours a week with at 50% of their tasks focused on health promotion.
- 77% considered that there were health promotion practitioners in their country who would meet the registration criteria and 56% that practitioners were likely to apply for registration.
- 84% considered that there were education providers in their country offering courses which could be accredited and 96% considered them likely to apply.
- 84% agreed or strongly agreed that the award of a pan European Professional title was likely to encourage practitioners to register.

Drivers for implementation of the framework included:

- Recognition of health promotion as a profession
- Career progression
- High motivation of practitioners
- Funding from EU or national bodies.

Barriers identified included:

- The lack of practitioners and professional bodies at national level
- The dominance of the biomedical model in health policy
- Lack of financial resources and political/ administrative barriers
- Different levels of health promotion development across and within countries
- Lack of career pathways across Europe
- Cost of registration and CPD.

² Appendix 2

Testing in academic settings

The results of testing in the academic setting have been described in a separate report (12).

Over 100 providers of health promotion education and training across Europe were identified in the initial mapping process. Of these, 12 providers offering 13 courses in eight European countries were engaged in an in-depth mapping of curricula against the CompHP Core Competencies (3) and Professional Standards (5). The tools for mapping competencies against curricula which were developed and tested formed the template for the application and assessment processes for academic accreditation in the Framework.

Findings from the academic setting included that:

- There were health promotion courses in Europe which fulfil, or can fulfil with minor changes, the CompHP accreditation criteria
- The diversity across courses represents a richness rather than a problem and it is crucial to keep the balance between the need to develop a flexible accreditation system which takes account of differing health promotion systems and structures and a robust and credible quality system
- The costs of accreditation, if set too high, will be a barrier to uptake.

Testing in practice settings

The results of testing in the practice setting have been described in a separate report (13).

Interviews were conducted with key contacts in 12 countries to update the 2007 scoping study (1). All but one reported that there were health promotion practitioners, as defined by the Project (3) in their country, but that for many, health promotion formed only part of their role. Professional associations, in the few countries where they existed, were described as small and under-resourced. Trade unions representing practitioners were identified in only two countries. Changes to the accreditation systems for health promotion in Europe included the development of a practitioner level in the multidisciplinary public health register in the UK, while the system in the Netherlands was no longer in operation, due mainly to changes in the nation health system.

The in-depth country studies in Ireland, Estonia, Italy, Spain and the UK provided useful information on the factors likely to impact on the implementation of the Framework across different levels of health promotion development. For example, potential barriers to implementation were identified both in countries with established accreditation systems and those with none. Countries with accreditation systems saw the alignment of the two systems and proving the added value of a European system and title as the main challenges. In the other countries, the challenges included that health promotion was not recognised as a separate function and a lack of resources to support the development of national accreditation organisations.

Key comments from the practice setting included that the Framework, while maintaining validity, must be flexible and take account of relevant national legislation and policies to ensure its 'implement ability'.

Other recommendations included

- A 'quality assurance' system for the Framework itself is required to foster confidence in its openness and fairness.
- In many countries capacity development, including specific training in health promotion will be required before implementation begins.
- Health promotion organisations and stakeholders at national and international level must be actively involved to foster a sense of ownership in, and willingness to invest in, the implementation of the Framework.

Focus and discussion Groups

A total of 165 participants from 17 European member or candidate states including practitioners, academics, employers and representatives from professional associations participated in the discussion groups at the ETC Symposium and in Estonia, the Netherlands, the UK, Spain, Portugal, Finland, Ireland, France and Italy.

Feedback from the groups indicated that perceptions of the Framework were highly influenced by the differences in health promotion across Europe. For some, the Framework was relevant and timely, while others doubted that it would be implemented in their country

in the foreseeable future and capacity building to increase educational and professional opportunities will be needed if implementation was to be successful.

Feedback suggested that practitioners would be interested in registration, with the key motivators identified as added value in the job market and freedom of employment across Europe. However, it was indicated that there was a substantial number of experienced and valued practitioners in some countries who would not meet the educational requirements for registration and it was considered unfair that these be excluded.

Thus, while recognising the difficulties likely in implementing the Framework, it was expected to have a positive impact on the health promotion workforce in Europe and to have the potential to bring together disparate standards of practice and create a 'huge network of health promotion practitioners across Europe'.

Key issues identified as likely to impact on implementation stages included:

- Financial resources to facilitate capacity building in equitable way across Europe
- Current political /economic environment
- Costs (including CPD activities), which should be kept as low as possible

Draft 3

Based on the findings to date, the draft Framework underwent major revision which included:

- Revision of the time requirements for working in health promotion registration of practitioners.
- Addition of a time limited registration route for practitioners not meeting the required educational criteria.
- Clarification of the criteria for accreditation of courses which 'must cover all domains of the CompHP Core Competencies Framework and demonstrate how the course content will support students to meet the performance criteria (i.e. learning outcomes) defined in the CompHP Professional Standards (5)
- Addition of criteria for revocation or cancellation of registration / accreditation to ensure the openness and transparency of the Framework.

Online Consultations

A total of 38 health promotion stakeholders from 23 countries responded to the online questionnaires, but there was no participation in the online discussion group. While 82% of those responding considered the Framework to be appropriate for health promotion practice in their country there were again comments on differences across countries, with very few examples of a dedicated and specialised health promotion workforce.

One respondent referred to a 'perceived risk of professionalization and accreditation was the risk of specialization within the field of health promotion and introducing 'experts' contrary to the underpinning principles of health promotion'.

The 'overlap/lack of clarity' between of public health and health promotion, and the 'reality of current interrelationship of public health and health promotion across Europe which impacts on the labour market and political 'buy-in' for the Framework was also stressed. Whether health promotion was recognised as distinct discipline by the medical profession and the public was also queried.

The Framework was viewed as a positive development as it would:

- Quality assure work
- Add status to the profession
- Enable a better workforce
- Give better recognition of what health promotion practitioners do
- Be useful to academia, employers and other agencies.

However, there were some less positive comments, for example:

- (It is) unlikely to be adopted as there are other existing mechanisms that are better aligned to both the academic and professional development structures and workforce needs.
- There are no resources or existing infrastructure to support accreditation

Finally, 94.6% of the respondents considered that the Framework would be useful in the context of capacity building, forward planning and future scoping for health promotion in Europe for the next 10 years.

Review and approval by the Project Partners

At the CompHP meeting in February 2012, agreement was reached on all major outstanding issues, for example, on final details of the time limited registration for practitioners not meeting the educational criteria.

A major quality assurance question for the Framework itself - that of the level of evidence which should be required from practitioners to prove they meet the criteria for registration - sparked debate on the merits of differing systems, ranging from an 'honour' system which required no hard evidence to a complex portfolio system demanding exhaustive proof of knowledge, competence and achievement. The agreed solution married the flexibility required by the Pan European context with the need for a validated and credible system by setting a quality baseline that proof of meeting the criteria (certificate of attendance, awards, publications, etc,) would be required from a minimum of 20% of the practitioners on the relevant register in each calendar year and that where relevant accreditation systems exist, the CompHP accreditation process will follow the national levels of proof required, provided this meets or is above the agreed baseline control quality.

The penultimate draft which incorporated all the agreed revisions was reviewed at the final Partners meeting in June 2012, with only minor modifications recommended. The final draft was approved by the Project Partners and the CompHP Pan European Accreditation Framework for Health Promotion Handbook (11) was published on the Project website in August 2012.

CONCLUSION

The development of a Pan European Accreditation Framework for Health Promotion addresses the need for a quality assurance system to consolidate and enhance practice, education and training across the diversity of health promotion systems and contexts in Europe. The Framework developed in the CompHP project provides a robust, validated, flexible and feasible quality assurance system for practice and education.

In evaluating the development process the following related decisions on processes and workflow of the CompHP project contributed significantly to its successful development:

1. The participatory process used in CompHP, and indeed in developing the Framework, was a key factor for the successful development and gave a sense of ownership of the Framework development across the health promotion community in Europe.
2. The initial draft framework of core competencies based on findings from the literature review and consultation of CompHP project partners, developed in the first year of CompHP laid the groundwork for the project as a whole. This was strengthened by the results from the first Delphi round on competencies which already showed high mean ratings on identified domains and competences, indicating that the development of a pan European competencies framework was realistic.
3. The development of a first draft of a Pan European Framework in the first year of the CompHP project, including basic principles and a discussion on European and National organizational levels. It contributed in making the further development into a transparent process explicitly showing to include input from consultation from stakeholders and the wider European and international health promotion context.
4. The decision to make the Framework flexible and sensitive to differing contexts was important in the goal of making a Pan European system. The Framework is, especially at the start, designed to be flexible and sensitive to diverse health promotion, quality assurance systems and educational infrastructures across Europe while being robust and practical.

The CompHP Pan European Framework for Health Promotion provides a robust, validated, flexible and feasible quality assurance system for practice and education in Europe. The

participatory development process sought to foster a sense of ownership of the framework across the health promotion community in Europe.

There was overall support for the Framework but reservations about the availability of the resources and capacity to support its implementation. Only one reference was made to the often contentious issue of professionalization and more debate on this issue might have been expected based on experiences in other countries and at other times. However, the interrelationship of health promotion and public health, and the fact that health promotion is not considered a separate function or discipline in some countries, was repeatedly stressed as major issues for implementation and will require further exploration.

The validity and robustness of the Framework is founded both on the extensive consultations informing its development and the fact that it is based on the CompHP Core Competencies and Professional Standards which were also developed through a consensus building process across Europe and have been endorsed at both national and European levels.

Through widespread consultation and the input of the CompHP Project Partners and International Expert Advisory Group, the development process sought to develop a system which is flexible and sensitive to diverse national contexts while being robust and practical. Successive drafts of the Framework were revised to reflect the feedback from the health promotion community in Europe, with particular reference to countries with different levels of health promotion infrastructure and to academic and practice settings.

The ongoing revision of successive drafts, reflecting feedback on the impact of the current economic climate on health promotion resources, has resulted in a Framework which is a practical and feasible at both European and national levels. For example, a web-based registration system, a low cost assessment system for the academic settings and alignment with existing systems are proposed to facilitate the efficient and effective use of resources.

The Framework details processes which aim to be equitable, transparent and objective so the requirements for accreditation and registration, how decisions are made and how quality is assessed are clear and understandable. Ongoing revision refined and clarified the terminology used in the Framework and responded to concerns about equity and openness,

for example, a route for registration for practitioners who do not meet the required education criteria and a system for revocation and cancellation of accreditation and registration were added

However, while the development process was successful in producing the Framework and engaging a significant number of key stakeholders in Europe in the consultation process, some limitations must be acknowledged. For example, despite repeated attempts, there was no response from 4 of the target 34 countries and it will be important to engage these in the implementation stage. Some groups of stakeholders also proved more difficult to engage and limited numbers of employers and very few trade union representatives participated in the consultations and it will be important to actively involve these key players in the implementation stage.

As the accreditation process for CPD, which is the basis for re-registration for practitioners on a 5 year cycle, will not be required for the first years of implementation, and because of limited time and resources, it is only outlined in the framework and further work on this will be required on this in the future.

Contact was established during the project development with key European public health organizations to explore common interests in developing competencies and standards, in order to investigate potential synergies and avoid unnecessary overlap in accreditation functions. As the Framework is implemented it will be important to ensure that all systems which aim to develop quality assurance in health promotion and public health are clear about their respective roles and work in partnership to maximize best use of resources in meeting their shared goals.

It would also have been useful to fully pilot the accreditation and registration processes outlined in the Framework, but this was again beyond the scope and resources of the Project. However a pilot implementation will be required to test the application, assessment and administrative procedures in 'real life' situations. Despite these limitations the Framework presents the major structures, processes, criteria, tasks and functions of a robust, validated and flexible accreditation system as the basis for quality assurance for health promotion practice and education and training in Europe and beyond.

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APPENDICES

Appendix 1

CompHP Project Partners and International Expert Advisory Group

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CompHP

DEVELOPING COMPETENCIES AND
PROFESSIONAL STANDARDS FOR HEALTH
PROMOTION CAPACITY BUILDING IN EUROPE

Report on the Electronic Survey Results relating to the draft CompHP Pan European Accreditation Framework

Internal Report NIGZ
August 2011

Authors

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INTRODUCTION

The CompHP Project aims to develop competency-based standards and an accreditation system for health promotion practice, education and training that will positively impact on workforce capacity to deliver public health improvement in Europe. The project takes a consensus building approach and aims to work in collaboration with practitioners, policy-makers and education providers across Europe. As one of methods to obtain feedback an electronic survey relating to the CompHP Professional Health Promotion Standards and Accreditation Framework was conducted in spring 2011.

In the first chapter of this report the background of the survey is outlined. In the second chapter the results will be presented. A short conclusion will be formulated in the last chapter.

Scope of the report

This report presents the responses to the online consultation on the first draft of the CompHP Accreditation Framework (Workpackage 6). The online consultation on accreditation was combined with the consultation on Standards (Workpackage 5). The objective of the electronic survey was to seek views from across the EU from those working in policy, practice and academia settings on:

- The draft CompHP Professional Health Promotion Standards and their applicability (Workpackage 5).
- The draft pan- European Accreditation Framework (Workpackage 6).

Responses from questions relating to the accreditation framework are reported in this document. Responses from questions relating to the standards and their potential application have been reported by Workpackage 5³ The next chapter on method and first three paragraphs of the chapter on results are derived from the report on Standards.

³ Vic Speller & Anna Zilnyk. Report on the Electronic Survey results relating tot the draft CompHP Professional Health Promotion Standards. Internal CompHP report. Royal Society for Public Health. London, August 2011.

METHODS

Workpackage 5 produced and distributed the survey electronically using Survey Monkey. In preparing the questionnaire it was clear that respondents would need to read two documents prior to responding to the survey questions as not all the content could be embedded in the survey itself. Therefore respondents received electronic copies of the following documents:

- Handbook of professional standards for Health Promotion (Draft 1)
- Summary of the CompHP Pan European Accreditation Framework for Health Promotion

Workpackage 5 and Workpackage 6 first produced separate sets of questions then these were combined into one survey. The two Workpackages worked together to ensure that the survey questions were unambiguous, phrased consistently and covered topics without repetition. The first four questions provided background on the respondent and sought responses on the country in which the respondent worked their professional area, job role and the sector in which they worked. Inclusion of these questions meant that responses could be filtered during analysis as necessary. It was decided to embed the tables of professional health promotion standards into the survey itself as an aid to the respondents. Workpackage 3 also contributed a two part question on the experience of the respondent in participating in the survey, the clarity of the consultation and adequacy of supporting information.

The survey was piloted with the CompHP partners and the international advisory group on 1st April 2011. Comments were favourable and only minor modifications were made following the pilot stage.

The project objective was to invite participation from at least 3 health promotion experts from policy, practice and academia in each member state (target of 200 participants). The main source for the sample frame was the CompHP Stakeholders List. This is based on an exhaustive search of health promotion contacts and networks across Europe, as identified and co-ordinated by CompHP Workpackage 2 project partners.

Potential respondents to the survey were contacted by e-mail, explaining the reasons for the survey, providing the electronic copies of the background papers and providing the web link to access the survey. The survey was e-mailed to over 300 people on the CompHP stakeholder listing on 13th April 2011 as well as the membership of the IUHPE not already included on the list. The stakeholder listing included those in policy, practice and academia setting across EU and more widely. Two reminders were sent to complete the survey on 4th May 2011 and 20th May 2011. Following an initial review of responses, personal e-mails were sent to those on the stakeholder listing in countries which were under-represented in the survey responses.

The survey questions related to accreditation (Q22 – Q33) are provided in the appendix.

RESULTS

1. 72 Representatives from health promotion policy practice and academia across Europe responded to the request. It is not possible to calculate a meaningful response rate as the sample was allowed to snowball to reach more participants, and in some countries the potential numbers of respondents are relatively low. The overriding objective was to ensure sufficient response from as many countries as possible across Europe and a reasonable balance across sectors. The 29 countries responding were as in Figure 1, of these 26 were from the European region, and three from North America. Seven respondents did not state their country. 77.8% of EU Member States responded; EU and candidate countries not responding included Bulgaria, Cyprus, Hungary, Latvia, Macedonia, Montenegro, Poland, Romania and Turkey. To be mentioned is that from Ireland there was a group response from one of the teams of a regional health promotion office.

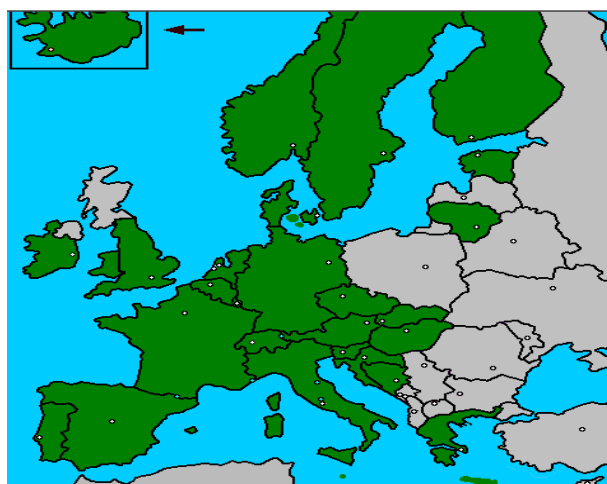


Fig. 1 Participating countries (green)

2. Respondents were from academia (37.5%), policy (32.8%), practice (21.9%), and other organisations (7.8%). 'Others' were re-categorised from role descriptions where possible, those remaining either indicated they covered all areas in their role, or were not specified further.

3. Respondents were primarily from the public sector (82.5%). 'Others' were re-categorised where possible (Private 6.3%, NGO 4.8%, Voluntary 3.2%, Other–mixed 3.2%).

4. Of those answering the question "Is there currently any form of accreditation for health promotion in your country" (n=54) the majority of the respondents (72.2%) indicated that there is no accreditation in their country yet. 27,8% of the respondents live in countries where there is a form of accreditation. From earlier work in the CompHP project it was already known that at this moment there are three European countries (Estonia UK, the Netherlands) maintaining registers for health promotion practitioners. However some respondents mentioned other forms of accreditation or registration. Probably these systems are not specific for health promotion and/or are related to education providers. Further information will be gathered.

- Finland: Register
- Hungary: Debrecen University
- Slovenia:
- Germany: no further details
- Ireland: Academic courses at graduate and post graduate level
- Italy: no further details

5. The next question "What, in your opinion, are the main drivers and barriers to accreditation for health promotion in your country?" was an open end question, answered by 44 respondents. A considerable number of drivers were mentioned by 84,1% of the respondents, however 97,7% of the respondents pointed to barriers. Among drivers the following three were mentioned in one form or another by many respondents:

- It will facilitate to make health promotion more visible and accepted;
- I will improve quality and possibilities for career progression
- There is a need to formalize CPD structures for non-medical professions

Other comments on drivers included:

- Recognize specialized academic training at Masters and Doctoral level to recognize the career in public health and specifically in health promotion;
- We are members of the EU; we need the same or similar system for quality
- International expectations;
- There is public concern for health promotion, so possibilities for funding;
- Monitor your own CPD activities and get recognition and feedback from peers for these efforts;
- Funding from the EU and national bodies.

Some respondents pointed to stakeholders that will be important for implementing an accreditation system:

- Health promotion practitioners are highly motivated professionals;
- Employers recognizing the value of training;
- Some professionals, civil society, some professional institutions, young professionals, BSc nurses.
- Researchers, practitioners;
- Department of Public Health of the Ministry of Health

As mentioned many respondents pointed to barriers. The following clusters of barriers could be identified:

- Lack of financial resources, administrative barriers and lack of a suitable organizational national structures;
- Health promotion is not recognised as a profession;
- The practice of health promotion is characterized by different profiles;
- Health promotion is the not the key focus of the medical or political system at this moment;
- The low status / recognition of the importance of registration; employers do not require it.

Others comments, included:

- The limited number of jobs for health promotion specialists; who would use the accreditation scheme?;
- Lack of experts to include into the accreditation process;
- Those working in health promotion are already involved in other accreditation systems, especially in the case of medical doctors;
- Increasing private health care and short term economic evaluation;
- Formal educational systems are 'strong' and also continuous education is well organized providing certificates for training.

6. Most respondents (84,6%) agree or strongly agree with the statement "A pan-European accreditation framework would have a positive impact on the development of health promotion in my country"(n=52). Only 7.7% of the respondents disagreed or strongly disagreed and another 7.7% neither disagreed or agreed. In the vision of CompHP accreditation is strongly related to strengthen professional development and quality in health promotion. The reflection of this at a national level by the respondents is very encouraging.

7. Three questions go into the criteria for initial registration of health promotion practitioners in a pan-European accreditation system, in particular criteria related to educational degree and working in a health promotion context with health promotion tasks. The first question on this was "The HP practitioner must be educated to at least bachelor (degree) level" (n=51). The majority of the respondents (82,3%) agree or strongly agree with this; 15,7% disagree and another 2% neither disagree or agree.

The answers to the next question show more differentiation. "The HP practitioner must work a minimum of 20 hours a week at least half (50%) of their tasks focused on health promotion" (n=52). Nearly half (48,1%) of the respondents agree or strongly agree, 23,1% disagree or strongly disagree and 28,8% neither agree or disagree. Some of the comments of the respondents who disagree shed light on their opinion:

- It is not a task of a European project to prescribe how much one should work in a field to be a practitioner;

- Practitioners can be fully trained without university training or work less than 20 hours a week in health promotion;
- Agree with the principle, not sure about the hours;
- This requirement may be hard to measure or to monitor in practice;
- Agree that this requirement of working in health promotion makes sense, but raising the level too high might result in declaring various activities as health promotion activities. Who will judge what is really a health promotion activity?
- In general a good indication, however with part time jobs it might be difficult;
- Reasonable if applied to the 'professional health promotion' workforce, but not if it includes those disciplines that contribute to health promotion, i.e community workers, leisure professionals, youth workers etc.

In fact the third question is the proof of the pudding “In your opinion, are there health promotion practitioners in your country who would meet these criteria”(n=53). The answers show a rather favourable picture. 77,4% of the respondents estimate that there are health promotion practitioners in their country who meet the requirements for initial registration. 17% of the respondents have doubts, and 5,7% estimate that in their country there will be no health promotion practitioners who meet these requirements.

The scores of the respondents' opinions on initial registration are summarized in Fig. 2

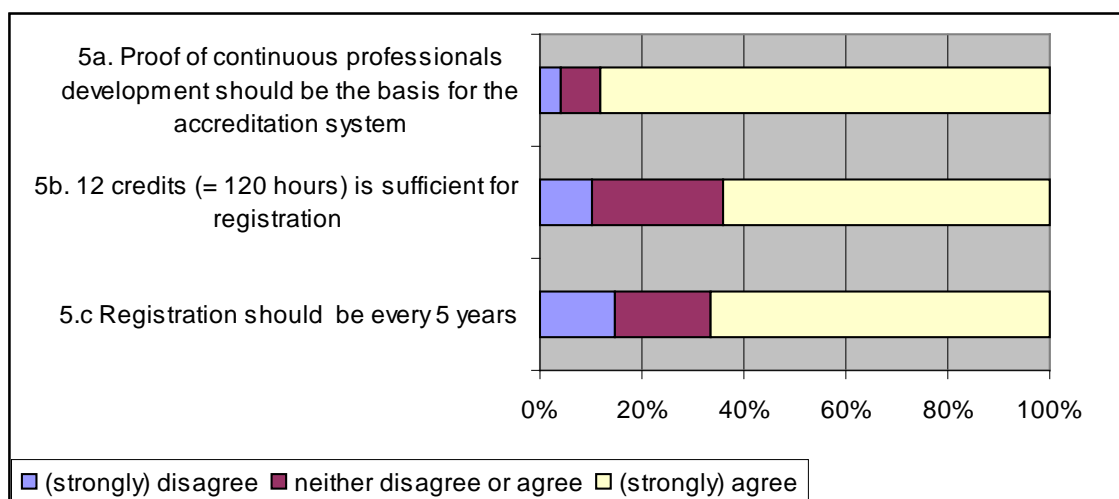


Figure 2 Respondents' Opinions on Initial Registration

8. More than half of the respondents (56%) said yes to the question “In your opinion, are health promotion practitioners in your country likely to apply for registration in the CompHP pan-European Accreditation Framework” (n=50). 10% answered no, and 34% of the respondents were uncertain if health promotion practitioners will apply. Some comments given, included:

- I think status is an important issue, as well consequences of being registered or not;
- Yes, small numbers maybe at this moment, but it will increase over time with increased visibility of the system;
- A lot depends on the importance your professional peers attach to it;
- Language barriers, no clear benefits;
- Yes, especially health promotion practitioners outside the official network (health care sector);
- Our employers do not require it;
- We have only regional schools for training of future GP’s. There are only a few who have an interest in introducing new learning tasks;
- They are not applying for the national one, why should they do it on an international level? Some ‘missionary-work’ is necessary.

9. In the proposed CompHP pan-European Accreditation Framework, after initial registration a practitioner must complete 120 hours of continuous professional development within a five year period, to be eligible for re-registration. Examples of continuous professional development are training activities, attending conferences etc. 1 Hour CPD stands for 1 credit. In the online survey respondents were asked if they agree or disagree with three statements. The first statement was “Proof on continuous professional development should be the basis for the accreditation system”. A majority of the respondents (88,2%) agree or strongly agree and 3,9% disagree. The next statement was “120 Credits is sufficient for registration”. 64% of the respondents agree or strongly agree, 6% disagree and 26% neither agree or disagree. The last statement was “Registration should be every 5 years”. Again two third (66,7%) of the respondents agree, 14,6% disagree and 18,8% neither agree or disagree.

Most of the respondents agree that proof of professional development should be the basis for the proposed system. Based on the answers of the respondents more discussion is to be expected about the amount of credits and re-registration cycle. Some remarks:

- Professional development is also reading professional journals etc. (but hard to register). 120 Credits is a lot!
- I think, for second and other re-registration the amount of credits should be less.
- I would expect 50 hours per year as a minimum and think registration period should be three years.

Some other comments are:

- Would training in a domain that is not directly relevant for health promotion, but is among the skills required (for example project management or communication skills) be recognized?
- We do not have facilities working on health promotion the way CompHP proposes.

10. The next two questions were on the education providers who can seek accreditation for training courses in health promotion. The first question on this was “In your opinion, are there education and training providers in your country who offer health promotion courses which could be accredited?” (n=49). The majority of respondents (83,7%) indicate that in most European countries indeed this is the case. A minority of respondents (16,3%) answered no to this question. The second question related to education providers, was “In your opinion, would providers of education and training for health promotion in your country be interested in having their courses accredited within the CompHP pan-European Accreditation Framework?” (n=47). Almost all respondents (95,7%) said yes, and a few (4,3%) no. Comments of respondents indicate the importance to make it clear what the benefits and costs will be.

11. The online survey was followed by two statements regarding the European status of the system. Within the CompHP Framework it is proposed that practitioners registered at national level will be entitled to be enrolled in the European register. The question was to give an opinion on the statement “A European Accreditation Framework would be a driver for setting up a national accreditation scheme in my country” (n=51). The majority of the

respondents (72,6%) indicate that a European Framework would be a driver in their country. Only 7,8% thinks this will not be a driver and 19,6% did not disagree or agree with the statement. A next statement was “The award of a European professional title (for example EuHP) to those registered within the pan-European Accreditation system would encourage practitioners to register” (n=49). 83,7% (strongly) agrees with this statement and no respondent disagree, 16,3% neither disagrees or agrees.

12. In the next question it is asked who would be the key stakeholders in developing and maintaining accreditation for health promotion (n=39). Most answers were country-specific and included professional bodies, educational organizations and private and public institutions. Many respondents pointed to specific institutions and provide suggestions for key stakeholders in their country. Specific suggestions and names were made for Austria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Luxemburg, the Netherlands, Portugal, Slovenia, Spain, Sweden, Switzerland, and the UK. Also suggestions for international and global bodies and institutions were made by European and international respondents. All suggestions are very helpful for the CompHP project and for implementation of the proposed accreditation system and will be followed up.

13. The last question on accreditation in the electronic survey was on any further comments on any aspect of accreditation for health promotion (n=16). Many of the respondents who answered this question expressed their support for the goals of CompHP. They consider the project a valuable one, even as one respondent expressed it ‘a historical one’. There were some specific suggestions. One for example about countries in which accreditation in general is not common. Another respondent emphasized the element of costs, which was not a specific part of the survey. Although many respondents expressed their commitment, there were also respondents that warned for too much optimism and they expect a long way to go. However, one respondent was very supportive and eager in answering this question with “When does it start?”.

DISCUSSION

The answers to and comments on the online survey provide valuable input for the further development of the proposed Accreditation Framework. In general the feedback on the proposal of developing a pan-European Accreditation Framework are positive. Although respondents have different opinions on several elements of the proposals, in general it is well conceivable to bridge these, also considering the options to differentiate on a national level in the context of a pan-European Framework. But still respondents indicate many implementation challenges.

Some of the implementation challenges are within the range of the present CompHP project, such as reducing the administrative burden and costs. Other important issues are inherent to the status and position of present health promotion in a European and national context. Although in or through the CompHP project some of these issues can be influenced, other are related to developments outside the circle of influence of the CompHP consortium.

The results of the survey indicate that a lot of attention is needed to the positioning of the Framework in the field both at a national and European level. Also reducing the administrative burden and costs is an important issue. Most comments, supportive as well as critical, were made about determining the minimum amount of working hours a registered practitioner has to spent on specific health promotion tasks. The same applies to the proposed amount of credits on CPD activities, needed for re-registration.

Regarding the accreditation of training providers, it should take into account the existing national accreditation systems. In general respondents indicate that the added value of the Accreditation Framework, for the practitioner, the employer, the profession, the national and international context, is an important element for implementation of a pan-European Accreditation Framework.

APPENDIX – ELECTRONIC SURVEY QUESTIONS ON ACCREDITATION

Introduction

Please read the two documents already e-mailed to you (Drafts of the “CompHP Handbook of Professional Standards for Health Promotion” and the Summary of the CompHP Pan European Accreditation Framework for Health Promotion). You will need to have copies of these documents available as you complete the survey

Questions 1 – 4

provide us with some background on you and your role

Questions 5 – 21

relate to the draft “CompHP Handbook of Professional Standards for Health Promotion”, developed by Workpackage 5 of the CompHP project.

Questions 22 - 33

relate to the “Summary of the CompHP Pan European Accreditation Framework for Health Promotion” developed by Workpackage 6 of the CompHP project

Question 34

relates to the consultation processes

Your opinion is very important to us. Thank you for taking the time to complete this survey.

Questions 22 – 33 relate to the Draft “Summary of the CompHP Pan European Accreditation Framework for Health Promotion”, produced by workpackage 6 of the CompHP project.

22. Is there currently any form of accreditation for Health Promotion in your country?

Yes

No

If yes, please provide details

23. What, in your opinion, are the main drivers for and barriers to accreditation for health promotion in your country?

Drivers

Barriers

24. A pan-European Accreditation Framework for Health Promotion would have a positive impact on the development of health promotion in my country. Do you agree with this statement?

Strongly disagree, disagree, Neither disagree or agree, agree, strongly agree – Other, please specify

25. The following are the criteria for registration of health promotion practitioners within the CompHP Pan European Accreditation Framework. (Please note that there will be agreed exceptions – for example, in relation to work hours for those on parental leave and recognition of experience for existing practitioners who do not meet the educational requirements). Please indicate if you agree with each of the following criteria:

The Health Promotion practitioner must be educated to at least bachelor (degree) level.

Strongly disagree, disagree, Neither disagree or agree, agree, strongly agree

The Health Promotion practitioner must work a minimum of 20 hours a week with at least half (50%) of their tasks focused on health promotion.

Strongly disagree, disagree, Neither disagree or agree, agree, strongly agree - Comments

26. In your opinion, are there health promotion practitioners in your country who would meet these criteria?

Yes

No

If no, please give details

27. In your opinion, are health promotion practitioners in your country likely to apply for registration in the CompHP Pan-European Accreditation Framework?

Yes

No

If No, please give details

28. In the proposed CompHP pan-European Accreditation Framework, after initial registration a practitioner must complete 120 hours of continuous professional development (for example by training activities, attending conferences etc 1 hour = 1 credit) within a five

year period to be eligible for re-registration. Please indicate if you agree with the following statements.

Proof on continuous professional development should be the basis for the accreditation system

Strongly disagree, disagree, Neither disagree or agree, agree, strongly agree

120 credits is sufficient for registration

Strongly disagree, disagree, Neither disagree or agree, agree, strongly agree

Registration should be every 5 years.

Strongly disagree, disagree, Neither disagree or agree, agree, strongly agree – Other

Comment

29. In the proposed CompHP pan-European Accreditation Framework, education providers can seek accreditation for education and training courses in health promotion based on agreed criteria. In your opinion, are there education and training providers in your country who offer health promotion courses which could be accredited?

Yes

No

If Yes, please give details

30. In your opinion would education and training providers for health promotion in your country be interested in having their courses accredited within the CompHP pan-European Accreditation Framework?

Yes

No

If no, please give details

31. Within the CompHP Accreditation Framework practitioners registered at a national level will be entitled to be enrolled on the European register. Please give your opinion on the following statements:-

A European register could be a driver for setting up a national accreditation scheme for my country.

Strongly Disagree, Disagree, Neither disagree or agree, Agree, Strongly Agree

32. The award of a European professional title (for example EuHP) to those registered within the accreditation system could be a driver for national registration.

Strongly disagree, disagree, Neither disagree or agree, agree, strongly agree – Comments

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33. Who do you consider to be the key stakeholders in developing and maintaining accreditation for health promotion in your country? Please list contact names / type of agency / organisation.

[comments box]

34. Any further comments on any aspect of accreditation for health promotion?

[comments box]

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