CompHP

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

Testing the implementation of the CompHP Pan European Accreditation Framework in Practice Settings

REPORT

Workpackage 8

February 2012

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The CompHP Project is funded by the
Executive Agency for Health and Consumers
(EAHC) Project number 20081209

Executive Agency for Health and Consumers

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 (EAHC project number 20081209).
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ACKNOWLEDGEMENTS

The writing team would like to acknowledge the support of the CompHP Project Partners, Collaborating Partners, International Expert Advisory Group and project stakeholders who have contributed to the development of this document and the Executive Agency for Health and Consumers (EAHC) who provided the funding for the CompHP Project.

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Suggested citation for this document:

Gallardo, C., Martinez, A., Zaagsma, M., García de Sola, S. and the CompHP Project Partners (2012). Testing the implementation of the CompHP Pan European Accreditation Framework in Practice Settings. IUHPE. Paris

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EXECUTIVE SUMMARY

The CompHP Project, which is funded by the Executive Agency for Health and Consumers (EAHC), 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 uses a variety of participatory methods to build consensus including; Delphi surveys, Online questionnaires, Discussion groups and workshops, Online consultation using discussion forums and social media such as Twitter and Facebook, Scoping Studies and Country Perspective Studies.

The specific aim of Workpackage 8 was to test the implementation the CompHP Professional Standards and Pan European Accreditation Framework in practice settings with a representative range of national agencies across Europe. The methods used in the consultation and research processes in summary are: updating of Scoping Study undertaken in 2007, online consultations, Discussion groups/ workshops and Country perspective studies.

The main aim was successfully achieved. Responses to at least one element of the research and consultation processes were received from all but 3 of the EU member states thus covering a wide range of levels of health promotion development and health systems.

The main findings from the consultation and research undertaken confirmed some important factors that will impact on the implementation of the accreditation framework, in particular the differences in health promotion infrastructure and systems across Europe. In the countries with accreditation systems the challenge will be in aligning the two systems, and perhaps to prove the added value of a Europe wide system and title. In the other countries the challenges will come from the lack of recognition of health promotion as a separate function and the lack of resources and infrastructure to support the development of national accreditation organisations which are central to the long term success of the CompHP Accreditation Framework.

Overall there was support for the implementation of an accreditation system for health promotion with many useful suggestions on how this should be implemented and information on the drivers and harriers the implementation phase may encounter.

INTRODUCTION

Background to the CompHP Project

The CompHP Project, which is funded by the Executive Agency for Health and Consumers (EAHC)[1], 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 CompHP project takes a consensus building approach and aims to work in collaboration with practitioners, policymakers and education providers from across the geographical spread in Europe.

Bringing together 24 European partners with experience across the professional development, policy, practice and academic sectors, CompHP aims to develop, test and refine the implementation of a sustainable competency-based system in countries with varying levels of infrastructure development (from developed to virtually non-existent). 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[2].

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), sought to develop a pan-European competency framework for health promotion. The CompHP project was informed by a Europe-wide scoping study (1) and feasibility study (2) on implementing a competency-based accreditation system undertaken by IUHPE EURO. A set of core competencies, professional standards and a coordinated quality assurance accreditation system for health promotion will be developed and disseminated by the project.

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[1] http://ec.europa.eu/eahc/
[2] Appendix 1 List of CompHP partners and members of the International Expert Advisory Group

The rationale for the CompHP project recognised that 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 competency based approaches and accreditation systems for effective health promotion practice and education. Within the context of capacity building and workforce development, the identification of 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.

In the context of capacity development it is recognised that 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 (4-7).

The European Health Strategy, *Together for Health: a strategic approach for the EU 2009*-2013 (8) includes action to promote good health by addressing the major determinants of ill health associated with morbidity and early mortality. While the European Union member states have the main responsibility for health policy and provision of healthcare to their citizens, the Strategy recognises that cooperative action at the Community level is indispensable and that cooperation and coordination across European countries and international organisations enhances the effectiveness of health policies. The EU also supports the exchange of information and best practice guidelines to maximise the level of health improvement across Europe (9)

To effectively implement these 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 at European and member state levels. The CompHP Project is developing competency based systems that facilitate structured

exchange, collaboration and coherence across diverse national structures in building the capacity of the health promotion workforce.

Over the last two decades the EU has also issued a number of directives and decisions (9) to establish more flexible systems for recognising professional qualifications and ensuring quality and access in health-related services, thus facilitating the principle of free movement across the member states. The transnational recognition of professional qualifications provides an impetus for developing common standards and quality criteria in the training and education of health professional, and from a health promotion perspective, all professionals with a health improvement remit. These strategies and treaties, therefore, provide a powerful background context for the development of pan-European competencies, professional standards and accreditation framework for health promotion which form the basis for the work undertaken by Workpackage 8.

The work of the CompHP Project creates a new dimension in European health promotion by establishing the means and methods by which agreed core competencies and quality standards can be implemented across Europe to stimulate innovation and best practice. The project takes a consensus building approach and aims to work in collaboration with health promotion practitioners, policymakers and education providers across Europe.

The project uses a variety of participatory methods to build consensus including;

- Delphi surveys
- Online questionnaires
- Discussion groups and workshops
- Online consultation using discussion forums and social media such as Twitter and Facebook.
- Scoping Studies
- Country Perspective Studies

The 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.

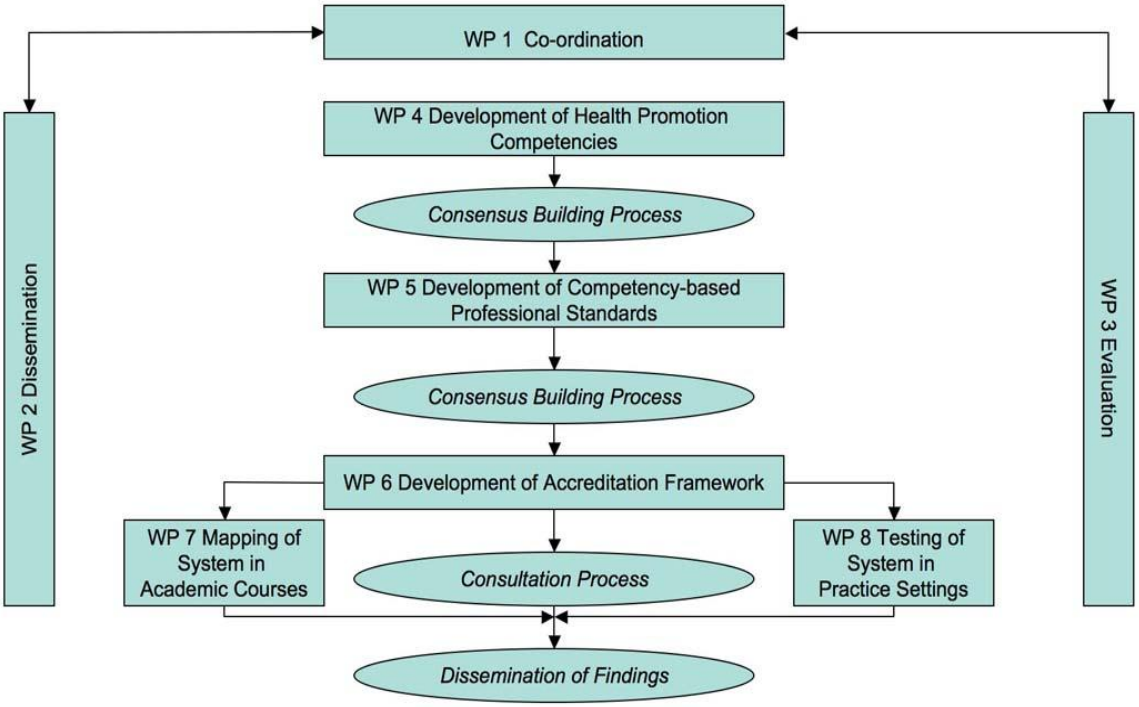

Figure 1 Structure of the CompHP Project

This report focuses on the testing of the proposed CompHP Accreditation Framework in Practice Settings (Workpackage 8).

Workpackage 8

Testing the CompHP Pan European Accreditation Framework in Practice Settings

Aims and objectives

The specific aim of Workpackage 8 was to test the implementation the CompHP Professional Standards and Pan European Accreditation Framework in practice settings with a representative range of national agencies across Europe. While the aim was to test both the draft standards and accreditation framework in practice settings the main focus was on the latter as the key role of the Workpackage was to make recommendations on the final drafts of the Framework and its subsequent implementation

The process indicators for the Workpackage are detailed in Table 1.

Table 1 Process and Output Indicators

Specific objective	Target group	Main actions	Process Indicator	Output Indicator
Testing the implementation of the proposed system in practice settings	Potential accrediting bodies including professional associations, practitioners, workers' unions and employers across EU member and candidate states	Mapping of all potential accrediting bodies Piloting of accreditation system in practice settings	Minimum of 10 potential accrediting bodies identified across EU. Workshops with minimum of 10 agencies Wider feedback via on-line consultation/discussion forum.	Report and recommendations on implementation of accreditation framework.

The methods planned for the testing in practice settings involved identifying a range of potential accrediting bodies and agencies at country level, with the participation of all partners and collaborating partners and other stakeholders as identified in the stakeholder analysis. It was planned that leading practitioners, health promotion agencies and professional associations at national level would be engaged through email surveys, telephone and online discussion forum. Participative workshops were planned with a pilot group of 10 partner organisations in order to explore and facilitate the implementation of the accreditation system in their countries. Following the workshops, the online discussion forum will be used for widespread consultation.

The Workpackage was lead by the CompHP Partners from the Universidad Rey Juan Carlos, Spain and all associate partners were actively involved in the consultation and research processes.

The tasks agreed for the Workpackage were to:

- Identify health promotion practitioners and other key professionals with a role in health promotion, professional associations, ministries, trade unions and employer organisations in diverse settings in participating countries.
- Circulate information on competencies/standards/accreditation to those so identified.
- Facilitate workshops (minimum of 10) with practitioners, professional associations and employer organisations to explore accreditation in terms of practice, employment and workforce capacity.
- Explore accreditation framework within practice settings in relation to practice, current employment, and workforce planning.
- Identify settings to test accreditation system (minimum of 10).
- Seek feedback on online discussion forum.
- Set criteria and manage piloting process through facilitated workshops with stakeholders as above.

- Collect, collate, analyse feedback, prepare report and make recommendations on the practical implementation of the accreditation system (WP6).
- Disseminate as per plan.

One deliverable, namely this report, was planned for the Workpackage.

Participation and partnership

While the research element of Workpackage 8 commenced in September 2010, the Workpackages 8 Leaders had been actively involved as members of the Project Management Team in the setting up of the management, dissemination and evaluation aspects of the project and had undertaken preparatory work for their specific tasks from the start up of the Project in September, 2009.

The Workpackage 8 Leaders attended the first all partner meeting in Luxembourg in September 2009 and the first Workpackage Leaders meeting in Cagliari in May 2010. At these meetings they worked with other Workpackages Leaders, in particular with Workpackage 7, to explore and establish core working relationships on areas of common interest. The Workpackage 8 Team also actively participated in the second all Partners meeting in Paris in February 2011, the Workpackage Leaders meeting in London in September, 2011 and hosted the final Workpackage Leaders meeting in Madrid in February 2012.

In addition, the Workpackage leaders were actively involved in the dissemination processes of the Project. Including participation in a symposium at the IUHPE 20th World Conference in Geneva, Switzerland in July 2010[3] and giving a presentation at a summer school in the University of Extremadura in July of 2010.[4]

The Workpackage 8 Team was also actively engaged in the development processes for the CompHP Core Competencies Framework for Health Promotion Handbook (3) and the CompHP Professional Standards (10). The findings from their consultation and research will be a key element in finalising the CompHP

As part of the preparation for the research stage in testing the implementation of an accreditation system, the Workpackage 8 Leaders reviewed the tasks required of their

[3] http://www.iuhpeconference.net/
[4] Appendix 3 Presentation Extremadura

workpackage and developed an overall plan, including identifying the job description and person specification for the Workpackage researcher.

Health promotion practice and accreditation in Europe

A brief review of the information available in the literature and which been gleaned to date from the earlier work of the CompHP Project was undertaken to inform the context for the testing of the CompHP products in practice. While there is a wealth of information on health promotion activities, projects and policies in Europe there is much less data available on the specifics of practice, practitioners and practice settings.

As noted, the planning stages of the CompHP Project built on available evidence on health promotion and competency development approaches to capacity building in Europe and internationally. This included a scoping study undertaken which provides useful information on health promotion education and training, capacity, competency development and practice in Europe (1). In relation to practice and practitioners, this study found that the health promotion workforce is drawn from a broad range of disciplines. The study found that the degree to which health promotion was recognised as a specific profession was a subject of on-going debate and that, while the number of work posts with a title of "Health Promotion" was reported as increasing this was not consistent across countries and that the term used in job descriptions also differed (i.e. health education). In relation to the existence of dedicated posts with a title of "health promotion "only six countries responding indicated that they did not have HP specialist posts: Czech Republic, Georgia, Lithuania, Slovak Republic, Sweden and Turkey. To be eligible for a Health Promotion specialist post, HP training is required (more or less strictly) in the majority of the countries responding.

In the study, 37% of respondents described themselves as practitioners, comprising mainly healthcare professionals and managers. Almost half of the respondents across all sectors reported that they dedicate 75% or more of their work time to health promotion.

The diversity of of social, economic, cultural and political contexts across Europe is reflected in the current development of health promotion capacity across member states. An EC funded report (11) on capacity building in public health and health promotion in Central and Eastern Europe also found that while health promotion was undergoing development across Europe, this was at different rates of progress in different countries.

This information, together with data from the small number of existing accreditation and registration systems in Europe (i.e.) and definitions in the international literature (for example, 6) informed the description of a health promotion practitioner used in the CompHP Project:

As this scoping study had been undertaken some time ago it was agreed that a small updating would be undertaken by Workpackage 8 as part of their work and the findings of this update are presented later in this document.

In a more recent scoping study which explored capacity and training needs for health promotion in Low and Middle income Countries globally (12), data from countries[5] in the IUHPE EURO region offers more insight into health promotion practice and practitioners. In this study 62% of the countries responding had identified health promotion departments[6] and 54% had dedicated posts or job descriptions which contained the title 'Health Promotion'. There was a very positive response (92%) to the question '*In your opinion, is there is a need for a dedicated Health Promotion workforce with specialised training in your country?*'

In relation to accreditation systems for health promotion only 2 countries Estonia and the Netherlands had established systems as detailed by Santa Maria and Barry (13).

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[5] 13 responses from 11 countries: Georgia, Latvia, Lithuania, Kyrgyzstan, Ukraine Republic of Macedonia, Kazakhstan, Moldova, Romania, Kosovo, Romania.

[6] The question specified 'Is there an identifiable Health Promotion' unit/section/department within the Ministry of Health or a group described differently but with similar explicitly stated functions in your country?

Since this time the system in the Netherlands has been suspended. There is a system of accreditation for multidisciplinary public health specialists in the UK for which health promotion specialist may be eligible provided they meet the full range of public health competencies required. In addition a registry for public health practitioner is under development. (13)[7]

A study undertaken by the IUHPE on feasibility of developing a Pan European accreditation system (2) identified some key issues identified in this study which were noted in the development of the CompHP Project and which informed the research undertaken by WP 8 in testing the implementation of an accreditation system in practice which included

- There is interest in developing accreditation systems but there is a lack of resources to take this work forward. This is the case even in those countries where significant progress on accreditation has already been made, e.g. The Netherlands.

- Differences between countries in health, education and social care systems and health promotion structures need to be taken into account when developing a shared accreditation system.

- Accreditation for health promotion is not usually a priority for professional and educational systems with limited resources. There is, therefore, a need to lobby key decision makers to influence them to recognise the importance of standards and accreditation in relation to accountability and quality assurance in health promotion.

These findings, together with information gathered by other workpackages in Delphi Surveys and consultations and from the CompHP project partners and International Expert group formed the basis for the research undertaken by Workpackage 8.

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[7] See appendix 12 for more in-depth information on the UK systems.

METHODS AND METHODOLOGY

Based on the initial planning for the CompHP Project, building on the experience of other workpackages in the project (for example Workpackage 4, Developing Core Competencies (3) and in consultation with the Project Partners and International Expert Group, it was decided that a multiple methods approach was required to capture the range and depth of information on the implementation of the proposed accreditation system in a variety of practice settings across Europe. The qualitative methods chosen, including discussion groups, workshops and interviews facilitated in depth exploration of key issues. In order to reach a wider audience on a few specific issues, online consultations were also employed

It was also recognised that in order to understand and explain the practice context for health promotion in Europe there was a need to review and update information on practitioners, terminology, health promotion systems and other factors impacting on practice settings. To achieve an updating of a scoping study undertaken in 2007 (1) was undertaken. In the later stages of the research process, country specific studies were employed to test specific aspects of the proposed accreditation framework in a range of countries with differing levels of health promotion development. The methods used in the consultation and research processes in summary are:

- Updating of Scoping Study
- Online consultations
- Discussion groups/ workshops
- Country Specific Studies

Scoping study update

In order to capture a current overview of health promotion practice in Europe, the availability of competency frameworks and other relevant information on practice settings, a small-scale updating of a scoping study undertaken by the IUHPE in 2007 (1) was completed by Workpackage 8. A list of questions for the updating of the scoping study was developed[8] which consisted of two parts:

- Part 1 which focussed on the practice field of Health Promotion at a country level and includes questions on Health Promotion practitioners and on organisations.
- Part 2 which consisted of questions about developments in the existence of and/or use of competencies, professional standards and a registration or accreditation system for Health Promotion practitioners at country level.

The aim was to get an as broad a view on these topics as possible, ideally with input from every European member and candidate state. To this end, a main contact was identified for each European member and candidate state, this being the CompHP project partner where available. In countries where there was no Project Partner, potential contacts were selected from the list of participants of the earlier scoping study (1) and from the list of project stakeholders developed identified by the International Union for Health Promotion and Education in their role as a project partner.

All potential respondents were initially contacted by email to explain the objectives of the updating study, were given information on the CompHP Project and asked to participate in the updating process. Those willing to participate were interviewed by telephone by the Workpackage 8 researcher. The list of questions was sent in advance of the interview to enable participants to prepare their replies and comments. In general, the interviews lasted between 20 and 30 minutes. In a few cases the

[8] Appendix 4 – Questions for Scoping Study Update

participants preferred to answer the questions in writing with a follow up telephone interview if required.

Online consultations

In November and December 2011 consultation with the wider health promotion community across Europe was undertaken using a web based consultation process.[9]

The aim of the consultation was to obtain feedback from as broad a range of health promotion stakeholders in the policy, practice and academic settings across Europe on the penultimate drafts of the CompHP Professional Standards and Pan European Accreditation Framework for Health Promotion as possible.

The consultation was undertaken jointly by Workpackages 3,5,6,7 and 8, with each contributing questions specific to their objectives and analysing all responses to identify data relevant to their work.

In the online consultation participants were asked to first read a summary of the CompHP Professional Standards and Accreditation Framework and to then complete a short questionnaire (12 questions)[10] on a summary of the draft CompHP Professional Standards and Accreditation Framework using Survey Monkey.

Participants were also invited to give more detailed feedback on the draft CompHP Professional Standards which was provided online by completing a short questionnaire (8 questions) specifically on the draft CompHP Professional Standards using Survey Monkey.

Finally participants were asked to join an online discussion forum focusing on the Professional Standards and Accreditation framework using Google Groups. In order to stimulate discussion a series of questions similar to those posed in the questionnaire was posted on the forum.

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[9] Appendix 5 Web based consultation questions and format
[10] Appendix 5 Web based questionnaire

Focus/discussion groups and workshops

The focus /discussion groups and workshops aimed to gather feedback on the CompHP Professional Standards and Accreditation Framework and their application in academic and practice settings.

The Workpackage 8 Team took the lead on organising and coordinating the discussion groups and workshops which formed a major part of the consultation on the drafts of the CompHP Professional Standards and Accreditation Framework. In order to ensure consistency across all groups and workshop a template was agreed with the other Workpackages, which included the key questions for discussion and outlined the format for the group interactions

The questions focused on 3 key points:

- WHAT are your views of the CompHP Professional Standards and Accreditation Framework document?
- HOW do you see the CompHP Professional Standards and Accreditation Framework being used in your country?
- WHO do you think will use the CompHP Professional Standards and Accreditation Framework?

Information sheets for both participants and facilitators were also developed[11]. The guidance for group facilitators provided general guidelines but it was agreed that questions, timings and formats could be modified to suit local context and time available.

A request was sent to partners collaborating partners and other key stakeholders to facilitate discussion groups and workshops. Positive responses were received from eight countries and it was also agreed that 8 workshops would be conducted at the

[11] Appendix 6 Information sheets and formats for discussion groups and workshops

ETC HPPT Network[12] Summer School in Zagreb, Croatia in July 2011. The ETC HPPT Network is a collaborating partner of the CompHP Project and its annual summer school offered a very timely and useful opportunity to engage with health promotion practitioners from across Europe. The Workpackage 8 Team lead on the organisation and distribution of material for these workshops while the Workpackage 7 team , in addition to focusing on consultation with those attending from the academic sector, lead on the practical organisation and coordination with the ETC PHHP network.

Ongoing contact was maintained with all those who had agreed to facilitate discussion groups and workshop and support offered where required. Those facilitating the groups and workshop s were asked to collate the feedback and send the information to the Workpackage 8 team for analysis.

[12] http://www.etc-summerschool.eu/index.php?id=120

Country Perspective Studies

The aim of the country perspective studies was to get insight into health promotion practice at country level in a number of specific countries and to test how the CompHP Pan European Accreditation Framework can be implemented given the diversity of health promotion practice across Europe .The studies followed a case study format and aimed to answer the following research questions:

What is the current profile of Health Promotion practice at national level?

- What does the workforce of Health Promotion practitioners look like?
- Which organisations operate in the practice field of Health Promotion?
- What is the current status of the existence and/or use of competencies?

How can the implementation of the CompHP registration and accreditation system be taken forward?

- What should be the first steps towards implementation? What support and resources would be needed to take these steps? What should be invested in?
- What are the key drivers in taking accreditation forward and how can we use/build on them?
- What are the possible barriers to accreditation? How can their effects be minimised?
- Who are the key organisations and individuals who can be engaged and influenced in the development of the accreditation framework?

Target countries

As the implementation of the Pan European Accreditation Framework will depend strongly on level of health promotion practice infrastructure of a country, it was agreed to focus on a selection of countries with different levels of infrastructure, specifically:

- countries with a developed and active national registration and accreditation system;

- countries without a national registration and accreditation system but with a relatively well developed health promotion practice infrastructure;
- countries with little formalised health promotion infrastructure.

Countries meeting these descriptions were identified using information from the 2007 scoping study (1), from the literature (16), information gathered in the earlier stages of the Project and feedback from the Project Partners.

The Netherlands, Estonia and UK were identified as countries with a developed and active national registration and accreditation system; Ireland was identified as a country without a national registration and accreditation system but with a relatively well developed health promotion practice infrastructure, including a professional association ; and Italy and Spain were identified as countries with little formalised health promotion infrastructure.

Contact was made with representatives of these countries (mainly project partners) and they were asked to help in identifying key stakeholders who could contribute to developing in-depth country perspectives using the agreed research questions.

A framework for the country perspectives was developed and consequently used in the interviews[13] . The framework is organised in three parts, based on the above mentioned research questions:

- Questions on the current health promotion practice at country level;
- Questions on the existence of standards and/or a registration and accreditation systems that are being used;
- Questions on the implementation of the CompHP Pan European Accreditation Framework.

[13] Appendix 7 Framework for Country Perspective Studies

The questions in first two parts were answered by the CompHP project partners in the selected countries, mainly in writing and with follow up phone interviews to clarify issues when necessary.

The questions on the implementation of the CompHP Pan European Accreditation Framework, given the specific country's health promotion infrastructure, were the focus of telephone and face to face interviews with the key stakeholders identified by the Project Partners in the respective countries, depending on their accessibility.

These key stakeholders comprised representatives from different practice organisations from a diverse range of settings and the target groups included employer organisations, trade unions, professional associations, and actual or potential national accreditation organisations, with these identified key contacts, interviews were completed.

Engaging stakeholders in the consultation and research processes.

As noted above, different methods were used to identify an engage relevant health promotion stakeholders in the various consultation and research processes. In addition to the targeted approaches made though the Project Partners and through direct approach to specific stakeholders identified through analysis of the stakeholder lists developed by the IUHPE, other wider ranging approaches were also used.

In an attempt to engage relevant trade unions, for example, a list of all trade unions with a remit in the health field was developed by the IUHPE Partners and a letter sent to all requesting feedback[14]. There were no replies to this letter; however, trade union feedback was obtained in the country perspective when in some cases as Ireland they participated. In Estonia, on the other side, the interviews were of academics.

In relation to employers and employer organisations contact was established with the European Health Management Association and while it was not considered

[14] Appendix 8 Letter to Trade Unions

appropriate for that organisation to become actively involved in the CompHP Accreditation Framework implementation at this point they have been kept updated on progress via the Project newsletter and will be approached again in the actual implication stages.

Calls for information and for participation in the consultation processes were also published in the Project Newsletter[15], on the Project website, in announcements placed in health promotion journals, IUHPE EURO Newsletter and via the Project Partners.

[15] Newsletter 1 http://www.iuhpe.org/uploaded/CompHP/CompHPnewsletter_June2010WEB.pdf
Newsletter 2 http://www.iuhpe.org/uploaded/CompHP/CompHP_NL2_APR2011.pdf

RESULTS

Scoping study update [16]

A total of 13 participants from 12 different countries were interviewed. This was a lower response than had been hoped despite the fact that different stakeholders were contacted in most of the countries. Many stated they could not participate due to a lack of time or as they had already spent time participating in other consultations on aspects of the Project. As the update of the scoping study was an addition to the original planned work for Workpackage 8 it was agreed that the information which had been obtained would be sufficient, together with information from the literature, feedback from Partners, other questionnaires, country perspectives and consultations to give a reasonable overview of current health promotion practice in Europe as the basis for the testing accreditation in practice settings.

Health promotion practitioners

All but one of the countries[17] that responded to the Scoping Study Update indicated that there are health promotion practitioners who work to promote health and reduce health inequities using the actions described by the Ottawa Charter. It was reported, however, that for many practitioners health promotion is not their main activity, but a part of their role or function. The term that is used in their job or function description, however, varies with health improvement, public health technician, health prevention and health education the most commonly used instead of Health Promotion. In most countries health promotion is intrinsic to other function areas, in most cases within Public Health. Estonia was the only country responding to the update which indicated that Health Promotion was a separate function area.

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[16] Appendix 9 Results of the Scoping Study Update are shown as tables.

[17] As a practitioner said in Norway: "Health promotion can mostly be seen as intrinsic to other function areas".

There is specialised training available for the practitioners mainly as post-graduate studies, usually as a Master level. In some countries they focus on health promotion in particular (Finland, Germany, Hungary, Lithuania and UK), but more common is as part of other studies that includes health promotion.

Organisations within the health promotion field

In most countries responding there is an identifiable health promotion unit/section/ department within the government, which in most cases was within the Ministry of Health. In some few countries there are professional associations which provide support to practitioners. It was reported that health promotion practitioners are not represented by trade unions in most countries (except Austria and Finland).

Various types of organisations active in the field of health promotion were identified as employers but not have health promotion as their explicitly defined objective. The most important employers in most countries are governmental organisations, health services, NGOs and academic institutes.

Table 2 Competencies, Standards and Accreditation for Health Promotion in responding countries

Countries with an agreed competency framework or standards:	• Austria • Estonia • Germany (trying to do) • Lithuania • Slovenia (defined in Public Health) • UK
Countries that have some form of accreditation/ registration:	• Estonia • Finland • Lithuania (for Public Health practice) • Slovenia (for medical professions) • UK (for Public Health practice)
Countries with NO framework/standards or accreditation/ registration:	• France • Hungary • Norway • Spain

Online Consultations

A total of 38 health promotion stakeholders answered the online questionnaires from 23 different countries. Most of the respondents were from the academic (57.9%) or practice area (26.3%).

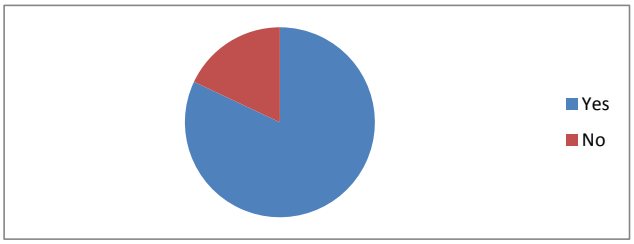

Figure 2 Appropriateness of the CompHP Professional Standards and Pan European Accreditation Framework appropriate for Health Promotion practice in country/area of work

A large majority of those responding considered that the CompHP Professional Standards and Pan European Accreditation Framework appropriate for Health Promotion practice in their country/area of work (Figure 3) and when only responses from those defining themselves as practitioners are concerned the responses were even more positive (Yes 89%, No 11%). There were generally positive comments on the application of the Professional Standards but some negative and /or questioning comments on accreditation:

- *'Standards are appropriate but accreditation doesn't have any function in my country'.*
- *'In theory they appropriate for practice but there are no structures or appropriate body in place to administer this'.*
- *'We already have a credible, comprehensive registration and accreditation system that accommodates the competencies identified by the proposed framework'.*
- *'The general idea is good, but the standards are too demanding. Only a few experienced experts in would fully qualify on all points, and only very few* experts *would use all the skills mention at such high levels. Regarding accreditation'.*
- *'Accreditation of degrees is an academics issue. Health authorities would have no control and only little influence on degree programme accreditation'.*

- *'There is not one profession of health promotion. Professionals who work in HP have different backgrounds and there will be different opinions about what the core competencies should be'.*
- 'Standards ok, accreditation for sure NOT'.

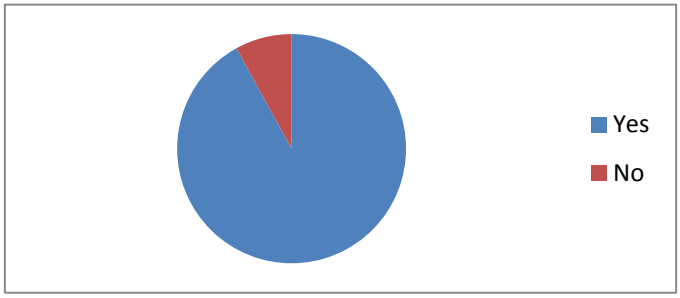

Figure 3. Are there practitioners that fit the CompHP description in your country[18]?

Again a large majority of those responding considered that there were health promotion practitioners in their country who met the CompHP description but the comments showed that there were differences across countries and that there appeared to be few examples of a dedicated and specialised workforce:

- *'There is a medical specialisation called Public Health and Management that includes competencies of health promotion. There are also master programs and competencies (Long lasting courses for physicians) that include health promotion'*
.
- *'There are practitioners especially from related disciplines who fit the description'.*
- *'There are many project managers and coordinators doing primarily or in large part health promotion and/or health education, but which currently come from various academic backgrounds (sociology and social work, education, economics and local development...). Most medicine/heath degrees usually give little importance to health promotion/education. There are only a few specialised schools that train practitioners in public health and that do give more consideration to promotion'.*

[18] The CompHP Professional Standards and Pan European Accreditation Framework are designed for use by health promotion practitioners whose main role and function is health promotion and who have a graduate or post graduate qualification in health promotion or a related discipline,

- *'Yes, there are such practitioners. However, their profiles are very different. Many does not fit in the Europe accreditation standards, and probably would not like to fit or can't fit in EAS or will try to fit for political reasons, without full understanding or will of change. Now, teaching is performed by teachers with very diverse backgrounds, quality, and understandings of HP. HP is not the same for governmental institutions, public autonomous higher education, private, or civic organisations. Everybody can say that they meet EAS, whilst actually conceiving very differently what they can do, what they are meant to do, or what they want to do. Pre-graduate studies is a problem, but this worsens for postgraduates who are receiving degrees which enable them to research and teach without really knowing the range of different HPs around'.*

For others there were distinctive health promotion practitioners:

- *'There will be practitioners who come from a HP background and who will be familiar with the CompHP competencies'.*

- *'There are three levels of Health Promotion Practitioner: Level 1 (Band 6) Health Promotion Practitioner - required having an under-graduate degree in health promotion or a related discipline. Level 2 (Band 7) Senior Health Promotion Specialist - As Level 1 but also require a post-graduate qualification Level 3 (Bands 8a to 8c) Principal Health Promotion Specialist - As Level 2, however the main distinction is length of service (> 5 years)'*

Others while agreeing that there were such practitioners noted that they were:

- *'few public health practitioners'*

- *'very limited graduate/postgraduate courses yet'*

- *'But not enough of course!*

Finally in one country recent development indicated that there is a significant drive to recognise and engage a wide range of other disciplines across various sectors whose role is arguably strongly linked to Health Promotion.

The majority of respondents considered that the CompHP Professional Standards and Pan European Accreditation Framework could be used in their country or area of work,

but some of them were not sure. The main areas where the Standards and Accreditation could be used were:

Multiple settings/areas

- *'Can be used to inform educational programmes. They can also be used for employers to assess the qualifications of employees Standards can be used in developing the current education - no need for accreditation!'*

- *'I see them being used in the following ways: As a guide to developing health promotion practice training modules. [We are already doing this]. For the development of short competency based courses. For use in assessing a person for a role or employment. For individual use as a guide to further training needed to be a practitioner'.*

- *'For guiding the development of Undergraduate and post-graduate Health Promotion courses 2. For guiding practice-based research in health promotion 3. For outlining the competencies required in the recruitment of Heath Promotion practitioners 4. For supporting the development of competence and professional development of. For the personal accreditation, for the institutional accreditation and for the job descriptions'*.

- *'It could be used at work places that want to adapt their work force to health promotion European standards and help academic programs develop high quality programs in health promotion'*

- *'They give orientation for the design of academic curricula in Health Promotion - they give orientation for employers of Health Promotion practitioners (what can be expected of HP practitioners) - they can serve as a framework for the accreditation of academic and non-academic educational programmes of HP - they can help to inform the public about the goals and ethics of Health Promotion'.*

Education programmes

- *'I teach in an International Masters' programme in Health promotion, and we have implemented the CompHP framework as the standard competencies for our students'*
- *'As learning objectives in academic training in health promotion'*

- *'I would see it as continuous professional development for health promotion practitioners. At the moment we do not have any (short) further professional development courses once post grad, MSc achieved'*

- *'It could be used by the Ministries of Education and Health together with the universities to ensure the quality of accreditation in professionals training in Health Promotion and the recognition of professional qualifications of the different workers in this field'.*

- *'At least as theoretical background in a graduate study on public health. But there is a group of professionals who try to get health promotion involved in the specialised branches for medical workers within a postgraduate study, so we use it as basis for this process'.*

- *'I think the pan European Accreditation should be in line with the national legislation. Otherwise, the international progress could not be applied at national level'.*

- *'at the Ministries level (health, education) at practitioners level (health professionals, teachers related to health promotion)'*

- *'The standards are useful for developing the content of training in universities and in polytechnics -the qualifications of the health promoters will be developed by the standards -using the standards it is possible to know the qualification of health promoters -using the standards the international comparison is valid'.*

Quality assurance/professional status

- *'All professions must have Professional Standards in the field of helping professions'.*

- *'Quality assures work; add status to the profession. Systematic approach to essential areas. Better workforce. Better recognition of what health promotion professionals do.'*

- *'We are redefining the competencies profile of the HP professionals in the Netherlands and we are using the Comp HP profile to do this, adapting it to the National context'.*

- *'There are not many standards in health promotion practice. Most of the professionals are trying to learn them from the other professionals and looking for some frameworks to improve their activities'.*

The main facilitators/drivers for implementing the CompHP Professional Standards and Pan European Accreditation Framework in their country or area of work according the respondents are:

Health promotion practitioners / accrediting organisations/academics

- *'Practitioners themselves '*
- *'A governing body for Health Promotion in Ireland to oversee accreditation. A desire to comply with the framework by educational institutions and employers and by those qualified in Health Promotion - I believe that unless there is a requirement for accreditation in order to practice in health promotion then I feel implementation will be difficult.'*
- *Professional Associations (I.e. Greece and Israel)*
- *IUHPE*
- *Academics*

Collaboration across networks

- *Colleges, universities, association of health promotion*
- *Norwegian HP network consisting of universities could be an arena for facilitating CompHP*
- *'The collaboration between the different networks at national level - the involvement of the two key actors : - the state agency for health promotion and education and the network of the universities- the involvement former students of the different masters.'*
- *'A collaboration of professionals/experts from Ministries of health and education is essential, along with academics'.*
- *Ministry of Science in the background: Austrian Public Health Association*
- *'If links could be made with those agencies that currently have a responsibility for the professional development and registration of practitioners this would be helpful'.*

Policy makers /managers

- *'Heath Service Executive and Department of Health (Ireland) if champions are available and willing'*
- *'the decision makers in politics -the authorities in some ministries (in the ministry of education and culture and in the ministry of social welfare and health) -the trade unions of social and health sector and of other sector'.s*
- *'Widespread "buy-in" from HP managers. If they aren't behind it, it won't work. If they are behind it, and encourage staff in the area, it has a chance of gaining momentum'.*
- *'More attention among the policy makers'.*
- *Regional office for health promotion DORS - www.dors.it*
- *'Links to the NHS quality strategy & some requirement for individual accreditation unlikely to happen as we are having difficulty getting ph (and thus hp) workforce development / planning onto the national agenda at all'.*

Value to Individual practitioners /profession/roles

- *'Status/benefit/necessity of or (international) opportunities by accreditation. Asked for an application procedures/development interviews with employer. Reduction at national conferences fees? Ease of use of applying for accreditation. Continuity of organisation facilitating the accreditation'.*
- *'For individual - To have a pan-European qualification - To have advantages in job seeking For institutions - To have high quality professionals - For composing job descriptions.'*
- *'to define Pan European Attributions and responsibilities - to implement Pan European projects - to identify the national stakeholders and their roles in health promotion - to identify the professionals responsible by health promotion.'*
- *'First at all, the diffusion of the value of accreditation in HP for all professionals. The university training and non university training in professional contexts involved in the development of skills in H.'*
- *'The necessity for a good qualified workforce in Health Promotion. More general recognition of the Specialty. Health promotion practitioners are involved in working in many different important areas, such as Mental Health, prevention of cardiovascular disease and cancers. Therefore it is extremely important that they are well qualified and documented to be so.'*

Implementation processes

- *'We are a country that LOVES certification!'*
- *'Probably the main factor is the creation of national professional standards and a national accreditation system (in progress by INPES) adapted specifically to national context, and which should inform and incite professional to also consider EU accreditation. 2.) If the final standards are flexible enough and not too demanding, professionals at a given level will probably want to obtain a competitive edge through EU accreditation. As more professionals become accredited, others will also want to obtain accreditation 3.) Developing international and EU action and training in HP and Health education (HE) will favour the demanded for EU accreditation (by making HP and HE a priority for Grundtvig and Study visits projects for example). 4.) Evidence base: monitor HP practitioners to show that EU accredited HP practitioners have advantages over other non accredited colleagues in otherwise similar positions or levels of qualification (better pay, greater recognition, etc)'*

- *'The national task force that is writing the profile is figuring out right now what the best way is to get professionals to recognise and acknowledge the new profile. In this group are representatives of several branches represented. The HBO-read (council for Higher Education) could be an interesting party, but I can also imagine that the networks of universities and Higher education could do these themselves, bottom up. Our Union of professionals in HP en prevention does no longer exist; they turned into a foundation, but they could also play a role I hope'.*

Quality assurance

- *'The main driver is quality assurance in the field of Health Promotion practice and education and the need for orientation in this field. Institutions, which pay for HP (health insurance companies, public institutions, employers) could be interested in the standards'.*

Other drivers identified were:

- *'A decision on accreditation of public health practitioners'*
- *'Needs for health among the citizens. More and more professionals involved in the field'*

In general, according to participants, if funding was available to implement the CompHP Professional Standards and Accreditation Framework, the priority action points should be:

- Awareness raising and effective communication; not only between professionals, but with organisations and society at large.
- Defining professional profiles and accreditation; developing an easy to use quality checking goal setting instrument for HP professionals.
- Training for professionals using programmes with the standards, without cost to the government.
- Implementation and monitoring standards; evaluation of HP-activities and educational programmes in practice on the basis of the standards.

Specific comments included reference to the fact that some participants were already using the CompHP Core Competencies:

> *'I teach in an International Masters' programme in Health promotion, and we have implemented the CompHP framework as the standard competencies for our students'*

Many of the priory action areas noted were within education and training as the basis for the accreditation system:

- *'As learning objectives in academic training in health promotion'*
- *'As continuous professional development for health promotion practitioners. At the moment we do not have any (short) further professional development courses once post grad, MSc achieved.'*
- *'It could be used by the Ministries of Education and Health together with the universities to ensure the quality of accreditation in professionals training in Health Promotion and the recognition of professional qualifications of the different workers in this field.'*
- *'At least as theoretical background in a graduate study on public health. But there is a group of professionals who try to get health promotion involved in the specialised branches for medical workers within a postgraduate study, so we use it as basis for this process.'*
- *'for developing new curricula for HP training'*

It was also noted that the Standards and Accreditation Framework can also be used for employers to assess the qualifications of employees.

A number of participants referred to issues which would impact on the implementation of the Framework

- *(see it) as' INTRINSIC to Public Health'*
- *'It would apply better to continuing professional training than to degree accreditation, but some degree directors may choose to adopt the competencies and adapt the levels of qualification in their courses to the targets of the CompHP framework. I expect degrees will only partially cover CompHP goals if the current high levels of minimum performance are maintained.'*
- *'It would complement the UK National Occupational Standards for Public Health and UK's Public Health register (UKPHA) – currently practitioners/specialists can become members through submitting a portfolio of evidence matched to standards of practice.'*
- *'At the beginning it going to be difficult because a lot of professional will find this accreditation process as a kind of policing. We'll need to work with the different networks and employers in order to have a common understanding of the standards. The universities and the French Network of Universities for Health Promotion and Education (UNIRES) will have a key role. The first people we'll reach for accreditation are the people who get masters in the last years.'*
- *'Unlikely to be adopted as there are other existing and evolving mechanisms that are better aligned to both the academic and professional development structures and workforce needs in the UK.'*
- *'I think if there is widespread "buy-in", the standards could be very useful, in terms of identifying our strengths and weaknesses, and attempting to professionalise health promotion.'*
- *'Don't really feature strongly in workforce development. There is no national steer on any one competency or accreditation framework.'*
- *'The accreditation system in the NL just took the form of a network and not many professionals took the effort to apply for accreditation at the last option, how to motivate professionals to apply/register. Maybe the title Eu(r)PH would motivate. What motivated me to register so far that it keeps me sharp and aware on how (much) I invest in my development as professional. External professional quality check.'*

When respondents were asked which organisations in their countries should be included in the implementation process, most of them identified professional organisations and associations; university community and institutes, mainly in public health; and regional government, such as ministry of health.

Finally, 94.6% of the respondents considered that the CompHP Professional Standards and Pan European Accreditation Framework are useful in the context of capacity building, forward planning and future scoping for health promotion for the next 10 years.

There was no participation in the online discussion group. This was disappointing as there had been useful, if limited, feedback in the online forum used in the development of the CompHP Core Competencies. It may be that as the discussion forum used in that occasion (on the IUHPE website) was no longer available and that a Google Group was the platform that participants did not want to sign up to such a public group.

Focus /discussion groups and Workshops

A total of 158 participants from the health promotion academic, policy and practice settings from seventeen European members or candidate states contributed to the discussion groups and workshops coordinated by Workpackage 8.

Table 2 Countries and participants in Discussion groups and workshops

Country	Groups/Workshops	Participant Numbers	Participant types
Croatia [19]	8	77	Health Promotion practitioners/ professionals in related areas.
Estonia	1	14	Practitioners and employers.
The Netherlands	1	20	Practitioners
Spain/ Portugal	1	12	Practitioners and trainers
UK	1	12	Practitioners, employers and representatives of relevant bodies.
Finland	1	4	Practitioners
France	2	25	Trainers and training providers, practitioners and employers.

Feedback

Applicability of the CompHP Professional Standards and Accreditation Framework in existing health promotion infrastructure

From the overall feedback it is clear that, as indicated in the scoping studies (1,) and literature there are significant differences between countries in the health promotion infrastructure and that the perceived applicability of the CompHP Professional Standards and Accreditation Framework is highly influenced by these differences. In some countries the respondents were very positive and considered that the accreditation framework is very relevant for health promotion in their country.

[19] These groups were held at the ECT PHHP Summer School in Zagreb, Croatia in July 2011. Participants were from Italy, Malta, France, Spain, Slovenia, Croatia, Germany, Norway, Sweden, The Netherlands, Finland, Portugal, Ireland and the Czech Republic.

However, in other countries respondents had serious doubts about the likelihood of it being implemented particularly in the immediate future.

Some participants considered that the CompHP Accreditation Framework more relevant to countries with the most developed health promotion infrastructure thus posing a risk that it would not be immediately usable in other countries. Thus while most saw the value of the Framework and its implementation across Europe some respondents considered that where there are no specific health promotion educational and professional opportunities (as these are embedded in other functions) implementation would be difficult without capacity building.

Alignment with existing accreditation systems

In the few countries where there was already a national accreditation system, there was some debate on the possible 'fit 'between the existing structures and the CompHP Accreditation Framework and differing opinions were held on if, and how, the two systems could work together. In Estonia for example, the CompHP Professional Standards and Accreditation Framework are seen as largely overlapping with and being complimentary to, the existing national system. In this instance the CompHP Accreditation framework was viewed as that adding an extra, international dimension to the existing system and that alignment of the two systems will not be so difficult.

In the UK, on the other hand, there was considerable discussion on if, and how, a distinct route for registration of health promotion practitioners has any potential as the existing a registration process is for Multidisciplinary Public Health. However, it was considered important to align the CompHP Professional Standards and Accreditation Framework with the UK standards and accreditation systems currently in use to avoid potential future confusion.

Definition of health promotion practitioner

To be eligible for registration in the CompHP Pan European Accreditation Framework, a practitioner must, be educated to graduate or post graduate level in health

promotion or a relevant discipline[20] , be an active practitioner working a minimum of 20 hours per week with 50% or more of their tasks focusing on health promotion (as defined in the Ottawa Charter) and be a registered member of a National Accreditation Organisation if available[21] . Some participants noted concern that these criteria may be too restrictive for the health promotion workforce in their countries.

While it was considered that that there are practitioners that meet these criteria, participants also noted that there is also a substantial group of practitioners that does not, even though they would define them as being health promotion practitioners. These practitioners are working in health promotion, but may for example have a different educational background, not reach the minimum of 20 working hours a week or health promotion be less than 50% of their tasks. It was felt that excluding these practitioners would not be fair and that if they were excluded there will not be many practitioners left who are eligible for registration.

There were differences expressed in the various groups on whether a specific educational background should be part of the definition of a health promotion practitioner, or whether the definition should rely more on the practitioners' actual work experience. For example, some considered that if there are strict rules concerning the educational background of future health promotion practitioners, there will be more uniformity in the workforce and that this could have a negative effect on practice… This was considered to be the case as health promotion is seen as a very wide and multidisciplinary field that needs new ideas and 'thinking outside the box, which may be limited if the workforce is more homogenised.

> *"The real problem in health promotion at the moment is that the health promotion theories don't actually apply to real life and therefore the field*

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[20] Including, for example, public health, health education, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science. This is not an exclusive list as other academic qualifications may also be deemed as appropriate in given situations.

[21] See CompHP Pan European Accreditation Framework Summary http://www.iuhpe.org/uploaded/CompHP/CompHP_SummaryAccreditation.pdf

needs new ideas, interdisciplinary theories and expertise" (participant of focus group in Finland),

In some countries it was reported that examples of professionals working exclusively or having a large part of their tasks related health promotion are extremely rare. It was therefore considered that it would be important not to exclude practitioners working in areas linked to health promotion and to allow for different grades/levels in the professional standards and flexibility in the accreditation system. As this could exclude groups of the health promotion workforce which would have a negative impact on capacity building of health promotion in the specific country.

Another comment was that as the term health promotion is not used in all countries there should be openness to other terms such as health improvement and health education.

Overall it was recognised that such differences may complicate the recognition of the workforce.

Value of international registration

In general the participants in all groups and workshop s expected that there will be interest becoming registered among practitioners. Important motivators for practitioners were considered to be adding extra value on the job market and investing in professional development. For practitioners as a group, it is being felt that the Professional Standards and the Accreditation Framework clarify the functions of health promotion practice. For students, accreditation was viewed as a way to get their degree acknowledged and help them to show that, even though health promotion may not be specified on the degree certificate, there are elements of health promotion in their degree which meet the CompHP criteria. . Some respondents considered that registration/accreditation might not be so attractive to practitioners with years of work experience who are coming to the end of their career and therefore may want to further investing in professional development or obtaining a better position on the job market.

It was stressed in most of the feedback that the interest in investing in registration, especially from organisations such as employers and professional associations, will depend on the sense of ownership they feel about the Project and its products. It will therefore be crucial to involve these organisations in the implementation stages and give them a decisive role in this.

In relation to registration at a European level and obtaining an international title, most participants see as valuable for practitioners. It is expected that an international recognition of professional quality will facilitate working abroad and give added value to practitioners on the (national and international) job markets. The participants underlined that, for this international registration to bring an added value for practitioners, must be recognised by national and international institutions. Working to gain recognition of the framework by these groups was therefore considered to be an important objective when it comes to implementation of the Pan European Accreditation Framework.

Another valuable possibility identified in having an international registration of professionals and accreditation of education and training is the potential to set up en strengthen international databases or directories of practitioners, organisations, and education and training in health promotion. This was seen as l not only having a positive impact on international workforce mobility, but will also facilitate the exchange of knowledge, skills and best practices and, strengthen contacts and cooperation beyond country boundaries. In a few groups the possibility to have an international database with health promotion jobs was discussed as another way to increase practitioners' interest in becoming registered.

The participants in the various groups also saw clear advantages in the Accreditation Framework (as well as the Professional Standards) for employers, including helping them recognise the skills required by an employee or function and to better understand the role of health promotion in general. Having health promotion standards could, it was considered, improve employers' confidence in health

promotion practice and reduce national variability in roles. Participants also though that employers could make themselves more attractive for practitioners by offering to pay for the registration fees and CPD.

Impact on health promotion workforce in Europe

Overall participants considered that the use of the CompHP Professional Standards and Accreditation Framework will have a positive impact on the health promotion workforce in Europe. Reasons include the fact that as health promotion work and its relation to other areas such as public health and its merits will become more visible. The Core Competencies and Professional Standards were considered as assisting in understanding and clarifying functions of health promotion practitioners and, together with the Accreditation Framework, that this will have a positive impact on the quality of work and will create trust in the workforce. It was considered that, through the investment in CPD activities by practitioners (to re-register) and by using the Core Competencies and Professional Standards in the development of education programs and training the quality and quality assurance of the profession will be strengthened .

Overall a Pan European register for health promotion practitioners was seen as will creating an international network, which will promote the transfer of knowledge and skills and make it easier to seek collaborations beyond country borders and contribute to the harmonisation of health promotion in Europe.

Implementation

As noted the success of the implementation of the CompHP products was seen as depending on the sense of ownership that the different stakeholders will have in the process. Participants considered it crucial that the stakeholders were involved and had an active role in the next stages in adapting and implementing the Framework to specific country contexts and situations. It was noted that in this process it will be important to keep in mind the different players in the health promotion field including practitioners, education and training providers, employers, professional organisations,

governments, trade unions and to consider what the CompHP Professional Standards and Accreditation Framework can mean for each group. When implementing the CompHP products, it was strongly suggested that information and presentations should be tailor made to the specific audiences. In some groups the recommendation was made to start the implementation process by 'selling' the CompHP products to health promotion experts and organisations first, then to employers, and after this to the individual practitioners.

Drivers and barriers in implementation phase

Potential drivers and barrier to implementation of the CompHP Professional Standards and Accreditation framework identified by participants can be summarised as:

Potential drivers:

- Financial support to facilitate capacity building in equitable way across Europe;
- Setting up a 'quality assurance' system for the accreditation system itself to prevent corruption to create a sense of it being reliable and worthy;
- It is important that the system remains open and non-compulsory;
- In various countries a political change is happening that brings with it the 'birth' of new employers, for whom the Standards will be helpful in qualifying new employees, and an increasing need for health promotion practitioners;
- A broadly felt need for regulation of the profession.

Potential barriers:

- In some countries there are current or planned political changes which could have a negative effect on implementing the CompHP products. In an unstable climate there is likely to be resistance to more changes, not necessarily because the change itself is perceived as bad, but because organisations and individuals are already busy and under pressure and May, therefore, feel a general resistance to anything new.

- The challenge of implementing the CompHP products in the context of the current global financial crisis, where budget cuts are more and more severe and the priority level of health promotion is decreasing. This challenge is an important aspect to be taken into consideration in the discussions on the future of this initiative and on the sustainability of its efforts;
- Costs - the readiness to apply for registration and accreditation of individual practitioners and education and training providers will depend strongly on the related costs. Costs should therefore be kept as low as possible. Concern about the inhibitory effect of costs on readiness to participate in CPD activities also was expressed;
- Even if there is the will to implement new initiatives the length of time it will take to complete this must not be underestimated;
- As noted there are big differences in the existing health promotion infrastructures across the European countries and where there are already Standards and Accreditation in place the questions of how these relate to the CompHP products will impact on implementation. Because of this the implementation process in each country will be different and different barriers will be encountered. In countries with existing systems there may be difficulties in aligning the two systems. In countries without any existing systems and with little health promotion infrastructure it might be difficult to find a organisation to take on the role of National Accrediting Body and there will be a need for a capacity development process before any direct implementation efforts are begun ;
- Related to this, participants of various focus groups considered that the differences between countries will pose the problems for the European Accreditation Body in ensuring that registration and accreditation is at an equal level between countries.

KEY POINTS FROM THE DISCUSSION GROUPS/WORKSHOPS

From the various group discussions key points regarding the implementation of the CompHP Professional Standards and Accreditation Framework can be identified. These key points need to be taken into account in the further development of the CompHP products, especially when it considering methods of implementation

- The CompHP products should be flexible and open to ensure their implementability in countries with different levels of existing health promotion infrastructure;
- Involvement of key health promotion organisations and stakeholders at national (and international) level is seen as crucial to create sense of ownership towards the project and its products and, through this, a willingness to invest in their implementation;
- In countries where professional standards and/or an accreditation system exist, alignment with these existing structures is very important. Relevant national organisations should be given an important role in this;
- Attention should be given to the eligibility criteria for practitioners to apply for registration. For some countries these demands are considered to be too restrictive in the format described in the current draft and it is considered that this could have a negative impact on professional capacity building;
- It is expected that among practitioners there will be interest in registration at national as well as international level. Employees are also expected to see enough advantages to be willing to invest. The involved costs (to apply for registration and participate in CPD activities), if set too high, are seen as an important potential barrier and should be as low as possible;
- Other drivers in implementation are having financial support, setting up a quality assurance for the Accreditation Framework and ensuring that the Framework remains open and non-compulsory;

- Potential barriers are a general resistance to change (for example due to political instability and changes), budget cuts and a decreasing priority level of health promotion on the political agenda.

Country Perspective Studies

There were differences in the numbers of stakeholders interviewed in each of the target countries due to time constraints. However, key stakeholders with insight into, and in some cases experience of, accreditation systems in their country were interviewed in all.

Table 3 Countries and participants in Country Perspective Studies

Estonia	2 interviews	• Tallinn Health Care College • Department of Public Health of the University of Tartu
Ireland	16 interviews	• Practitioners, management, academics, Health Service Executives (HSE), from the NGO sector, unions, the AHPI and the Institute of Public Health.
Italy	2 Interviews/meetings	• Academic institutions and practitioners panel
Spain	5 interviews	• Preventive Medicine, Governmental Hospital. • Training Centre in health promotion which dependents on a health counselling. • Department of Health Promotion, Ministry of Health. • Service of Health Promotion, Ministry of Health. • PCP, municipal service of health promotion.
UK	3 interviews	• Public Health Workforce Lead. • UKPHR Moderator. • Deputy Director & Consultant in Public Health.

The overall findings from the studies are presented in a comparison table format in Appendix 10. Findings from each country are summarised below and the full reports are available in the appendices as indicated.

Countries with a developed and active national registration and accreditation system:

Estonia[22]

In Estonia, Health Promotion is a separate function area. The common job title is "health promotion specialist"; who is a professional with qualified higher education.

The Ministry of Social Affairs is the steward of the Estonian health system. There is no an identifiable "Health Promotion" department at the Ministry of Social Affairs of Estonia. Health Promotion is as a function of Public Health.

National Institute for Health Development (NIHD) is a governmental organisation under the Ministry of Social Affairs of Estonia. The Development Centre of the National Institute for Health Development is carrying out different activities related with health promotion.

A professional association for practitioners is the Health Promotion Union of Estonia. It is a non-profit organisation. The profile of members is wide: health promotion practitioners, public health specialists, health promotion students and teachers, etc.

The Professional Standards of Health Promotion are issued by the Estonian Qualification Authority. The organisation who is responsible for giving the accreditation for Health Promotion Specialist is the Health Promotion Union of Estonia. From 2009 till 2012, the Ministry of Education and Research implemented the transition from former accreditation system, in which individual study programs were accredited, to quality assessment of study program groups.

In order to implement CompHP system in Estonia, three different sectors should be taken into account: firstly public sector-Ministry of Social Affairs; secondly, private/economy sector- development centres, and at the end educational sector, in

[22] See Appendix 11 for further information

particular universities. It is important to cooperate between sectors and initiate dialogues about the accreditation institution.

The accreditation system works only when the accreditation comes with an added value, for example higher salary for the specialists or provides the best possible education/training for specialists. Otherwise the accreditation does not interest practitioners who have nothing to gain from it. Estonia has their own accreditation system that ends at the end of this year, so they consider a new pan-European system is very welcomed. As the higher education system in Estonia is regulated primarily by the Universities, accreditation should be integrated as a national system, be part of Universities and be more practical.

An important barrier to implement an accreditation system is that there are differences between public health and health promotion infrastructure in European countries and limited working places at local level. There are mainly two organisations that can help us to implement this system in Estonia: The Estonian Qualification Authority and the Health Promotion Union of Estonia.

United Kingdom[23]

Health promotion in the UK is seen and treated as part of the umbrella concept of public health. The most commonly used term is not health promotion, but health improvement. The Department of Health in the government (http://www.dh.gov.uk/en/index.htm) provides funding to the National Health Service (NHS).

In many places health promotion is part of or closely linked to NHS public health teams. Other possible employers are local governments, education institutes, the voluntary and charitable sector, health care providers and some private institutes. For many practitioners health promotion is not their main activity, but a part of their role or function.

[23] See Appendix 12 for further information

There are two important professional associations that provide support for health promotion practitioners: the Faculty of Public Health and the Royal Society of Public Health.

There is specialised training available. At basic levels it exists health improvement training; but practitioners usually have a Masters level, not really focused on health promotion but included in public health.

At the beginning of this century health promotion standards were replaced by public health standards, settled by the Faculty of Public Health. The public health standards were realised at specialist and practice level and are used as a base for the development of training and education for Continuing Professional Development (CPD).

The UK Public Health Register (UKPHR) was established in 2003 to ensure that only competent public health professionals are registered and that a high standard of practice is ensured. New members can apply at any time and after admission the registrant is registered for five years. After five years, a new assessment has to take place. However public health practitioners, who have key public health roles, are not registered. Therefore the UKPHR has been commissioned to develop a regulation system for public health practitioners. A first draft on standards for regulation has been published in 2008. The standards were based on the PHSCF. However there is no registration route for practitioners yet. This is due to a request of the UK Department of Health to postpone the implementation. In a response to consultation, the UKPHR Board proposed that the Register may be divided into a statutory regulation for specialist and a voluntary regulation of practitioners. The findings of this review are probably significant for the accreditation. The results are expected in summer 2010 and will be taken into account in the CompHP project.

Countries without a national registration and accreditation system but with a relatively developed health promotion practice infrastructure:

Ireland[24]

In Ireland there has been a considerable progress and investment in Health Promotion development over the past thirty years. The Health Education Bureau was established in 1975 and this was then replaced in 1988 by the Health Promotion Unit (HPU), within the Department of Health which established Health Promotion at a national level.

Within the Health Service Executive (HSE) in 1995 dedicated health promotion posts were established and since then dedicated teams of health promotion staff are employed alongside dedicated public health medicine posts at HSE regional levels.

The Health and Social Care Professional Council (CORU) is the organisation responsible for regulating health and social care professional standards.

Health Promotion is now firmly established at university level with three undergraduate courses and four postgraduate courses offered in Health Promotion throughout the country.

The Association for Health Promotion, Ireland (AHPI), was formed in 1997 and is a national forum through which a range of expertise and experience in the fields of health promotion and health education can be shared. Membership is voluntary and is a member of the International Union of Health Promotion (IUHPE).

There is an agreed competency framework or standards for health promotion in use in Ireland since 2009; the Galway Consensus Statement. Nowadays, the CompHP Core Competencies Framework for Health Promotion is also in use. At this moment, there is not a registration or accreditation for training or education, for health promotion practitioners in Ireland.

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[24] See Appendix 13 for further information

For the implementation of the CompHP products, the current structures need to be developed and strengthened before implementation could take place. In addition, the body to take charge of and with responsibility to implement the process would need to be identified and developed. For being taken forward it was identified to be necessary a collaborative endeavour with the support of the AHPI, the colleges, universities, Health promotion managers and the Department of Health. It was identified that there was a lot of work involved in the initial setting up and it would likely need a 3-5 year timeframe to implement. It was important to ensure that all the key stakeholders were involved and included.

Countries without a national registration and accreditation system:

Spain [25]

In all the interviews we have been able to describe a map situation that leads us to link health promotion always with "Public Health". In some cases, it is linked because its proximity to health education and in others to primary care; but in general, is the prevention of disease or occupational hazards, which ends defining the field of action of "health promotion".

The academic training received by all health promotion professionals is part of the specialty of Preventive Medicine and in Public Health and Epidemiology. The formation process of health promotion experts in Spain, it is made up of experience and continuing education and training, rather than academic qualifications. However, these are easily recognisable professionals in health promotion and would be well defined as “health professionals with a focus on health promotion" (Interview 2). In the CompHP project it is described the possibility of a mentoring or grandparenting program for specific training of future professionals to the accreditation system which aims to implement. In the case of Spain, these renowned professionals could be

[25] See Appendix 14 for further information

mentors for new candidates until the training programs of the institutions take time to be part of the accreditation bodies of the CompHP system.

The CompHP framework of core competencies in health promotion presents a literal match with some of the competencies referred to in other equivalent frameworks. Indeed, practitioners consulted in Spain raise the need for health promotion workers with an interdisciplinary theoretical background and midway between the social sciences and health sciences (epidemiology), contents that make the basic intellectual competencies for the practice of the profession.

In Spain, the specific training in health promotion was in the Diploma of the University Centre of Public Health, part of the Autonomous University of Madrid and disappeared in 2000. Most respondents referred to the Diploma to explain that in our country there was a comprehensive training for professionals, but no longer exists. Approved training courses are the Master of the University of Girona and the University of King Juan Carlos.

All professionals interviewed agreed that the national accreditation body should be a consortium of universities, ministries of health and education and professional associations, i.e., interest groups. Anyway, seems to be a consensus in that the universities should be the ones coordinating the work of the consortium in implementing the accreditation system. One interviewee referred to a series of stages in which the consortium should decide which people and / or institutions would be worthy of accreditation:

> *"That the process started with the renowned professionals, go accrediting institutions, the qualifications of each training centre that would like to be accredited and finally the youngest. For those young people who leave you cannot leave them unaccredited"(Interview 5)*

Italy[26]

In the culture of health professions in Italy, the term Health Education and Health Promotion (HP) are very often used as synonyms. Moreover, traditionally, the educational competencies required are considered transversal to all health professions. As a consequence, an official professional figure of Health Promoter was never established or recognised. The closest action in this direction was the institution of the Professional Health Educator for which some Bachelor (three-year) courses were organised in some universities across Italy but only repeated for two or three cycles. Health promotion has an intrinsic function but with difference of emphasis.

Talking about job description, the main health professions to which the competencies are relevant for are: Medical doctors, Health Assistants, Nurses, Prevention experts, Professional educators. At Ministerial level, the CNESPS (Centro Nazionale di Epidemiologia, Sorveglianza e Promozione della Salute - National Centre of Epidemiology, Surveillance and Health Promotion of the Institute of Health, within the Ministry of Health) has been set up with the role of coordinating the regional activities of the public health service related to the surveillance of risk factors at different ages, and the programme Guadagnare Salute (Gaining Health). At a public level, the main employer is the national health service, through its regional and territorial articulation, and the Ministry of Education. At academic level there are some research centres, for example at the University of Perugia and the University of Siena. There are also social service cooperatives that act on a territorial level and carry out, with their workers, HP and HE activities. The most important training programs are in the University of Perugia. Master "Progettazione Coordinamento e Valutazione di attività integrate di promozione della salute e educazione sanitaria" Centro Sperimentale per l'Educazione sanitaria Università di Perugia (Master in Planning, Coordination and Evaluation of integrated Health Promotion and Health Education Interventions) offered by the University of Perugia.

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[26] See Appendix 15 for further information

In Italy there is no form of accreditation system. The development that the activities in health promotion have been having in the past years led to a considerable organisational effort especially from the health system and educational system. There is broad consensus that ideally a person working within Health Promotion should have CompHP core competencies. However, many of those present showed concern as to how such high levels of competencies would be reached especially by a young graduate or post graduate student. Some insisted that even after many years of experience it was impossible to possess all those competencies. There was general agreement, however, that these competencies could be the characteristics of a strong Health Promotion working group rather than of an individual. For the adoption of these competencies and standards, future issues may be: how the competencies and standards could be adapted for a national context, how to entice employers to look for workers with these competencies rather than focus on their profession, how to incorporate more cooperative and collaborative learning and formative assessment at university to acquire and guarantee the achievement of the competencies required, and how to motivate professionals who are in the field to seek proper training to meet the standards and achieve these competencies.

In conclusion, the common view was that there needed to be a culture change in the way Health Promotion practice is viewed and implemented and although there have already been many initiatives it hasn't gained momentum yet. Although the work done by CompHP was seen as fruitful and noteworthy, the full adoption of the competencies and standards and the setting up of an accreditation framework for individuals as presented at European level were considered inappropriate when envisaging their implementation on a national level and therefore need to be adapted to the local context. The meeting ended with the proposal of setting-up a network to continue the discussions and keep each other updated on the project products and the developments on national and European levels.

Key points from Country Perspectives[27]

Besides epistemological differences, it can be said that that health promotion is intrinsic to the public health. In Estonia the Social Affairs Ministry is the higher institution responsible for health promotion, while for the other countries explored in the perspective studies health promotion is under the ministry of health. In all countries health promotion is closely associated with health care and in the case of Italy there is a focus on health education among professionals.

The vision of CompHP Accreditation system in each country is different, for example, in Estonia, as it already has an accreditation system established. Those interviewed in Estonia considered that it should be a good idea to implement a pan-European system because their system ends at the end of this year; consequently, a new system is very welcome. When asked about drivers in adopting the CompHP accreditation system in UK or Ireland, Italy or Spain, informants affirmed that in those the key drivers were health promotion practitioners or others active in the field and the need for quality assurance. Barriers identified included the political climate, lack of resources, and turbulence in health systems (often due to the economic climate), the costs of registration, complex health system structures, regional differences, and the fact that the distinction between public health and health promotion is not so clear. Some practitioners also consider that the key difficulty lies in the competence framework and how to demonstrate experience or how the competence is developed.

[27] Appendix 10 Findings from Country Perspective Studies in comparative table

Overview of countries responding to the various research and consultation process undertaken by Workpackage 8

Table 4 presents an overview of the countries responding to the various research and consultation undertaken by Workpackage 8. Overall all some feedback was obtained from all but 3 of the EU member states targeted and 3 of the candidate countries[28]. It should be noted that some of the few nonresponding countries did participate in the earlier Delphi study on developing the CompHP Core Competencies for Health promotion. The full table of all participating countries for all consultations and research processes will be available in the final report of the Project.

[28] The actual number of candidate countries changed over the life of the Project and only those noted in the initial stages of the Project are listed.

Table 4 Overview of countries participating in the Workpackage 8 research and consultation processes

Country	Discussion groups/workshops	Online Consultation	Scoping Study Update	Country perspectives
EU Member States				
Austria		√	√	
Belgium	√			
Bulgaria				
Cyprus		√		
Czech Republic	√			
Denmark		√		
Estonia	√	√	√	√
Finland	√	√	√	
France	√		√	
Germany	√	√	√	
Greece				
Hungary			√	
Ireland	√	√		√

Country	Discussion groups/Workshops	Online Consultation	Scoping Study Update	Country perspectives
EU Member States				
Italy	√	√		√
Latvia				
Lithuania		√	√	
Luxembourg				
Malta	√			
The Netherlands	√	√		√
Norway	√	√	√	
Poland		√		
Portugal	√	√		
Romania		√		
Slovakia		√		
Slovenia	√		√	
Spain	√	√	√	√

Country	Discussion groups/Workshops	Online Consultation	Scoping Study Update	Country perspectives
EU Member States				
Sweden	√			
United Kingdom	√	√	√	√
EU Candidate States				
Croatia				
Macedonia (FYR)				
Iceland				
Turkey				
Other Countries				
Canada	√			
Israel		√		
Kyrgyzstan		√		
Kuwait		√		
Mexico		√		
Russia	√			
United States		√		

DISCUSSION AND CONCLUSIONS

The main aim of Workpackage 8, to test the CompHP Pan European Framework in practice settings across Europe, was successfully achieved. Responses to at least one element of the research and consultation processes were received from all but 3 of the EU member states thus covering a wide range of levels of health promotion development and health systems. The country perspectives studies provided a useful insight into the likely impact of differing systems and structures in a sample of countries which represent those with well developed health promotion infrastructures and with operating accreditation systems, those with advanced infrastructure but no accreditation systems and those with less well developed infrastructure.

In addition to the testing processes, updated information on health promotion practice in Europe was gathered and collated. This information will be invaluable in the implementation stages of the accreditation process.

The Workpackage succeeded in engaging with health promotion practitioners across Europe and in collecting and collating feedback from them on their views on accreditation and the next stages in the process. The scoping processes undertaken confirmed that there are very few health promotion professional associations and that those which do exist have limited resources, both factors which will impact on the implementation of the accreditation framework? Employers and employer association provided more difficult to engage, despite wide ranging attempts to do so. However, though the combined efforts of the Workpackage 8 Team and of the other Project Partners, employers were represented in a number of discussion groups and workshops and in interviews in the country perspective studies. This is a group which will need to be further engaged in the implementation processes if the Framework is to succeed.

The only target group which proved impossible to engage in the consolations was trade unions, although there were some individual contributions in an interview in the country perspectives. This appears to be mainly as many health promotion

practitioners do not belong to trade unions or do not constitute a significant group within the unions where they do. It will be important to monitor the importance of trade unions in different countries in the implementation stages and ensure that where relevant, they are active participants in support of their members.

The Workpackage 8 team worked in partnership with the other Project Partners as is evidenced by the joint consultations. The joint working approach was made more effective by the Partners taking turns in leading on different stages and tasks. Thus the Workpackage 8 Team lead on the coordination of the discussion groups and workshops which provided much valuable information for their own, and all partners, work plans.

The main findings from the consultation and research undertaken by Workpackage 8 confirmed some important factors that will impact on the implementation of the accreditation framework, in particular the differences in health promotion infrastructure and systems across Europe. The framework used for the Country Perspective Studies provide a useful template for the investigations which will be required to assess the specific context, drivers an barriers in each country in the next stages of the accreditation process.

It was interesting to note that both countries with established accreditation systems and those with none identified potential barriers to implementation of the CompHP Accreditation Framework. In the countries with accreditation systems the challenge will be in aligning the two systems, and perhaps to prove the added value of a Europe wide system and title. In the other countries the challenges will come from the lack of recognition of health promotion as a separate function and the lack of resources and infrastructure to support the development of national accreditation organisations which are central to the long term success of the CompHP Accreditation Framework.

Despite the potential barriers which could pose a threat to the implementation of the CompHP Accreditation Framework, the overall support expressed and the many drivers for success identified by those participating in the consultation processes bode well for the success of the Europe wide quality assurance Framework.

RECOMMENDATIONS

- Awareness raising and effective communication on health promotion and the CompHP products; not only between professionals, but with organisations and society at large.

- Defining professional profiles and accreditation; developing an easy to use quality checking goal setting instrument for Health Promotion practitioners as part of the proposed accreditation system.

- Training for professionals using programmes based on the CompHP Core Competencies and Professional Standards with the standards, without cost to the government.

- Specific training in health promotion is needed in the vast majority of countries.

- Implementation and monitoring of standards; evaluation of health promotion activities and educational programmes in practice on the basis of the standards.

- As some countries see the standards too demanding for their professionals, so an agreement so it will be important that the CompHP products should be flexible and open to ensure their implementability in countries with different levels of existing health promotion infrastructure, while maintain their validity.

- The CompHP Professional Standards should be widely disseminated as a guide for health promotion practitioners and as the basis for the design of academic curricula in health promotion.

- The CompHP products should be widely disseminated as a guide for continuous professional development for health promotion practitioners.

- Attention should be paid to political change is happening in the majority of countries that brings with it the 'birth' of new employers, for whom the Standards

and Accreditation Framework will be helpful in identifying, employing and supporting new employees..

- Attention also needs to be paid to the potential negative impact of an unstable economic climate on the implementation stages of the CompHP products as this may promote resistance to changes, not necessarily because the change itself is perceived as bad, but because organisations and individuals are already busy and under pressure and may, therefore, feel a general resistance to anything new.

- The fact that there are big differences in the existing health promotion infrastructures across the European countries means that the implementation process in each country will be different and approaches to dealing with these challenges will be necessary. For example, in countries with existing systems the focus will need to be on how to come to an agreement on aligning the two systems. In countries without any existing systems and with little health promotion infrastructure the focus will need to be on finding and supporting the appropriate organisation to take on the role of National Accrediting Organisation. This means that in many countries there will be a need for a capacity development process before any direct implementation efforts are begins.

- The CompHP pan European Accreditation will have to take cognisance of any relevant national legislation and take account of all national policies and guidelines if it is to be accepted and effective at national level.

- The CompHP products should be used by the Ministries of Education and Health together with universities to ensure the quality of education and training and assure this quality through accreditation of Health Promotion.

- It will be important to set up a 'quality assurance' system for the accreditation system itself to prevent corruption to create a sense of it being reliable and worthy.

- It is important that the accreditation system remains open and non-compulsory.
- In the current global financial crisis, budget cuts are more and more severe and the priority level of health promotion is decreasing; something to be taken into consideration, towards implementing in long-term.
- Involvement of key health promotion organisations and stakeholders at national (and international) level will be crucial to create sense of ownership towards the project and its products and, through this, a willingness to invest in their implementation.

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GLOSSARY

The terms defined in this glossary are based on the references provided but are, in some cases, slightly reworded to make them more directly relevant to the CompHP Project. Where no reference is given the term has been agreed by the CompHP Project Partners.

Accreditation – academic: A process of evaluating qualifications, (or sometimes whole institutions), to determine whether they meet certain academic or professional criteria. A qualification which is accredited is recognised as meeting a certain standard and/or providing content which is required professionally.

Accreditation organisation: An organisation which makes decisions about the status, legitimacy or appropriateness, of criteria of an institution, programme or professionals.

Accreditation – professional/ individual: A form of qualification or individual registration awarded by a professional or regulatory organisation that confirms an individual as fit to practice (15). 15. Harvey, L. (2004-2011) *Analytical Quality Glossary* .Quality Research International. Retrieved February 2011 from: http://www.qualityresearchinternational.com/glossary/

Competence: The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development (4). 4. European Parliament and Council of the EU (2008). *Recommendation of the European Parliament and of the Council of 23rd April 2008 on the establishment of the European Qualifications Framework for lifelong learning* (2008/c 111/01) Official Journal of the European Union

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion (Adapted from 5). 5. Australian Health Promotion Association. (2009). *Core Competencies for Health Promotion Practitioners.* AHPA Queensland, Australia. Retrieved January 2011 from: http://www.healthpromotion.org.au/images/stories/pdf/core%20competencies%20for%20hp%20practitioners.pdf

Consensus: This term means overwhelming agreement. The key indicator of whether or not a consensus has been reached is that everyone agrees they can live with the final proposal after every effort has been made to meet any outstanding interests. Most consensus processes seek unanimity, but settle for overwhelming agreement that goes as far as possible toward meeting the interests of all stakeholders (22). 22. Susskind, L. (1999). An alternative to Roberts rules of order for groups, organisations, and ad hoc assemblies that want to operate by consensus in: Susskind, L., McKearnan, S. and Thomas-Larmer, S. (1999). *The Consensus Building Handbook – A comprehensive guide to reaching agreement*. CA, USA: Sage Publications. Retrieved February 2012 from: *http://web.mit.edu/publicdisputes/practice/shortguide.pdf*

Continuous Professional Development (CPD): Refers to study designed to upgrade the knowledge and skills of practitioners in the profession after initial training or registration

Core Competencies: These competencies constitute the minimum sets of competencies that constitute a common baseline for all health promotion roles. They are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field (5).

Graduate: Someone who has successfully completed a higher education programme to at least Bachelor degree level, i.e. equivalent to level 6 of the European Qualifications Framework (EQF) (4).

Health Promotion: This term refers to the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, which not only includes actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter (2) identifies three basic strategies for health promotion:

- advocacy for health to create the essential conditions for health
- enabling all people to achieve their full health potential
- mediating between the different interests in society in the pursuit of health.

These strategies are supported by five priority action areas for health promotion:

- Build healthy public policy
- Create supportive environments for health
- Strengthen community action for health
- Develop personal skills, and

Re-orient health services 2. World Health Organisation (1986). *The Ottawa Charter for Health Promotion.* Geneva, World Health Organisation. Retrieved January 2011 from: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html

Health promotion action: Describes programmes, policies and other organised health promotion interventions that are empowering, participatory, holistic, intersectional, equitable, sustainable and multi-strategy in nature which aim to improve health and reduce health inequities.

Health promotion practitioner: A person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter

Occupational standards: Specify 'the main jobs that people do', describing the professional tasks and activities as well as the competencies typical of an occupation.

Occupational standards provide the detail of what does the learner needs to be able to do in employment (8). 8. Cedefop, (2009). *The dynamics of qualifications: defining and renewing occupational and educational standards.* Luxembourg. Office for Official Publications of the European Communities. Retrieved January 2011 from: http://www.cedefop.europa.eu/EN/news/4084.aspx

Partnership: A partnership for health promotion is a voluntary agreement between individuals, groups, communities, organisations or sectors to work cooperatively towards a common goal through joint action (16) and (19).

Postgraduate: Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the European Qualifications Framework (4). 7. European Parliament and Council of the EU (2005). *Directive 2005/36/EC of the European Parliament and of the Council of 7th September 2005 of the recognition of professional qualifications.* Official Journal of the European Union
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF

Professional: Is defined (as in the EQF) as relating to those attributes relevant to undertaking work or a vocation and that involves the application of some aspects of advanced learning. It is not used with regard to those specific requirements relating to regulated professions (7).

Qualification: A formal outcome of an assessment and validation process which is obtained when
a competent organisation determines that an individual has achieved learning outcomes to given standards (4).

Regulated profession: A professional activity or group of professional activities, access to which, and pursuit of which is limited by legislative, regulatory or administrative provisions to holders of a given professional qualification (7). 7. European Parliament and Council of the EU (2005). *Directive 2005/36/EC of the European Parliament and of the Council of 7th September 2005 of the recognition of professional qualifications.* Official Journal of the European Union
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF

Registration: The entering of an individual practitioner or an education/training organisation on a formal list of those meeting accreditation or reaccreditation criteria.

Stakeholder: Individuals, groups, communities and organisations that have an interest or share in an issue, activity or action (26). 26. World Health Organisation. (2009). Global Health Cluster Guide. Retrieved January 2011 from: http://www.who.int/hac/global_health_cluster/guide_glossary_of_key_terms/en/index.html

Standard: an agreed, repeatable way of doing something. It is a published document that contains a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition (6). 6. British Standards Institution (2012). What is a standard? http://www.bsigroup.com/en/Standards-and-Publications/About-standards/What-is-a-standard/

APPENDICES

Appendix 1

List of CompHP Partners

Health Promotion Research Centre, National University of Ireland Galway
http://www.nuigalway.ie/hprc/
Contact name - Prof. Margaret Barry - Project Leader

International Union for Health Promotion and Education, France
http://www.iuhpe.org/
Contact name – Dr Claire Blanchard

Università degli Studi di Perugia, Italy
http://www.unipg.it/
Contact name – Dr. Giancarlo Pocetta

Royal Society for Public Health, UK
http://www.rsph.org.uk/
Contact name – Prof. Richard Parish

The Netherlands Institute for Health Promotion
http://www.nigz.nl/
Contact name – Mr. Gerard van der Zanden

Università di Cagliari, Italy
http://www.unica.it/
Contact name – Prof. Paolo Contu

Universidad Rey Juan Carlos, Spain
http://www.urjc.es/
Contact name – Prof. Carmen Gallardo

SOSTE Finnish Society for Social and Health, Finland
http://www.soste.fi/
Contact name – Ms. Pirjo Koskinen-Ollonqvist

University of Tartu, Estonia
http://www.ut.ee/
Contact name – Dr Anu Kasmel

National Institute of Public Health, The Czech Republic
http://www.szu.cz/
Contact name – Dr Hana Janatova

Health Service Executive, Ireland
http://www.hse.ie/eng/
Contact name – Mr. Brian Neeson

CompHP Collaborating Partners

- Department of Health Promotion and Disease Prevention, Malta
- Association for Health Promotion in Ireland (AHPI)
- Faculty of Health Education, Ankara University, Turkey
- NHS, Health Scotland
- Association of Health Education and Promotion, Israel
- National Institute Of Public Health, Croatia
- Dutch Association for Health Promotion (NVPG)
- Department of Health, University of Girona, Spain
- Faculty of Teacher Training, University of Extremadura, Spain
- ETC-PHHP Network c/o Cagliari University
- School of Nursing and Midwifery, University of Brighton, UK
- Department of Psychology, University of Louvain, Belgium
- Centre for Health Services Research, Department of Hygiene, Epidemiology and Medical Statistics, Athens University, Greece

CompHP International Expert Advisory Group

Professor John P. Allegrante - Professor and Chair, Department of Health and Behavior Studies, Deputy Provost, Teachers College, Columbia University**,** USA.

Professor Hiram V. Acevedo Arroyo - Professor, Health Promotion and Health Education Graduate Program, University of Puerto Rico; Director, WHO Collaborating Centre for Training and Research in Health Promotion and Health Education; Coordinator, Interamerican Consortium of Universities and Training Centers in Health Promotion and Health Education (CIUEPS).

Mr Brian Hyndman -Senior Planner, Ontario Agency for Health Protection and Promotion; Fellow, Centre for Health Promotion, University of Toronto, Canada.

Professor David V. McQueen -Global Consultant, formerly Associate Director for Global Health Promotion , US Centers for Disease Prevention and Control (CDC) (Retired, 2011) and President of the International Union for Health Promotion and Education (IUHPE) from 2007 to 2010..

Professor Hans Onya - Director and Head, Department of Public Health Practice and Health Promotion, Faculty of Health Sciences, University of Limpopo, South Africa.

Ms Helen Rance Senior Health Promotion Strategist, Health Promotion Forum of New Zealand

Professor Trevor Shilton Director of Cardiovascular Health, National Heart Foundation of Australia, Western Australia; Adjunct Associate Professor , University of Western Australian School of Population Health; Life Member of the Australian Health Promotion Association

Professor Mala Rao Director, Institute of Public Health, Hyderabad, India.

Professor Alyson Taub Professor of Health Education, Steinhardt School of Culture, Education, and Health Development, New York University. First Executive Director National Commission for Health Education Credentialing (NCHEC)

Appendix 2

Notes of the meeting between WP7 & 8 27-05-2010

Carmen Gallardo Pino, Paolo Contu, Ana Martinez and Arantxa Santa-María Morales

Prepare, write and circulate a joint email between both WP7 and WP8:

Addressing the so-called "country focal points". We have already gone through our contacts in countries other than the project partners, plus the agreed input from contacts of other partners (i.e. Margaret knows key people in Greece), particularly the IUHPE headquarters from stakeholders analysis, etc (already discussed with Sara).

We will kindly invite them to contribute to CompHP as key informants at this stage. If they do not want to be in the number, we will ask them to point out anyone who could act as key informant.

About the content of such an email, we have agreed to provide existing information for the country on the:

- Training pathways in place (we will use for this the IUHPE Research Report by Klaudia König)
- Professional groups, bodies, associations that could be addressed (the question could be related to strong groups, both in motivation for this kind of development or in influence)

And asking the country focal points to validate, update, correct or add more information on the current situation in both academic and professional arenas.

We will also inquire about the necessary contacts from each field (academic and practice) that could be interested in such a project.

In relation to more conceptual clarifications, we have reflected on what we will consider as academic and practitioner:

We consider several criteria:

- Dedicated time to academic/practice work
- Type of employing institution (university or higher education providers // practice providers)
- Individual identification with one or another (particularly if the case is unclear) and what will be considered as a health promotion specialist (50% dedicated time).

Policymakers will be considered as a sort of practitioners and allocated to WP8.

Appendix 3

WP8 Presentation - Extramadura 2011

Objetivo general del Proyecto CompHP

Desarrollar un modelo paneuropeo para capacitar a los profesionales en promoción de la salud estableciendo las competencias básicas, los estándares profesionales y el sistema de acreditación con el fin de garantizar una educación, formación y práctica de la promoción de la salud de calidad.

Está financiado por la Agencia Europea de Salud y Consumo

(EAHC Número del Proyecto 20082109 para el período 2009-2012).

Project number 20081209 CompHP

Objetivos específicos del proyecto CompHP

- **Identificar, consensuar y publicar las competencias básicas para la educación, formación y práctica de la promoción de la salud en Europa.**
- **Desarrollar y publicar estándares profesionales basados en competencias para la práctica de promoción de la salud.**
- **Promover una garantía de calidad mediante el desarrollo de un sistema de acreditación europeo.**
- **Conocer competencias y estándares en la formación académica en Europa.**
- **Pilotar las competencias, estándares y acreditación en un amplia gama de escenarios en Europa.**
- **Consultar con los principales grupos de interés y difundir los resultados del proyecto entre los 27 países miembros y los países candidatos.**

Project number 20081209 CompHP

Justificación y antecedentes

- Necesitamos una fuerza de trabajo competente en promoción de la salud para la mejora de la calidad de la atención en promoción de la salud.
  - es importante saber los conocimientos, destrezas y habilidades necesarios para traducir la política, la teoría y la investigación en acciones eficaces
- Podemos cambiar los problemas de salud actuales y futuros con las nuevas competencias que demanda un mejor desarrollo de la práctica profesional
  - intervenir en educación en promoción de la salud, y en formación o continua de los y las profesionales
- Resulta vital para una salud global y sostenible el desarrollo de la promoción de la salud en cumplimiento de los acuerdos firmados a nivel internacional (OMS y otros).

Project number 20081209 CompHP

Otros proyectos afines

- EUMAHP ha desarrollado un plan de estudios académico en competencias en promoción de la salud y con garantía de calidad
- PHETICE ha explorado las competencias para la salud pública y la promoción de la salud
- ASPHER está desarrollando competencias y estándares para la Salud Pública que incorporan un sub-conjunto sobre promoción de la salud
- Declaración de consenso de la Conferencia de Galway (2009)
  'Toward Domains of Core Competency for Building Global Capacity in Health Promotion'
  Más detalles: *Global Health Promotion* (Vol 16, 2, June 2009), http:// ghp.sagepub.com; *Health Education and Behavior* (Vol 36, 3, June 2009), httpp://heb.sagepub.com

Project number 20081209 CompHP

Fundamentación y marco teórico del proyecto CompHP

- **Bibliografía internacional sobre competencias, estándares y acreditación en promoción de la salud**
  - **Australia, Canadá, Nuevo Zelandia, EEUU y algunos países europeos**
  - **Avances en la identificación de un conjunto de habilidades, conocimientos, actitudes fundamentales para la promoción de la salud**
  - **Conjunto de estándares , criterios de garantía de calidad y acreditación.**

- **UIPES Regional Europeo sub-comité investigación incluye:**
  - **Estudio preliminar sobre acreditación y estándares profesionales en promoción de la salud en el area europea (Santa-María Morales & Barry, 2007)**
  - **Estudio piloto de factibilidad sobre la implementación de un sistema de acreditación paneuropeo (Battel-Kirk & Barry, 2008)**

Ambos informes accesible en www.iuhpe.org

Project number 20081209 CompHP

Socios de CompHP

PT	Titulo	Organización	Personas
1	Coordinación del Proyecto	*Health Promotion Research Centre National University of Ireland Galway, Irlanda (NUIG-IE)*	Lider: Prof Margaret Barry Administrador: Dr Vivienne Batt Coordinador: Ms Barbara Battel-Kirk
2	Diseminación	*International Union for Health Promotion and Education, Francia (IUHPE-FR)*	Lider: Ms. Sara Bensaude De Castro Freire Investigador: Dr Claire Blanchard
3	Evaluación	*Universita di Perugia, Italia (UNIPG-IT)*	Lider: Prof Giancarlo Pocetta Investigador: Ms Erica Marie Pace
4	Desarrollo de las Competencias Basicas	*National University of Ireland, Galway, Irlanda (NUIG-IE)*	Lider: Prof Margaret Barry Investigador: Ms Colette Dempsey
5	Desarrollo de los estandares Profesionales	*Royal Society for Public Health, RU (RSPH-UK)*	Lider: Prof Richard Parish Investigadores: Dr. Viv Speller; Dr Heather Davison & Dr Armen Rostomyan
6	Desarrollo del marco de acreditación	*Nationaal Instituut voor Gezondheidsbevordering en Ziektepreventie, Los Paises Bajos (NIGZ-NL)*	Lider: Mr Gerard Van der Zanden Invesitigador: Mrs Mariëlle Schipperen
7	'Mapping' en escenarios academicos	*Universita di Cagliari,Italia (UNICA-IT)*	Lider: Prof Paolo Contu Investigador: Dr Alessandra Mereu
8	'Mapping' en escenarios practicos	*Universidad Rey Juan Carlos, Espana (URJC-ES)*	Lider: Prof. Carmen Gallardo & Dr Ana Martínez Investigador: Ms Miriam Zaagsma

Socios asociados:
Republica Checa , Institute of Public Health, (NIPH-CZ) - Dr Hana Janatova
Estonia, University of Tartu (TU-EE) - Dr Anu Kasmel
Finlandia, Finnish Centre for Health Promotion (TEKRY-FI) - Mr. Heikki Parviainen
Irlanda, Health Service Executive (HSE-IE) - Mr Brian Neeson

Project number 20081209 CompHP

Socios Colaboradores

- **Department of Health Promotion and Disease Prevention, Malta**
- **Association for Health Promotion in Ireland (AHPI) Faculty of Health Education, Ankara University, Turquía**
- **NHS, Health Scotland**
- **Association of Health Education and Promotion, Israel**
- **National Institute Of Public Health, Croatia**
- **Dutch Association for Health Promotion (NVPG), Paises Bajos**
- **Department of Health, University of Girona, España**
- **ETC-PHHP Network c/o Cagliari University, Italia**
- **School of Nursing and Midwifery, University of Brighton, RU**
- **Department of International Health Faculty of Health, Medicine and Life Sciences, University of Maastricht , Países Bajos**
- **Centre for Health Services Research, Department of Hygiene, Epidemiology and Medical Statistics, Athens University, Grecia**

Project number 20081209 CompHP

Grupo Internacional de asesores expertos

- **Professor John P. ALLEGRANTE**, Professor, Department of Health and Behavior Studies, Teachers College, Columbia University, USA.
- **Professor Hiram V. Acevedo ARROYO**, Professor, Health Promotion and Health Education Graduate Program, School of Public Health, University of Puerto Rico. Director, WHO Collaborating Centre for Training and Research in Health Promotion and Health Education. Coordinator, Interamerican Consortium of Universities and Training Centers in Health Promotion and Health Education (CIUEPS).
- **Dr Brian HYNDMAN**, Senior Planner, Ontario Agency for Health Protection and Promotion; Fellow, Centre for Health Promotion, University of Toronto, Canada.
- **Professor David V. McQUEEN**, Associate Director for Global Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, US Centers for Disease Prevention and Control (CDC) , President of IUHPE.
- **Professor Hans ONYA**, Director , Department of Public Health Practice and Health Promotion, Faculty of Health Sciences, University of Limpopo, South Africa.
- **Ms Helen RANCE**, Senior Health Promotion Strategist, Health Promotion Forum of New Zealand
- **Professor Mala RAO**, Director, Institute of Public Health, Hyderabad, India.
- **Professor Trevor SHILTON,** Director of Cardiovascular Health, National Heart Foundation of Australia, Life Member, Australian Health Promotion Association.
- **Professor Alyson TAUB,** Professor Emerita of Health Education, Steinhardt School of Culture, Education and Human Development, New York University. First Executive Director, National Commission for Health Education Credentialing (NCHEC), USA.

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Grupo de expertos internacional

Este grupo nos ofrece un apoyo técnico basado en su experiencia en el área de competencias, estándares y sistemas de acreditación en promoción de la salud o campos relacionados.

Este apoyo consiste en:

- Comprobar que el proyecto se sustenta en otros desarrollos a nivel internacional.
- Ofrecer retroalimentación sobre el listado de competencias, estándares y sistema de acreditación.
- Asesorar metodológicamente el proceso de trabajo.
- Coadyuvar en la divulgación de la información que el proyecto nos da de cara a la promoción de la salud y sus redes a nivel global.
- Hacer recomendaciones especificas cuando se les solicita.

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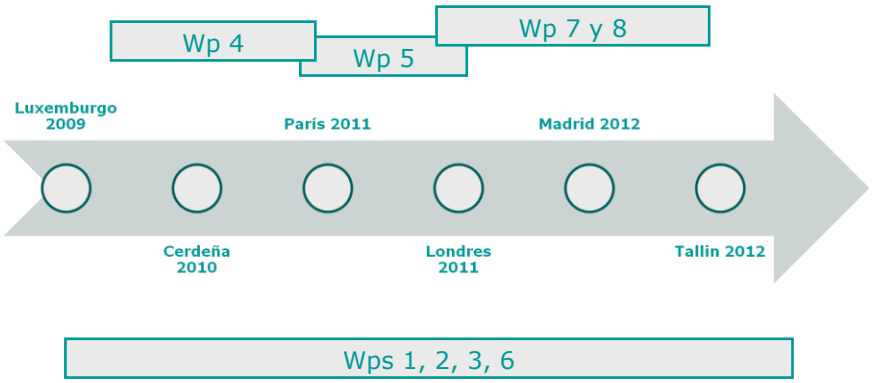
Cronograma



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Progreso Actual

- El listado de las competencias basicas está disponible en la web del proyecto:

http://www.iuhpe.org/?page=614&lang=en

- Los estándares y el sistema de acreditación están desarrollados y se encuentran en proceso de prueba en instituciones académicas y centros de formación y entre los profesionales.

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Resultados esperados Proyecto CompHP

- Un entendimiento común y de consenso sobre las competencias básicas requeridas para la práctica, educación y formación en promoción de la salud en Europa.
- Conocer los estándares basados en competencias que informarán sobre la construcción de la capacidad para la práctica de profesionales en promoción de la salud en Europa.
- Un modelo para un sistema de acreditación paneuropeo que certifique la educación y formación de los profesionales y de las instituciones educativas que ofertan cursos de promoción de la salud con idénticos criterios.
- Mejora de los programas de formación en promoción de la salud en Europa basada en el acuerdo de competencias básicas y estándares profesionales necesarios para incorporar en los programas academicos.
- Promover el desarrollo de una fuerza de trabajo y unas mejores prácticas en promoción de la salud mediante la participación de profesionales en el desarrollo de estándares de calidad y sistemas de acreditación.
- Mejorar la cooperación y coordinación en la práctica, educación y formación en promoción de la salud en Europa impulsado un proceso de consulta y difusión.

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Actividades en proceso

- Informe 'Developing a European Consensus on Core Competencies' disponible ya en la web.
- Listado de competencias y estándares profesionales en instituciones educativas y académicas (en proceso)
- Evaluación de los estándares profesionales y la acreditación entre los profesionales (en proceso)
- Focus groups y entrevistas sobre los estándares profesionales y el sistema de acreditación en toda Europa hasta octubre de 2011.
- Foro de discusión on line sobre los resultados obtenidos Septiembre a Noviembre de 2011
- Manual sobre los estándares profesionales y el sistema de acreditación que será publicado en 2012.
- Informes sobre el desarrollo del proceso de definición de los estándares profesionales y el sistema de acreditación disponible en la web en 2012.

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Estructura del proyecto CompHP

El proyecto CompHP se estructura en 8 unidades o paquetes de trabajo. Los tres centrales se encargan de:

•Coordinación (WP1),

•Divulgación (WP2)

•Evaluación (WP3).

Los paquetes de trabajo 4-8 se centran en aspectos específicos del desarrollo y evaluación (WP7 y WP8) del sistema de competencias (WP4), estándares (WP5) y acreditación (WP6).

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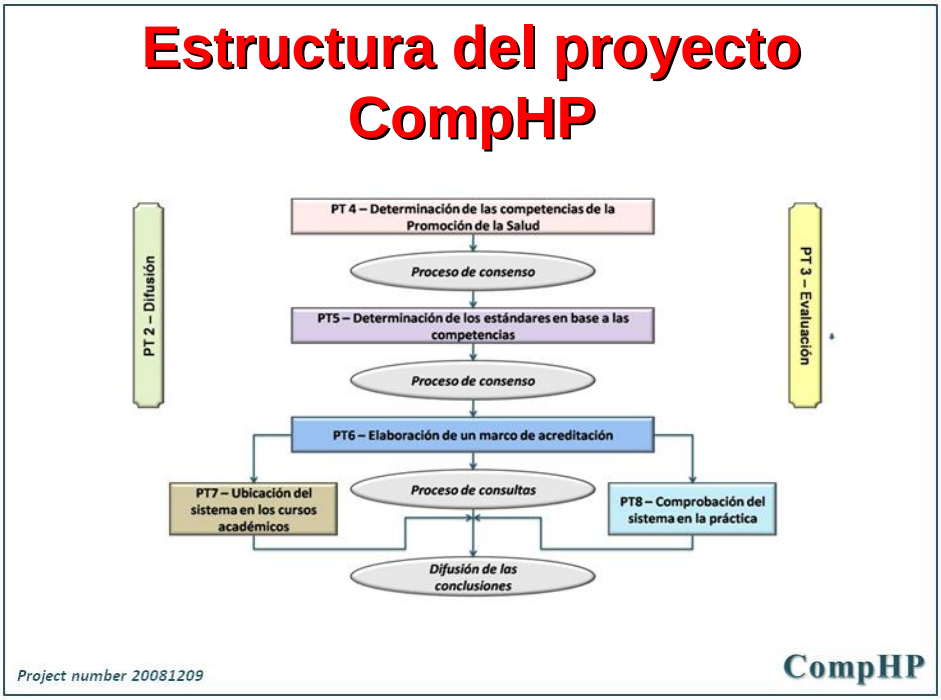
Estructura del proyecto CompHP
PT 2 – Difusión
PT 4 – Determinación de las competencias de la Promoción de la Salud
Proceso de consenso
PT5 – Determinación de los estándares en base a las competencias
Proceso de consenso
PT6 – Elaboración de un marco de acreditación
PT7 – Ubicación del sistema en los cursos académicos
Proceso de consultas
PT8 – Comprobación del sistema en la práctica
Difusión de las conclusiones
PT 3 – Evaluación
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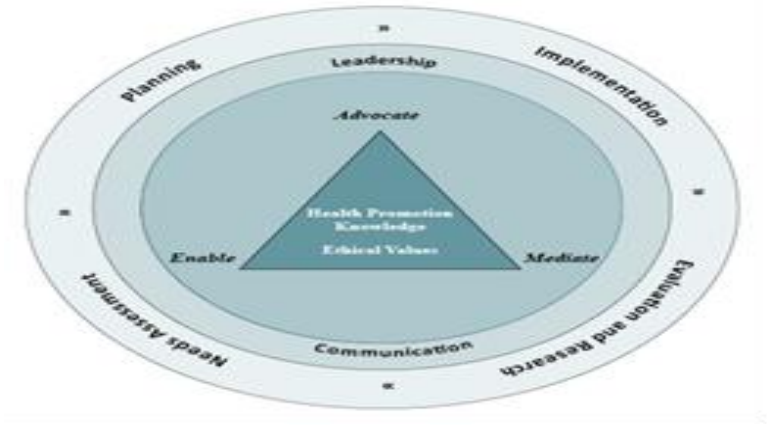
CompHP

Sistema de acreditación Europeo y Nacional
Cuerpo de Acreditacón Europeo Central (ECAB)
NAB
Registro Europeo en Promoción de la Salud
NAB
Registros nacionales en Promoción de la Salud
No acreditar
No acreditar
Requisitos de Admisión
DPC
Componentos de una actividad
Cuerpo de Acreditación Nacional (NAB)
Profesionales en Promoción de la Salud
Proveedores de educación y programas de formación
Project number 20081209

El marco de competencias centrales en promoción de la salud del proyecto CompHP



http://www.iuhpe.org/uploaded/CompHP_Competencies_Handbook.pdf

Project number 20081209

CompHP

Para estar al día del Proyecto CompHP

Página Web CompHP:
http://www.iuhpe.org/index.html?page=614&lang=en

Para involucrarse en el proyecto CompHP

Completar el impreso para grupos de interés en la web del proyecto o escribiendo a Dra. Claire Blanchard, email: cblanchard@iuhpe.org

Para información sobre el proyecto, contactar con:

Ms. Barbara Battel-Kirk, Coordinadora de CompHP.
Email: bbkconsultancy@eircom.net

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CompHP

CompHP

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

PAQUETE DE TRABAJO 8

Líder: Carmen Gallardo
Investigadoras: Ana Martinez, Miriam Zaagsma

Executive Agency for Health and Consumers

Project number 20081209

CompHP

Objetivo

Probar los estándares y la acreditación con profesionales en una amplia gama de escenarios de la práctica profesional de la promoción de la salud en toda Europa.

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CompHP

Acciones principales

- Identificar instituciones de la práctica profesional como posibles acreditadoras a nivel nacional y en toda Europa
- Focus groups en 10 países; entrevistas con actores clave.
- Consulta más amplia online.
- Probar el sistema de acreditación en 2 escenarios piloto.

Project number 20081209 CompHP

Cronograma

- Hasta agosto 2011: focus groups, identificar escenarios prácticos, profesionales e instituciones potenciales para la acreditación.
- Sept/oct 2011: entrevistas con profesionales clave, consulta online
- Nov/dic 2011: probar sistema de acreditación en 2 escenarios piloto
- Ene/feb 2011: informe

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Trabajo de campo

- En los focus groups, entrevistas, foro online recopilamos información de los diferentes países Europeos con respecto a, por ejemplo:

- Adecuación de los estándares y la acreditación para la práctica de la promoción de la salud en cada país
- La implementación de los estándares y la acreditación
- Los grupos destinatarios de los estándares y acreditación

Project number 20081209

CompHP

Gracias!

Universidad
Rey Juan Carlos

Project number 20081209

CompHP

Appendix 4

Scoping Study

Appendix 3. Question list interview for the Scoping Study Update

a. Health Promotion practitioners:

a1. Are there *Health Promotion practitioners*[*](see below) in your country?

If NO, who undertakes Health Promotion action in your country? If there are other groups: what proportion of their activities are focused on HP? Would they meet the definition of Health Promotion practitioner as in the CompHP Core Competencies Handbook?

> [*]*A health promotion practitioner is defined as a person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (World Health Organisation (1986)): building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services. Source: CompHP Core Competencies Framework for Health Promotion 2010*

a2. Is Health Promotion a separate function area or is it intrinsic to other function areas (e.g. Public Health)?

If it is INTRINSIC to other function areas, please explain.

a3. Is the term Health Promotion used in job descriptions and job titles?

If YES, please give details of range of posts – e.g. statutory, NGO/ Other

If NO, who do you consider to be a 'Health Promotion practitioner? What are they called/titles?

a4. Is there a dedicated Health Promotion workforce with specialised training?

If YES, please specify what constitutes this training? (e.g. postgraduate courses, in-service training etc.)

If NO, is there in your opinion, a need for a dedicated Health Promotion workforce with specialised training in your country? If no, please explain why not.

b. Organisations:

b1 Is there an identifiable 'Health Promotion' unit/section/department within the *government* (for example the Ministry of Health) or a group described differently but with similar explicitly stated functions in your country?

If possible, please identify up to 5 key contacts in this area.

b2. Who are the *employers* of Health Promotion practitioners (or the alternative group as described above)? (for example governmental organisations/ NGOs/Research institutes or Academic institutes/Health services/Schools/Social services/other)

If possible, please identify up to 5 key contacts in this area.

b3. Are there any *professional associations* that provide support of some kind to practitioners? Are these specifically aimed at Health Promotion practitioners or are they part of other groups (for example Public Health)? If possible, please identify up to 5 key contacts in this area.

b4. Are Health Promotion practitioners represented by *trade unions*?

If possible, please identify up to 5 key contacts in this area.

b5. Do the Health Promotion organisations work at national or regional level? If any other levels please define.

b6. Are there dedicated education and training programmes in Health Promotion available in your country? Do these have the title Health Promotion? If YES, please give some examples.

PART 2: Competencies/Standards/Registration & Accreditation system that might exist/are being used

QUESTION LIST INTERVIEWS SCOPING STUDY UPDATE

PART 1: The current Health Promotion practice at country level

a. Registration and accreditation:

a1. Does any form of *registration/accreditation for Health Promotion practitioners* exist?
If YES please give a short description, for example, about:

- Which organisation is responsible for this? (Identify key contact)
- Since when?
- How does the system work?
- Is there any documentation on this system available?

If NO: How important do you consider registration/accreditation to be for practitioners in your country?

a2. Does any form of *accreditation for Health Promotion training or education* (providers) exist?
If YES ask for short description, for example, about:

- Which organisation is responsible for this? (identify key contact)

- Since when?
- How does the system work?
- Is there any documentation on this system available?

If NO: How important do you consider formal accreditation of education and training in Health Promotion in your country

a3. Have there been any recent *developments or interest in* registration and accreditation within the Health Promotion field? if YES, please explain.

b. Professional Competencies and Standards:

b1. Are there any agreed competency frameworks or standards for Health Promotion practice in your country? If YES ask for short description and if possible contacts. If NO is there, in your opinion, a need for this?

b2. Have there been any recent *developments or interest* in competencies and/or standards within the Health Promotion field? f YES, please explain.

Appendix 5

Web based consultation

Letter for Online Consultation

Dear Colleagues,

We would like to remind you that CompHP Project Partners invited you to **participate in an online consultation on the current work of the Project**. The feedback from this consultation will be used to inform the final drafts of the CompHP Professional Standards and Pan European Accreditation Framework, both of which will be published in 2012.

The CompHP Project aims to develop competency-based professional standards and a pan-European accreditation framework. Please visit the CompHP Project website (http://www.iuhpe.org/index.html?page=614&lang=en) for more information.

You can participate in the consultation in three ways:

- A short questionnaire (12 questions) on a summary of the draft CompHP Professional Standards and Accreditation Framework available at https://www.surveymonkey.com/s/YMJYR33
- A short questionnaire (8 questions) specifically on the draft CompHP Professional Standards available at https://www.surveymonkey.com/s/YMVLYS8
- An online discussion forum available at : http://groups.google.com/group/comphp-project/browse_thread/thread/a068d7a263714f60?hl=en

If you do not already have a Google account you will need to register to contribute to the discussion forum at https://accounts.google.com/NewAccount If you want to give use feedback but do not wish to open a Google account please email your comments to Barbara Battel-Kirk, CompHP Project Coordinator: bbkconsultancy@eircom.net

We hope you will complete the two questionnaires and participate in the online discussion, but you are free to choose to participate in only part of the consultation (for example, by replying only to one questionnaire or by participating only in the online discussion).

Please also consider forwarding the links to all your Health Promotion colleagues, associates and networks, so that they can participate also in this consultation.

Both the questionnaires and the online consultation will be open until January 13th, 2011.

We thank you in advance of your participation. Your views and comments are very important to the work of the CompHP Project.

If you have any further questions or queries please contact: Barbara Battel-Kirk, Project Coordinator, email bbkconsultancy@eircom.net
Yours sincerely
Professor Margaret Barry CompHP Project Leader

Appendix 6

Information sheets discussion groups

NOTES FOR FACILITATOR

The questions and plan below are based on the assumption that participants have had access to the Draft CompHP Professional Standards and Accreditation Framework before they meet. If this is not the case more time will obviously be needed to introduce the content of the drafts.

Available time

This topic list is an outline and is based on a meeting of 60 minutes minimum, but 90 minutes would be more appropriate. If you think you don't have enough time please concentrate on the main aspects of the questions –WHAT, HOW, WHO. If you have time for a longer meeting you can widen the discussion and also follow up in more depth on the issues identified by participants.

Depending on the time available and the type of group it may be necessary to focus on either standards or accreditation only or focus more on one. However- we do need feedback on both the CompHP Professional Standards and Accreditation Framework and from as many types of participants as possible- i.e. practitioners, academics, policy makers, professional associations, employers, trade unions, etc. If possible, you may want to consider facilitating a series of group meetings if this is feasible. Please contact workpackage 8 if you have questions about this.

Permission from participants

If you are electronically recording the meeting we suggest that you get permission from participants using the permission form we have provided. You can send it in advance to the participants and ask them to bring it to the group session, or you can hand it out at the beginning of the session.

Report

Your reports of the focus group/group discussion should include:

* Date and duration of meeting
* Name(s) of facilitator and note taker
* Number of participants and info on their roles, sector etc
* Summary of issues discussed /conclusions/ recommendations
* Any other relevant information.

Please send your report to Miriam Zaagsma, researcher of workpackage 8: miriam.zaagsma@urjc.es. If you have any questions or issues you would like to discuss, please contact Miriam as well.

TOPIC LIST

Introduction of CompHP Project **10 mins**

Introductions/Ice breaker **10 mins**

Ice breaker (suggestion only: facilitator can decide if this is required):

Ask for name, organisation and one thing about themselves they would like to share, for example favourite colour, animal, where they live etc.

Rules: Quick statement of 'rules' to include confidentiality, showing respect, listening to others, participating actively **2 mins**

Questions **30-60 mins**

1. **WHAT** is your overall impression of the CompHP Professional Standards/ Accreditation Framework?

1.1 Is the scope and content of each appropriate for core HP practice your country/ in Europe? In what way yes/no?

1.2 What, if anything, needs improvement?

1.3 If you were presenting the CompHP Professional Standards/Accreditation Framework to your colleagues, what would you to tell them – positive and negative aspects?

2. **WHO** are the CompHP Standards/Accreditation Framework for? These are defined as being primarily for use by health promotion practitioners whose role and function is mainly in health promotion and who have relevant graduate /post graduate education – what is your opinion on this?

2.1 Are there practitioners that fit this description in your country/context?

2.2 Is this definition too restrictive in a pan-European context? Why yes/no?

3. **HOW** will the CompHP Standards/Accreditation Framework be used? How do you think the Standards/Accreditation Framework will be implemented?

3.1 How do you think the CompHP Standards/Accreditation framework will be used in your country? For example, what will be the impact on practice, employment and workforce capacity, career planning/ movement of practitioners across Europe/ quality of work, etc.

3.2 What do you see as the main levers or drivers for implementing CompHP Professional Standards/Accreditation Framework?

3.3 What do you see as the main barriers to implementing CompHP Professional Standards/Accreditation Framework?

3.4 What would help in ensuring that the CompHP Standards/Accreditation Framework are implemented and used in a European context?

4. **WHO** do you think will be the main users of the CompHP Standards/Accreditation Framework - policy, practice, academia, context, settings, etc?

4.1 Are there organisations in your country that could potentially be a national accrediting body for the CompHP Accreditation Framework? (After discussion please get contact details)

4.2 *Would educational providers in your country be interested in having their courses accredited? (After discussion please get contact details)*

5. Do you know any professional(s) in your country who could be useful for us to contact with questions like those asked today? *Ask specifically for contacts in Trade Unions, Employer Organisations and Professional Organisations, as people maybe won't think of these (please get contact details)*
6. Any other comments/ideas on the CompHP Professional standards or Accreditation Framework?

Summarise key points and check these are OK with group. **5 mins**

Thank you for participating, info on where they can find info about project/products 2 mins

Appendix 7

Framework for Country Specific Studies

Framework for CompHP Country Perspective Studies WP8

Objective(s)

The aim of a these studies is to get a insight into Health Promotion practice at a country level and to explore how the implementation of the CompHP Pan European Accreditation Framework can be taken forward, in the context of Health Promotion practice infrastructure in the country.

Through the studies we aim to answer the following research questions:

1. What is the current profile of Health Promotion practice at national level?
   a. What does the workforce of Health Promotion practitioners look like?
   b. Which organisations operate in the practice field of Health Promotion?
2. What is the current status of the existence and/or use of competencies, standards and/or a registration & accreditation system?
3. How could the implementation of the CompHP registration & accreditation system be taken forward?
   a. What should be the first steps towards implementation? What support and resources would be needed to take these steps? What should be invested in?
   b. What are the key drivers in taking accreditation forward and how can we use/build on them?
   c. What are the possible barriers to accreditation? How can their effects be minimised?
   d. Who are the key organisations and individuals who can be engaged and influenced in the development of the accreditation framework?

Method

The study will comprise interviews with representatives from different practice organisations within a specific country.

The framework is divided and organised in three parts, based on the research questions:

1: Description of the current Health Promotion practice at country level

2: Description of Standards/Accreditation system that might exist/are being used

3: Exploration of implementation of CompHP accreditation

The questions in part 1 and 2 will form the basis for the questions in part 3 so that these can be adapted to the country's specific situation with regard to Health Promotion practice and the existence and/or use of competencies, standards and a registration & accreditation system.

Not all questions will need to be asked to all respondents in a country. It is likely that a lot of information on 1 and 2 will be received from one of two key informants or maybe will be provided by the CompHP project partner in a country. In these cases, the other interviews with representatives from practice organisations can focus completely on part 3.

PART 1: The current Health Promotion practice at country level

a. Health Promotion practitioners:

a1. Are there *Health Promotion practitioners*[*](see below) in your country?

If NO, who undertakes Health Promotion action in your country? If there are other groups: what proportion of their activities are focused on HP? Would they meet the definition of Health Promotion practitioner as in the CompHP Core Competencies Handbook?

[*]*A health promotion practitioner is defined as a person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (World Health Organisation (1986)): building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services. Source: CompHP Core Competencies Framework for Health Promotion 2010*

a2. Is Health Promotion a separate function area or is it intrinsic to other function areas (e.g. Public Health)? If it is INTRINSIC to other function areas, please explain.

a3. Is the term Health Promotion used in job descriptions and job titles? If YES, please give details of range of posts – e.g. statutory, NGO/ Other

If NO, who do you consider to be a 'Health Promotion practitioner? What are they called/titles?
a4. Is there a dedicated Health Promotion workforce with specialised training?

If YES, please specify what constitutes this training? (e.g. postgraduate courses, in-service training etc.)
If NO, is there in your opinion, a need for a dedicated Health Promotion workforce with specialised training in your country? If no, please explain why not.

b. Organisations:

b1 Is there an identifiable 'Health Promotion' unit/section/department within the *government* (for example the Ministry of Health) or a group described differently but with similar explicitly stated functions in your country?

If possible, please identify up to 5 key contacts in this area.

b2. Who are the *employers* of Health Promotion practitioners (or the alternative group as described above)? (for example governmental organisations/ NGOs/Research institutes or Academic institutes/Health services/Schools/Social services/other)

If possible, please identify up to 5 key contacts in this area.

b3. Are there any *professional associations* that provide support of some kind to practitioners? Are these specifically aimed at Health Promotion practitioners or are they part of other groups (for example Public Health)? If possible, please identify up to 5 key contacts in this area.

b4. Are Health Promotion practitioners represented by *trade unions*? If possible, please identify up to 5 key contacts in this area.

b5. Do the Health Promotion organisations work at national or regional level? If any other levels please define.

b6. Are there dedicated education and training programmes in Health Promotion available in your country? Do these have the title Health Promotion? If YES, please give some examples.

PART 2: Competencies/Standards/Registration & Accreditation system that might exist/are being used

a. Registration and accreditation:

a1. Does any form of *registration/accreditation for Health Promotion practitioners* exist?

If YES please give a short description, for example, about:

- Which organisation is responsible for this? (Identify key contact)
- Since when?
- How does the system work?
- Is there any documentation on this system available?

If NO: How important do you consider registration/accreditation to be for practitioners in your country?

a2. Does any form of *accreditation for Health Promotion training or education* (providers) exists?

If YES ask for short description, for example, about:

- Which organisation is responsible for this? (identify key contact)
- Since when?
- How does the system work?
- Is there any documentation on this system available?

If NO: How important do you consider formal accreditation of education and training in Health Promotion in your country

a3. Have there been any recent *developments or interest in* registration and accreditation within the Health Promotion field? If YES, please explain.

b. Professional Competencies and Standards:

b1. Are there any agreed competency frameworks or standards for Health Promotion practice in your country?

If YES ask for short description and if possible contacts. If NO is there, in your opinion, a need for this?

b2. Have there been any recent *developments or interest* in competencies and/or standards within the Health Promotion field? If YES, please explain.

PART 3: Exploration of implementation of CompHP registration and accreditation system

Please note! For this topic we have listed some general questions. These will have to adapt to the specific situation in each country. For this we use the information we obtained through the questions in parts 1 and 2 on the national Health Promotion practice and the competencies, standards and registration & accreditation system that might or might not exist in a country.

The general questions, which will be 'translated' to each country's specific situation:

1. Do you consider that the CompHP Accreditation Framework will be implemented in the near future in your country?

if NO, will the focus be on the implementation of the CompHP Core Competencies and/or Professional Standards? Why?

2. How could the implementation of the CompHP registration and accreditation system be taken forward in your country?
3. What would be the first steps in achieving this?
4. What would be needed to take these steps (you can think about support/resources)? What should be invested in?
5. What are the main drivers for the implementation of the Framework? How can we make use of them? How can we reinforce them?
6. What are the possible barriers or problems in the implementation of the Framework?

What are the possible solutions/ways around these?

7. Who/what organisations will be players in this process? What could their roles be in developing and maintaining the accreditation process? Please identify key contacts in this area.
8. Do you have any other comments on registration and accreditation?
9. If you were to receive funding for a project (this is hypothetical as currently no such funding is available)) aimed at 'implementing CompHP products (Core Competencies, Professional Standards, Accreditation Framework)[*]', what would you see as the priority action points?

**To which product (Core Competencies, Professional Standards, Accreditation Framework) you refer, will depend on the answer of the respondent to question 1 of part 3.*

Examples of more specific, 'translated' questions:

For countries with existing accreditation system:

- How do you think the current registration/accreditation system of your country relates to the proposed CompHP accreditation system?
- Are there any obvious difficulties in operating the current system and the CompHP system together?
- What would be required to ensure that the two systems can work together? Or could they, for example, exists independently alongside each other?
- Do you see the current accreditation organisation becoming a National Accreditation Organisation as defined in the CompHP Framework?
- What would be needed by the existing organisation (support/resources) to take on the role of being a National (CompHP) Accreditation Organisation?

For countries without a national registration & accreditation system:

- Are there any organisations or systems which could be potential National Accreditation Organisations as described in the CompHP Framework?
    - If YES, get contacts. What would be needed for this organisation (support/resources) to take on the role of National Accreditation Organisation?
    - If NO, how would you see moving forward with accreditation of Health Promotion in your country?
- Will practitioners be interested in applying directly to the European body for accreditation?

Appendix 8

Letter to Trade unions

Information on the Project and an invitation to becomes stakeholders was sent to:

- Trade Union of Health and Social Service the Czech Republic http://osz.cmkos.cz/
- European Federation of Public Service Unions http://www.epsu.org/a/161
- European Trade Union Institute http://www.etui.org/
- European Trade Union Confederation http://www.etuc.org/r/5
- Federation of European Employers http://www.fedee.com/
- European Hospital and Healthcare Employers' Association - http://www.hospeem.eu/
- European Centre of Employers and Enterprises providing Public services - http://www.ceep.eu/
- Local Government Employers in Europe http://www.lge.gov.uk/lge/core/page.do?pageId=119971
- Partnership of Public Employers http://ppe.uk.com/

Follow up with national trade unions were also undertaken by the CompHP Partners.

Appendix 9 Scoping Study Table

	AUSTRIA	ESTONIA	FINLAND
PART 1			
A1. Are there HP practitioners in your country?	Yes: some areas	Yes	Yes
A2. Is HP a separate function area or is it intrinsic to other function areas?	Intrinsic	Separate	Both
A3. Is the term HP used in job descriptions and job titles?	Yes	Yes	Not very often
A4. Is there a dedicated HP workforce with specialised training?	No: additional courses	Yes: since 2002/2004 (not much)	Yes: Master´s programmes for Bachelors of Health Care
B1. Is there an identifiable "HP" unit/section/department within the government (for example the Ministry of Health) or a group described differently but with similar explicitly stated functions in your country?	Yes: Ministry of Health	Yes: Estonian Union for Health Promotion	Yes: Ministry of Social affairs and Health.
b2. Who are the employers of HP practitioners (or the alternative group as described above)?	NGOs/Research institutes or Academic institutes/Health services	governmental organisations/ NGOs/ Academic institutes/ Health services/ Social services	Government organisations/ NGOs/Research institutes or Academic institutes/Health services/Schools/Social services
b3. Are there any professional associations that provide support of some kind to practitioners? Are these specifically aimed at HP practitioners or are they part of other groups (for example Public Health)?	No	Yes: Estonian Union for Health Promotion	Yes, a lot
b4. Are HP practitioners represented by trade unions?	Yes	No	Yes
b5. Do the HP organisations work at national or regional level?	National and regional	National and regional	National/regional/ international
b6. Are there dedicated education and training programmes in HP available in your country? Do these	Yes: HP Foundation	Yes	Yes: Master´s programmes for Bachelors of

have the title HP?			Health Care

	AUSTRIA	ESTONIA	FINLAND
PART 2			
a1. Does any form of registration/accreditation for HP practitioners exist?	No	Yes	Yes: National Supervisory Authority of Welfare and Health.
a2. Does any form of accreditation for HP training or education (providers) exist?	No	Yes, since 2004	Yes, general (not focus on HP only)
a3. Have there been any recent developments or interest in registration and accreditation within the HP field?	No	No	No
b1. Are there any agreed competency frameworks or standards for HP practice in your country?	Yes: funding principles of the Austrian HP Foundation	Yes	No
b2. Have there been any recent developments or interest in competencies and/or standards within the HP field?	No	No	No

	FRANCE	GERMANY	HUNGARY
PART 1			
A1. Are there HP practitioners in your country?	Yes: part of their work is HP	Yes	Yes
A2. Is HP a separate function area or is it intrinsic to other function areas?	Intrinsic	Both	Intrinsic
A3. Is the term HP used in job descriptions and job titles?	No	Not very often	Yes
A4. Is there a dedicated HP workforce with specialised training?	Yes	Yes: Bachelor and Master	Yes: post-graduate and post-doctoral courses
B1. Is there an identifiable "HP" unit/section/department within the government (for example the Ministry of Health) or a group described differently but with similar explicitly stated functions in your country?	No	Yes: various departments in the Ministry of Health	No: department of public health in the Ministry of National Resources
b2. Who are the employers of HP practitioners (or the alternative group as described above)?	governmental organisations/ NGOs/Research institutes or Academic institutes	governmental organisations/ NGOs/ Research institutes or Academic institutes/ Health services/ Social services	governmental organisations
b3. Are there any professional associations that provide support of some kind to practitioners? Are these specifically aimed at HP practitioners or are they part of other groups (for example Public Health)?	No: there is a working group	Yes	Yes: not well established
b4. Are HP practitioners represented by trade unions?	No	No	No
b5. Do the HP organisations work at national or regional level?	National and regional	More regional national, but both	National
b6. Are there dedicated education and training programmes in HP available in your country? Do these have the title HP?	¿?	Yes: Bachelor and Master	Yes: post-graduate and post-doctoral courses

	FRANCE	GERMANY	HUNGARY
PART 2			
a1. Does any form of registration/accreditation for HP practitioners exist?	No: people not familiar with this. Practitioners might look overseas for this (USA/Canada).	No	No: important
a2. Does any form of accreditation for HP training or education (providers) exist?	No	Only exists for academic Health Promotion programmes.	No: university training only
a3. Have there been any recent developments or interest in registration and accreditation within the HP field?	No	No: some interest on registration and accreditation	No
b1. Are there any agreed competency frameworks or standards for HP practice in your country?	No (working on one for health education)	Trying to do	No: important
b2. Have there been any recent developments or interest in competencies and/or standards within the HP field?	No	Yes, but didn't work	No

	LITHUANIA	NORWAY	SLOVENIA
PART 1			
A1. Are there HP practitioners in your country?	Yes	No: part of their work	Yes
A2. Is HP a separate function area or is it intrinsic to other function areas?	Intrinsic to Public Health	Intrinsic	Intrinsic
A3. Is the term HP used in job descriptions and job titles?	Yes	Yes (since the last 3-4 years)	Yes, but only 'Health Promotor at Regional Level', others no.
A4. Is there a dedicated HP workforce with specialised training?	Yes: post-graduate courses	No	Yes, but a part of Public Health (HP inside)
B1. Is there an identifiable "HP" unit/section/department within the government (for example the Ministry of Health) or a group described differently but with similar explicitly stated functions in your country?	Yes: Ministry of Health	No	Yes: Ministry of Health
b2. Who are the employers of HP practitioners (or the alternative group as described above)?	governmental organisations/ Health services	NGOs/ Research institutes or Academic institutes/ Health services/ Social services	governmental organisations/ NGOs/ Health services
b3. Are there any professional associations that provide support of some kind to practitioners? Are these specifically aimed at HP practitioners or are they part of other groups (for example Public Health)?	Yes	No (yes for public health)	Yes, but as part of Public Health in medical professions (HP inside)
b4. Are HP practitioners represented by trade unions?	No	No	Yes, but as part of medical professions (HP inside)
b5. Do the HP organisations work at national or regional level?	National and regional	National and regional	National and regional
b6. Are there dedicated education and training programmes in HP available in your country? Do these have the title HP?	Yes: Bachelors and Masters	Yes: Bachelors, Masters and single courses	Yes, but on Public Health (HP inside)

	LITHUANIA	NORWAY	SLOVENIA
PART 2			
a1. Does any form of registration/accreditation for HP practitioners exist?	Certain: public health practice	No	Yes for medical professions (HP inside)
a2. Does any form of accreditation for HP training or education (providers) exist?	Yes	No	Yes for medical professions (HP inside) – just started
a3. Have there been any recent developments or interest in registration and accreditation within the HP field?	No	No	Yes (A2, Part 2)
b1. Are there any agreed competency frameworks or standards for HP practice in your country?	Yes	No	Competencies defined in Public Health
b2. Have there been any recent developments or interest in competencies and/or standards within the HP field?	No	No	No

	SPAIN	UK
PART 1		
A1. Are there HP practitioners in your country?	Part of their work	Yes
A2. Is HP a separate function area or intrinsic to other function areas?	Intrinsic	Both
A3. Is the term HP used in job descriptions and job titles?	No, called "Public health technician"	Yes
A4. Is there a dedicated HP workforce with specialised training?	No, but it is needed	Not really: specialised training
B1. Is there an identifiable "HP" unit/section/department within the government (e.g. the Ministry of Health) or a group described differently but with similar explicitly stated functions in your country?	Yes: Ministry of Health	No: Minister of Public Health
b2. Who are the employers of HP practitioners (or the alternative group as described above)?	governmental organisations/ NGOs/ Research /Academic institutes/ Health services/ Social services	governmental organisations/ NGOs/ Health services/ Social services/ other
b3. Are there any professional associations that provide support of some kind to practitioners? Are these specifically aimed at HP practitioners or are they part of other groups (e.g. Public Health)?	Yes: some specific some part of group	Yes: Faculty of PH, RSPH
b4. Are HP practitioners represented by trade unions?	No	Yes: private
b5. Do the HP organisations work at national or regional level?	National and regional	National, regional and local
b6. Are there dedicated education and training programmes in HP available in your country? Do these have the title HP?	Yes: Masters	Yes: Masters and at basic levels
PART 2		
a1. Does any form of registration/accreditation for HP practitioners exist?	No	Yes, but in Public Health
a2. Does any form of accreditation for HP training or education exist?	No	Yes, but in Public Health
a3. Have there been any recent developments or interest in registration and accreditation within the HP field?	No	No
b1. Are there any agreed competency frameworks or standards for HP practice in your country?	No	Yes
b2. Have there been any recent developments or interest in competencies and/or standards within the HP field?	No	No

Appendix 10

Country Perspective Studies Table:

Health Promotion in different countries:

Countries	Profesional	Institutional
Estonia	HP specialist qualified with higher education (undergraduate and postgraduate studies)	Ministry of Social Affairs, National Institute for Health Development
United Kingdom	Linked to NHS-PH teams, local governments, education institutes, voluntary and charitable sector	NHS Primary Care Trusts (Dpt. Of Health), local authorities, social enterprises, charities and private companies
Ireland	HP Officers have a dedicated function and in others their function is more generic. Workforce is less than 200 nationwide (adm. staff incl.) undergraduate and postgraduate studies in higher education.	HP Policy Unit, Department of Health and Children at the HSE.
Italy	An official professional figure of Health Promoter was never established or recognised. Bachelor and Masters Degrees related to Health Promotion up to a certain extent and offered at National Level are for Health Visitors, Medical Doctors, Health Psychologists. There is also a three-year Bachelor Degree for Professional Educators working in the field of Health.	CNESPS (National Centre of Epidemiology, Surveillance and Health Promotion of the Institute of Health, within the Ministry of Health)
Spain	Health professional with a focus on HP, Partially trained (not comprehensively) in professional practice but not in universities	There is a HP unit linked to PH and a working group in HP at regional level that meets in the Ministry of Health

Standards and Accreditation system in each country:

Countries	Registration for HP practitioners	Accreditation for training or education	Agreed competency frameworks or standards for HP country level	Recent or future developments in HP accreditation
Estonia	No, only for health care professionals (physicians, dentists, midwives and nurses) and pharmacists.	EKKA Quality Assessment Council adopted "The Requirements and Procedures for Institutional Accreditation" on 1 April 2011.	The Professional Standard of HP (III, IV, V) is issued by the Estonian Qualification Authority. The organisation, who is responsible for giving the accreditation for HP Specialist is the HP Union of Estonia.	The Tallinn Health Care College is planned to undergo the institutional accreditation in 2012.
United Kingdom	UK PH Register established in 2003, PH practitioner level is lower than PH specialist.	(Accreditation system described in WP6 report)	National occupational standards (NOS) for HP as a base for Continuing Professional Development (CPD)	UKRPH
Ireland	Not for HP practitioners. However, members of the medical profession, such as public health doctors and nurses who may deliver health promotion as part of their work but whose primary role is in their respective medical field have to register with their respective professional bodies to practice.	Not for HP practitioners.	Galway Consensus Statement and CompHP Core Competencies Framework for Health Promotion	
Italy	No. The registration is for the different professions such as Medical Doctors or psychologists.	No. Only Public Health. The Master course in HP & HE at the University of Perugia is recognised by the EU.MA.HP. consortium.	There are no agreed standards. HP is not a recognised profession and therefore no standards were officially set.	Proposal for a peer-reviewed accreditation system. The establishment of a network to discuss the possibility of future HP accreditation.
Spain	No	No, only in PH	No	No

CompHP Accreditation system in each country:

Countries	What would need to happen to be able to implement CompHP accreditation	Drivers	Barriers	Players in the process	Would you be able to imagine an European accreditation process
Estonia	The accreditation system (the mechanisms to guarantee quality) is in line with the education system	Same "HP specialist" in Europe, To increase the quality of HP education. To open similar study programs in European countries for students to study and practice aboard. To broaden the working field of HP specialists. To strengthen the HP in the public mind.	Different public health and health promotion infrastructure in European countries, limited working places at the local level.	The Estonian Qualification Authority The Health Promotion Union of Estonia	As our accreditatio system ends at the end of this year, a new pan-European system is very welcome. The new system should also consider more the work one person has done over the years (only considers what has been learnt, not actual work experience).
United Kingdom	Invest in involving and stimulating a sense of ownership in all stakeholders, Disseminate the CompHP Core Competencies and Professional Standards.	CompHP can be the basis for registration, instead of qualifications, focused on quality of professionals, to improve their position in the labor market and even more internationally.	Political climate, little resources, turbulence in health system, costs concerned with registration, complex structure of health system, regional differences , distinction between public health and health promotion is not so clear, accreditation of education/training in the UK lack of experience and interest.	The UKPHR: different routes The RSPH: possible accreditation body Academic institutions.	Start with the standards and implement their use with the HP providers (employers), so that they for example use them as requirements for staff.

Countries	What would need to happen to be able to implement CompHP accreditation	Drivers	Barriers	Players in the process	Would you be able to imagine an European accreditation process
Ireland	Leadership and commitment, Leadership within the main employer (HSE), Links between the key organisations, stakeholders and training bodies will need to be established, training in competencies needed for accreditation and practitioners training needs.	Would give the profession of HP recognition and professional status, The importance of Continuing Professional Development (CPD), there are some particular core skills that identify HP practitioners as specialists	Current economic climate, the status of health promotion is not always recognised, bringing staff up to competency standards, We could put all the structures in place and then it could fall flat on its face	HSE as the main employer, non-governmental organisations, the universities, the Department of Health and the unions. Health and Social Care Professional Council (CORU)	Engagement of the workforce would also be a priority action point. The CompHP products helped to make explicit the relationship between the two areas of practice
Italy	A complete culture change in the way HP is perceived, directed and conducted.	HP may gain more recognition, there could be a more organised and structured system. Money could be invested effectively. More accountability can be expected from HP practitioners. A new job opportunity in the labour market.	Current economic situation, conflict of interests, the status of HP, HP is not considered a profession but an added competence to one's profession, workforce far off from these competency levels, how HP practice is structured	Universities, Ministries of Health, of Education, and of employment, Regional Contacts	At a European level yes but I doubt Italian practitioners would find an added value to be accredited.

Countries	What would need to happen to be able to implement CompHP accreditation	Drivers	Barriers	Players in the process	Would you be able to imagine an European accreditation process
Spain	As Bologna process already exists, it would take a competence map, a labour market that incorporates HP accreditation, a good institutional support that professionals see it useful for mobility or enter into the labor market	All good, people know what their weaknesses and would offer training to complete the training, facilitates mobility in times of crisis, It would be better with the seal of Europe and the IUHPE	The difficulty lies in the competence map and how to demonstrate the experience or how the competence is developed.	Mix of players: Universities (CRUE), HP unit national and regional level (HP *Interterritorial* Council.) and professional associations	Consortium working a design as a package but run by the universities group

Appendix 11

Estonia Country Perspective Study

Health promotion practice within the Estonian national health infrastructure

Estonia's prior experience may be useful for the implementation of the system in other countries. Apart from that, in order to implement CompHP system in Estonia, three different sectors should be taken into account:

First of all, public sector-Ministry of Social Affairs; secondly, private/economy sector-development centres, and at the end educational sector, in particular universities. It is important to cooperate between sectors and initiate dialogues about the accreditation institution. Steps should be taken to see that the accreditation system (the mechanisms to guarantee quality) is in line with the education system (universities, vocational training etc). Finding "spokespersons" who take responsibility from every sector is important.

The accreditation system works only when the accreditation comes with an added value, for example higher salary for the specialists. Otherwise the accreditation does not interest practitioners who have nothing to gain from it.

The accreditation institution should show interest and offer information to stakeholders in order to provide the best possible education/training for specialists. Haapsalu College teaches Health Promotion but have state training-orders: their students have to pay for the studies (for example, teachers and IT specialists can study for free).

Practitioners interviewed in Estonia said that they would appreciate more cooperation with specialists/lecturers from all over the world- joint seminars, meetings, networks, marketing, in especial from European countries. They think it would be very helpful to join the universities network for sharing knowledge, curricula, etc.

Estonia has their own accreditation system that ends at the end of this year, so they consider a new pan-European system is very welcomed. The new system would also take into account not only the work one person has done over the years, the actual work experience, but also what has been learnt in those years.

The higher education system in Estonia is regulated primarily by the Universities. Accreditation should be integrated in national systems, be part of Universities and be more practical.

A system to support the awareness of the need for health promotion vocation is important; political dialogues are needed in all sectors (education, business, etc) as the interest in health promotion at the moment is considerably low.

Health Promotion is a separate function area in Estonia at the community level, so they think it is not intrinsic.

a. Health Promotion Training in Estonia:

The common job title is a "health promotion specialist". This is defined by:

1. The professional standard of health promoters (issued by the Estonian Qualification Authority),
2. Job description documents at the County Governments.

When we asked Estonia practitioners if there is a dedicated Health Promotion workforce with specialised training, they responded yes, because in Estonia, health promotion specialist is a professional with qualified higher education. Therefore, we analyse different possibilities for Estonian professionals to prove their training in their own accreditation system.

1. The health promotion specialist study program of Tallinn Health Care College[29] corresponds to higher education standard[30].

   Title of study program: Health Promotion
   Level of study program: Professional higher education
   Academic field: Health and well-being
   Date of registration: May 30, 2007
   Volume in European Credit Transfer and Accumulation System (ECTS): 180 ECTS
   Nominal period of studies: 3 years
   Admission requirements: secondary education or equivalent foreign qualification.
   Documents issued upon graduation: An applied higher education diploma with an academic statement and *Diploma Supplement* in English.

2. Also, there is an option to study health promotion at the Haapsalu College of Tallinn University:

   The curriculum of Health Manager
   Capacity: 180 ECTS

[29] More about the college at http://www.ttk.ee/29025/
[30] The curriculum of Health Promotion is available at http://www.ttk.ee/public/Health_promotion_study_programme.pdf

Time of study: 3 years
Degree: Diploma (distance study)

3. The Department of Public Health at the University of Tartu, provides graduate and post-graduate training (master and doctoral programmes) in public health and has a wide portfolio of research projects in the domain of public health[31].

The curriculum of the Master of Public Health programme has 4 options for specialisation:

- Health Care Management
- Health Promotion
- Environmental Health
- Epidemiology.

Organisations within the health promotion field:

The Ministry of Social Affairs is the steward of the Estonian health system. There is no an identifiable "Health Promotion" unit/section/department at the Ministry of Social Affairs of Estonia[32]. Health Promotion is as a function of Public Health.

The main functions of Public Health Department are to describe health policy and organise its implementation with the objective of ensuring health protection and a healthy environment, promoting health, preventing diseases and damage caused by disease.

National Institute for Health Development (NIHD) is a governmental organisation under the Ministry of Social Affairs of Estonia.

The Development Centre of NIHD participates in the preparation of health and social welfare policies and strategies, programmes and development plans; also it coordinates the activities of networks of health-promoting kindergartens, schools, workplaces and hospitals and the activities of county health councils. There is a separate unit for health promotion[33].

Also, health promotion and disease prevention are priorities for the Estonian Health Insurance Fund (EHIF). The Health Insurance Fund operates within the area of

[31] More information is available at http://www.arth.ut.ee/602972
[32] Ministry of Social Affairs/Health Policy Division/Public Health Department contacts: Head of Department ; Head of Health Policy
[33] NIHD/Health Promotion Department contacts: Head of Department: Ms Tiia Pertel; Chief specialist (Health promotion in communities): Ms Laura Aaben

administration of the Ministry of Social Affairs, being not its agency but an independent legal body under public law.

The disease prevention projects and health promotion activities (social campaigns, dissemination of health information, counselling, etc) financed by EHIF[34] constitutes a part of the activities in the relevant field to be undertaken in the framework of the National Health Strategy.

1. County Governments. Estonia has two administrative levels: state and municipal. Country government represents the state regionally but without any legal power. There are 15 countries in Estonia, in each country there is one health promotion specialist.
2. Local Governments. A Municipality is the smallest administrative subdivision of Estonia. There are a total of 227 municipalities. Municipalities in Estonia are of two types: urban municipalities, or towns and rural municipalities. Some urban municipalities are divided into districts with limited self-government, e.g. Tallinn (the capital of Estonia) consists of 8 districts. At present time, workplaces for health promotion specialists are only available in Tallinn's districts. The main reason why they are not available in other municipalities is the limited budget of local governments.

There are opportunities for working in health promotion area as a specialist or project manager at the National Institute for Health Development; as a specialist in the Ministry of Social Affairs, or as a project manager in non-profitable organisations and private firms. However, all these opportunities are very limited.

A professional association for practitioners is the Health Promotion Union of Estonia[35]. It is a non-profit organisation. The profile of members is wide: health promotion practitioners, public health specialists, health promotion students and teachers, etc.

National Institute for Health Development (NIHD) is a governmental organisation under the Ministry of Social Affairs of Estonia. The Development Centre of the National Institute for Health Development is carrying out the activities in the following areas:

- child health promotion
- prevention of substance abuse
- prevention of HIV/AIDS
- prevention of cardiovascular diseases including tobacco cessation, nutrition and physical activity

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[34] EHIF/ Health Care Department contacts:
Health care specialist: Ms Tiina Tõemets More information can be found at
http://eurohealthnet.eu/organisation/member/national-institute-health-development
[35] The Chairman of the Board: Ms Ülle Rüüson; The Director of the Union: Ms Liina

- prevention of tuberculosis
- prevention of cancer

The NIHD, responsible for the implementation of all national public health strategies, does not carry out all activities by itself, but rather outsources some services to NGOs (such as needle exchange programs, illegal drugs, alcohol and smoking prevention, sexual health, youth counselling, etc.).

In 2005 a strategy for prevention of cardiovascular diseases (CVD) was enforced. It is a first step towards centrally financed but regionally implemented as national public health programs. A new management system was set up based on Country Health Councils. A Country Health Council was set up by each country government (legally a subsidiary of central government), consisting of a broad spectrum of representatives from Country Governor's offices, local governments, and stakeholder groups.

In every country health rooms were implemented where local people can get first information about public health problems and services. Health promotion specialists work mainly there and help coordinating the work of Country Health Councils.

Health promotion specialist's primary orientations are:

1. developing and activating people in community in order to manage with solving local problems and enhancing life quality;
2. influencing different political decisions for achieving health supporting environment;
3. developing partnership with different sectors and institutions;
4. developing the population's health consciousness and skills;
5. launching support groups for developing health supporting environment;
6. to make the health services available for everybody;
7. analysing population's health situation.

Current Competencies, Standards and Accreditation:

There is no registration system available at state level. In Estonia, health promotion specialists are not included to register as health care workers by the law. The state registers (under the Ministry of Social Affairs) only for health care professionals (physicians, dentists, midwives and nurses) and pharmacists and issues registration certificates. The formal higher education for health promotion can be received both at college level and at university level. The Professional Standard of Health Promotion (III, IV, V) is issued by the Estonian Qualification Authority. The organisation, who is responsible for giving the accreditation for Health Promotion Specialist is the Health Promotion Union of Estonia.

During 2009 till 2012, the Ministry of Education and Research implemented the transition from former accreditation system, in which individual study programs were accredited, to quality assessment of study program groups. This period was (and is) called transitional evaluation. EKKA Quality Assessment Council has laid down the requirements for the transitional evaluation and the procedure for its implementation[36]. These groups were assessed from three aspects: quality, resources, and sustainability of studies.

The Tallinn Health Care College received the right to conduct studies by higher education in the health care study program group (Health Promotion program included) in 31.12.2009. One of the main functions of EKKA is to carry out institutional accreditation of institutions that provide higher education in Estonia. Educational institutions must undergo institutional accreditation at least once in seven years. EKKA Quality Assessment Council adopted "The Requirements and Procedures for Institutional Accreditation" on the 1st of April of 2011[37].

Implementation of the CompHP products:

The Tallinn Health Care College is planned to undergo the institutional accreditation in 2012. The health promotion specialist study program at the Tallinn Health Care College corresponds to higher education standards, comprising integrated theory and practice studies. Also, it corresponds to the Professional Standard of Health Promotion (III, IV, V), issued by the Estonian Qualification Authority.

- The Professional Standard of Health Promotion (III, IV, V) should be updated according to the CompHP.
- The national accreditation system of health promotion specialists, implemented by the Health Promotion Union of Estonia, can be integrated to the CompHP registration and accreditation system.
- The health promotion curriculums should be re-evaluated based on the CompHP project.

Being asked about what would be needed to take these steps; Estonian practitioners said creating a working group of experts. In order to reach those drivers for the implementation, these should be:

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36 http://ekka.archimedes.ee/files/%C3%9Cleminekuhindamise%20n%C3%B5uded%20ja%20l%C3%A4bivii mise%20kord_14.10.09_parandatud_ENG.pdf

37 http://ekka.archimedes.ee/files/IA_tingimused_kord_ENG%20(14.11.11).pdf)
Explanatory memorandum: http://ekka.archimedes.ee/files/IA_SELETUSKIRI_nov2011.pdf

- To use the common language when talking about the “health promotion specialist” in Europe.
- To increase the quality of health promotion education.
- To open similar study programs in European countries that will make available opportunities for students to study and practice aboard.
- To broaden the working field of health promotion specialists.
- To strengthen the health promotion in the public mind.

An important barrier to implement an accreditation system is that there are differences between public health and health promotion infrastructure in European countries, and limited working places at the local level. There are mainly two organisations that can help us to implement this system: The Estonian Qualification Authority and the Health Promotion Union of Estonia.

Appendix 12

UK Country Perspective Study

Health promotion within the national health infrastructure:

Health promotion in the UK is subsumed into the umbrella concept of public health. The most commonly used term is not health promotion but health improvement. Public health is one of the functions of the Department of Health, which is responsible for government policy for health and social care matters (http://www.dh.gov.uk/en/index.htm). For the organisation and execution of health services, the Department of Health provides funding to the National Health Service (NHS) which provides all publicly accessible health related services. There are 4 UK regions each with their own NHS system (NHS Scotland, NHS Wales, and HSC Northern Ireland) which operate independently and are politically accountable to the relevant governments.

There currently many changes underway in the organisation and responsibilities of the public health system as a result of The Health and Social Care Bill (2011). In relation to health promotion these changes mainly relate to local authorities taking on a stronger role in shaping services and taking over the responsibility for local population health improvement. Some local authorities already have health promotion teams or posts within departments, for example, environmental health or community development and others are developing this the coming years.

Health promotion practitioners:

In the UK health promotion practice there are practitioners whose work follows the definition of a Health Promotion Practitioner as described in the CompHP Core Competencies Framework for Health Promotion (2010) but the term that is used in their function description varies. The term health improvement is the most commonly used for Health Promotion while Health Development is less frequently used.

In many areas health promotion is part of, or closely linked, to NHS public health teams. Other possible employers are local governments, educational institutes, the voluntary and charitable sector, health care providers and some private institutes. For many practitioners health promotion is not their main activity, but rather a part of their role or function, for example, health visitors and sexual health advisors.

There is specialised training available for practitioners in the field of multidisciplinary public health and health promotion and this has been the case for some years. At basic levels health improvement training (for example, by the RSPH) is available. Most practitioners have a Masters level education, some in health promotion, but more commonly in recent years in public health, which includes some coverage health promotion. There is a wide range of course available, covering different aspects of multidisciplinary public health.[38] (www.publichealthcoursesguide.nhs.uk).

Organisations within the health promotion field:

As already listed there are various types of organisations active in the field of health promotion, but not all have health promotion as their explicitly defined objective. The most important employers are the NHS Primary Care Trusts, provider organisations, Strategic Health Authorities (though their role will change in the near future), local authorities, social enterprises, charities and private companies.

There are two important professional associations that provide support for health promotion practitioners, although they target a broader audience of public health professionals.

- The Faculty of Public Health (FPH) is the professional body for specialists in public health. It is a charity and membership organisation for professionals who work in Public Health. Its mission is to promote and protect the health and wellbeing of everyone in society by playing a leading role in assuring an effective public health workforce, promoting public health knowledge and advocating for the very best

[38] www.publichealthcoursesguide.nhs.uk

conditions for good health. The FPH is guided by three main objectives: to promote for the public benefit the advancement of knowledge in the field of public health; to develop public health with a view to maintaining the highest possible standards of professional competence and practice; and to act as an authoritative body for the purpose of consultation and advocacy in matters of educational or public interest concerning public health. The work of the FPH can be divides in three key areas. The first two are Professional affairs and Advocacy & policy contribution. The third is setting, monitoring and promoting standards in education and training for public Health in the UK through for example the accreditation of Public Health Specialists. [http://www.fph.org.uk]. Health promotion practitioners may be eligible of admission into the FHP but would need to demonstrate competence across the full range of public health skills[39].

- The Royal Society of Public Health (RSPH) is an independent charity and a membership organisation or all working in the area of Public Health. It provides qualifications in various Public Health subjects (through a network of registered training centres), and runs conferences and an accreditation service for health and safety related products. [http://www.rsph.org.uk]

Those working in NHS/LAs may be members of trade unions, as a private choice.

Current Competencies, Standards and Accreditation:

a. Standards

There are professional standards in use in the UK since 1997. These national occupational standards (NOS) for health promotion outlined the required skills, knowledge and understanding for practitioners. At the beginning of this century these health promotion standards were replaced by multidisciplinary public health standards at specialist level followed by and practice level. These standards are used as a basis

[39] See http://www.fph.org.uk

for the development of training and education for Continuing Professional Development (CPD). REFS

b. Accreditation

The UK Public Health Register (UKPHR) was established in 2003 to ensure that competent public health professionals are registered and that a high standard of practice is ensured. There are three main routes to apply for admission to the UKPHR: the standard route, the portfolio assessment routes and the dual route. The standard route is the route that most applicants undertake and consists of completion of approved prospective education and training programmes. The Portfolio Assessment routes are aimed at professionals already working at a senior level as a generalist or a defined specialist. For admission to the register applicants must complete and demonstrate a portfolio. There are three sub-routes within the Portfolio Assessment routes: the Dual Route is directed at specialists who are already registered in other, pre-recognised specialist registers.

New members can apply at any time and after admission the registrant is registered for five years. After five years, a new assessment has to take place. This revalidation system is being developed at the moment. The Register will base the revalidation system on proposals from relevant professional bodies. Revalidation will thus be based on the competencies that a registrant is required to have for his or her job(s) during this period of five years. A central element of the revalidation system will be an annual professional appraisal and continuing professional development (CPD).

Developments:

As stated, public health specialists have been registered and regulated by the UKPHR since 2003. However public health practitioners, who have key public health roles, are not. Therefore the UKPHR was commissioned to develop a regulation system for public health practitioners with a first draft of the standards based on the PHSCF published in 2008. Other documents that informed their development included the Knowledge and Skills framework from the NHS and the NOS for public health. After the first draft was

published the standards were piloted and the findings used to make recommendations for revision which was followed by several rounds of consultation f. The final draft was completed end 2009 which framed the required skills and knowledge around four key areas of practice: professional and ethical practice, technical competencies in public health, application of public health competencies to public health work and underpinning skills and knowledge. Each area consists of several indicators of effective practice.

However, the registration route for practitioners has not been implemented as the UK Department of Health to postpone the implementation until a review of the regulatory frameworks for public health professionals is conducted to ensure that current policy has been considered for the full range of public health professions.

In a response to consultation, the UKPHR Board proposed that the Register may be divided into a statutory regulation for specialist and a voluntary regulation of practitioners. The findings of this review are probably significant for the accreditation. The results are expected in summer 2012 and will be taken into account in the CompHP project.

In the development and consultation phases described above, the need for practitioner and advanced practitioner levels were identified. However, the development of an advanced practitioner level was suspended because of ongoing work on advanced practice as a regulatory issue. UKPHR has announced to continue to focus attention on practitioner registration.

Appendix 13

Ireland Country Perspective Study

Health Promotion within the national health infrastructure:

In Ireland there has been considerable progress and investment in Health Promotion development over the past thirty years. The Health Education Bureau was established in 1975 and this was then replaced in 1988 by the Health Promotion Unit (HPU), within the Department of Health which established Health Promotion at a national level. THE HPU was established with a dual remit: a policy formulation function within the Department of Health and Children for a multi-sectoral approach to health issues and an executive function concerned with the development of and implementation of health promotion programmes and initiatives in conjunction with statutory and non-statutory agencies.

The Chair of Health Promotion and the Department of Health Promotion, National University of Ireland Galway (NUI Galway) was established with the support of the Department of Health as part of a revised National Structure for Health Promotion in 1990. Within the Health Service Executive (HSE) in 1995 dedicated health promotion posts were established and since then dedicated teams of health promotion staff are employed alongside dedicated public health medicine posts at HSE regional levels.

The Department of Health and Children and the HSE:

The responsibility for the development of health promotion policy lies with the Health Promotion Unit of the Department of Health and Children and the responsibility for managing and delivering the health and social services to the Irish people is the responsibility of the Health Service Executive (HSE), which is an agency of the Department of Health and Children. The HSE was formed in 2005. Prior to the establishment of the HSE health care services were delivered through a range of different agencies each of which was independently answerable to the Department of Health. With the establishment of the HSE health promotion was seen as a key priority area and the Health Promotion function of the HSE was located within the Population

Health Division. In 2008 the Directorate of Population Health was abolished and the health promotion function is now under the Primary Care and Social Inclusion Division. This will change in the near future as the current Minister for Health has just announced (18th December, 2011) that the HSE, in its current form, is to be abolished and instead will be organised along Service lines, each of which will be under the control of a Director. The new Directorate structure will involve the identification of clear areas of priority and the establishment of responsible directors for those Service Lines. The following seven areas will be the subject of a Directorship — Hospital Care, Primary Care, Mental Health, Children and Family Services, Social Care, Public Health and Corporate/Shared Services. It is likely that Health Promotion will be organised under the Public Health function.

The first Health Promotion Strategy was published in 1995 and since then a wide range of policy documents and national strategies have developed and been implemented concerned with promoting positive health together with a arrange of policy initiatives on specific issues such as food and nutrition, alcohol, youth, women's health, heart health, breastfeeding, health at work and older people.

Health the Wider Dimensions 1986
Promoting Health Through Public Policy, 1987
The Years Ahead – A policy for the elderly (1998)
Shaping a Healthier Future, 1994
Cancer Services in Ireland – A National Strategy (1996)
A National Breast-feeding policy for Ireland (1996)
A Plan for Women's Health (1997)
Building Healthier Hearts (1999)
Youth as a Resource: Promoting the Health of Young People at Risk (1999)
The National Children's Strategy (2000)
National Health Promotion Strategy (2000-2005) (2000)
Traveller health national strategy (2002)
Quality and Fairness – a health service for all (2001)
Report of the National Task Force on Obesity (2005)
A Vision for Change - mental health (2006)
A Strategy for **Cancer Control (2006)**
Cardiovascular Health Strategy (2010)

Table 7: Health Promotion and Health Policy Documents

The Health Promotion Workforce:

Within the HSE dedicated health promotion teams are employed at regional health board level. Each has a dedicated Health Promotion Manager and includes Senior Health Promotion Officers, Health Promotion Officers, Community Dieticians and Support Officers. These officers are charged with developing and implementing programmes within the topics, settings and population group areas. In some regions, Health Promotion Officers have a dedicated function (such as young people, community or mental health) and in others their function is more generic, covering a number of different areas.

In 1999, there was 68 staff employed in health promotion services. A review by McKenna et al., 2004) found that there was approximately 307 staff employed in health promotion services in the HSE. However, in recent years these numbers have been reduced due to cuts in public spending and recruitment embargos within the public sector. The current HSE health promotion workforce is just less than 200 nationwide including administration staff.

Position	Number 2004[40]	Number 2011[41]
Health Promotion Managers (includes FM and Grade VIII)	10	6
Senior Health Promotion Officers Grade VII	47	47
Health Promotion Officers (Grade VI & V)	85	56
Subtotal	142	109
Dieticians	46	39
Subtotal	188	148
Admin	NA	47

** **Table 8: HSE Health Promotion Staffing: Levels**

While most health promotion activity takes place in the HSE, there is a wide range of voluntary and nongovernmental organisations such as the Irish Heart Foundation,

[40] Figures are from the McKenna et al., 2004) ?? REF
[41] Figures are taken from direct communication with the HSE, December, 2011

National Youth Council and Irish Cancer Society who consider health promotion as a key part of the service they offer or include it in their organisational remit. While these organisations are not part of the HSE they do provide essential services to the population. They often work closely with health promotion officers within the HSE and some of their funding comes from government. They also employ dedicated health promotion staff.

Many of these organisations employ between one and four health promotion staff on either a full-time or part-time basis. In addition there are many health care professionals, teachers and community workers across the country in many organisations and state agencies that while not working on a whole-time basis as health promotion practitioners but may have some health promotion work in their profile.

Health Promotion Practitioners

In Ireland the Health and Social Care Professional Council (CORU) is the organisation with responsibility for regulating health and social care professionals. The aim of CORU is to set and enforce the standards of education, practice, performance, conduct and ethics for each of the professionals and to deal with situations where registrants do not meet these standards. The Health and Social Care Professionals Act became law in 2005 and CORU was established as a result of that act. The mission of CORU is set out in section 7 of the HSCP Act as follows:

'To protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions'.

The HSCP Act also lists the practitioners covered by the act. However, health promotion is not mentioned.

In the HSE health promotion practitioners are classified as a clerical/administrative grade. This classification is for pay purposes but it means that practitioners are not

classified as an allied health care professional under the Health and Social Care Professionals Act.

Health Promotion Training in Ireland:

Health Promotion is now firmly established at university level with three undergraduate courses and four postgraduate courses offered in Health Promotion throughout the country. Health promotion specialist certificates are delivered to a wide range of health care professionals such as doctors and nurses and allied health care professionals. In addition, health promotion modules are now a key feature of undergraduate and post graduate programmes in medicine, nursing, social sciences and family support and health sciences. This means there is now a strong base of skilled workers available to both the voluntary and statutory sectors.

Training and development of health professionals was recognised as being essential to the development of health promotion programmes in the health services in the National Health Promotion Strategy (Department of Health, 2000). A review of the National Health Promotion Strategy (McKenna et al., 2004), stated there was a skilled and competent workforce in place, many with dedicated postgraduate level training in health promotion to master's level. Therefore, the knowledge and skill base is strong and levels of commitment and innovation are high and this provides a very good base for sustaining and further developing current levels of activity. The review also noted that there is a need to enhance the leadership and expertise at national and regional levels to strategically direct the national health promoted agenda in line with best international practice. The review recommends that there be continued investment in resources, both in terms of strategic leadership at national and regional levels and capacity building for the health promotion workforce (McKenna et al., 2004).

Organisations within the health promotion field:

The Association for Health Promotion, Ireland (AHPI), was formed in 1997 and is a national forum through which a range of expertise and experience in the fields of health promotion and health education can be shared. Membership is voluntary and

the AHPI and is a member of the International Union of Health Promotion (IUHPE). The AHPI is independent of employers' organisations and provides support and networking opportunities for members. The membership of the AHPI is open to staff employed to undertake the facilitation or coordination of health promotion or education programmes as their main role (full membership) and staff whose role includes an element of health promotion or health education (associate membership). Students of health promotion can apply for associate membership.

Current Competencies, Standards and Accreditation:

a. Standards

There is an agreed competency framework or standards for health promotion in use in Ireland since 2009; the Galway Consensus Statement. The core domains of competency agreed to at the meeting were: catalysing change, leadership, assessment, planning, implementation, evaluation, advocacy and partnerships. Nowadays, the CompHP Core Competencies Framework for Health Promotion is also in use.

b. Accreditation

At this moment, there is not a registration or accreditation for training or education, for health promotion practitioners. However, members of the medical profession, such as public health doctors and nurses who may deliver health promotion as part of their work but whose primary role is in their respective medical field, have to register with their respective professional bodies to practice.

Implementation of the CompHP products

> Do you think that the CompHP Accreditation Framework could be implemented in the near future in Ireland? If NO, will the focus be on the implementation of the CompHP Core Competencies and/or Professional Standards? Why?

There was unanimous support among all of those interviewed for the implementation of the CompHP Core Accreditation Framework in Ireland. Participants largely felt that it would be a very positive development for the practice of health promotion in Ireland and as one respondent said ‘professional accreditation was necessary for the profession’.

It was felt by many that the process would be unlikely to happen in the near future (generally understood to be one to two years) but could certainly happen within five years. Many respondents felt that there would be a delay for a number of reasons.

First of all, a few respondents expressed concerns that the current structures were sufficient and that these needed to be developed and strengthened before implementation could take place. In addition, the body to take charge of and with responsibility to implement the process would need to be identified and developed.

Another respondent mentioned that it was important to get the buy in from the practitioners and all the key stakeholders at the very beginning. In short, there was a lot of preparation that needed to be done before the process could begin.

The Accreditation implementation process itself would also take time. One respondent felt that consensus had already been achieved on a lot of things and this was important. The implementation itself would need time to be phased in and this would involve some delay period. Time due to the current economic climate was also mentioned as a concern by one respondent but they also felt that on the other hand the timing and climate was good as the new Public Health Policy is being developed and this could be a good time for health promotion.

According to one respondent it was an important issue and was optimistic it could happen if the resources were made available. Some of the responses were 'I would argue that it ought to be and it can and should be', 'for the future of health promotion it must be implemented'

One respondent felt that while they would like to see the Accreditation Framework implemented it was very aspirational. However, they felt that the Competencies were more important as they set out a sense of what Health Promotion is and what is unique to health promotion practice. Another respondent said that even if it is not introduced the CompHP Core Competencies and Standards will be useful as they can lead to a standardised version of what we view as being a particular Health Promotion portfolio.

Although some concerns were expressed about implementing CompHP Accreditation in the near future, none of the difficulties mentioned were seen as being insurmountable with the drive and support from all of the key stakeholders and the time necessary to plan and implement the initiative. One respondent summed it up by saying 'it is an important issue and I am optimistic it could happen if the resources were made available'.

> How could the implementation of the CompHP registration and accreditation system be taken forward in Ireland?

Participants had many ideas and suggestions on how CompHP registration and accreditation could be taken forward in Ireland.

One of the key points identified as being necessary was commitment to the process. This commitment needs to come from the health promotion managers within the HSE and in the Non Governmental Organisations with a Health Promotion remit but also from the Department of Health who need to take this on board. Implementing the Accreditation Framework needs to be seen as an essential part of Health Promotion in Ireland going into the future As one respondent said, 'this needs to be seen as important in the HSE, in the NGOs but also the Dept of Health and the Minister of Health'.

It would be important to ensure that all the key stakeholders are involved, have the opportunity to express their view and be part of the process of agreeing nationally as to how the process can be developed and carried. A discussion needs to be had with health promotion staff from across the country and include staff not only from practice in the HSE and NGOs but also academic staff in the universities and all those responsible for health promotion training.

Health promotion staff needs to know what the Accreditation and Registration Frameworks are and what it means for them in real terms. Views need to be articulated and listened to so they can be part of the process. One respondent summed it up in saying 'let the workforce know what the comps are and what they

mean in practice. People need to be brought along' and others said 'it needs to represent all views' and 'it needs to be done jointly because Health Promotion staff come from multidisciplinary backgrounds'.

Many respondents articulated that somebody needs to take responsibility for this and lead on this and drive it forward. Manpower and financial resources are needed to do this and it would take time to put everything in place. A number of people identified a role for the AHPI in this and felt as the professional body they should be the ones to drive this forward however, their capacity to do so was also mentioned. One respondent summed it up as 'It will only be taken forward it someone is prepared to put in the time, effort and energy into leading it forward. Identify a lead person or a lead group who is going to be charged with that responsibility.'

A few respondents felt that the development of the new Public Health Strategy would assist in this by facilitating the drive and providing a real motivation to define what the role of a Health promotion practitioner is. Another respondent felt that with a combination of the CompHP Framework the new Public Heath Strategy and the AHPI moving forward there should be a good chance of progress. Another respondent felt that the Institute for Public Health could play a role and provide the link between health promotion and public health.

In summary, this needs to be a collaborative endeavour with the support of the AHPI, the colleges, universities, Health promotion managers and the Department of Health. It was identified that there was a lot of work involved in the initial setting up and it would likely need a 3-5 year timeframe to implement. It was important to ensure that all the key stakeholders were involved and included.

What would be the first steps in achieving this?

Participants were in general agreement about the steps needed and had many ideas as to how this would happen

Many respondents started by saying that agreement was needed and this involved representation from all the different sectors involved: the HSE, NGOs, the academic sector, and the Department of Health. It was suggested that an advisory group with representation from across all the above mentioned sectors and possibly with some representation from HIQA be established.

The next step and most frequently mentioned step by all respondents is that it is necessary to identify a person or persons who would be charged with implementing the Accreditation Framework and be responsible for doing the necessary work to drive it forward. Some respondents felt that this needed to be driven by the professional association which in Ireland is the AHPI. One respondent said that in addition to the AHPI the 'HSE managers need to actively drive this – we need to see it as something valuable'. It was generally recognised that a lot of work was needed in the preparatory stage and this would involve employing someone with the specific task of driving the process forward.

Once it is established as to whose job it would it be and whose role it would be there is a whole body of work to be done around scoping it out and looking in detail at what is needed: how the professional development framework will be established, looking at other models and how other professions set up their accreditation frameworks, talking to staff on the ground, eliciting their views and having a national dialogue on the process.

The Health Promotion workforce was seen as being a key part of the process. There needs to be dialogue with the workforce and have a discussion on the CompHP Accreditation Framework. To do this it was important that people knew what the CompHP products were about, what the advantages were to them as individuals, the advantage for the wider work practices and what the process of accreditation and registration would mean for their own professional careers. Basically they would need to know what the competencies etc are and what they mean in practice and what the value to the Accreditation process is. It was seen as being very important that there

was agreement from the workforce and that they were onboard. According to one respondent 'a national leader is needed to get the staff on the ground engaged'.

Disseminating the CompHP Frameworks to the workforce would be a start. Another respondent suggested setting up user groups representing the different areas of practice and that it was necessary to develop a format that practitioners would engage with. It would also be necessary to look at current practice and look at the key priorities. In the HSE it would be important to look at the Health Promotion Strategic Framework and see how CompHP fits with that. One respondent suggested preparing a document outlining the importance of registration and accreditation and why not having it is a major disadvantage.

After that we need to look at structures that will allow the standards to be applied in practice and then have the structures that will allow the accreditation to be set up from both the educational and practice end. This will also involve looking at people's work practice and if they would have to change. This also applies to the universities who will be delivering the training programmes and will need to map their training to the CompHP Competencies and Standards.

Many respondents suggested that some work needs to be done looking at models of implementing an accreditation system and look at how it happened. This could provide a lot of information and help inform how the process can be developed in Ireland.

The whole process of how staff was going to be accredited was also explored. Again looking at other models, such as the model used in the Netherlands, could be useful in informing the process. The role of the professional organisation here would be important as 'they would have the clout to register people and you would have to maintain your accreditation with your CPD or ongoing training'.

The ground rules of accreditation and registration would have to be established at the beginning and the process determined. The scope for how this could be done is enormous and there is a lot of work around looking at this, and agreeing the process.

In addition, this would also have to consider the need to have recognition of past experience in lieu of formal health promotion qualification in cases where necessary and only new entrants will require qualification.

Some respondents felt that whether the scheme would be voluntary or mandatory was very important. If voluntary it would need a high level of buy in and if mandatory then employers needed to put the correct support for staff in place to facilitate this. In addition employee's rights need to be protected. One respondent felt that in time it would need to become a requirement of employment and acknowledged that while it would be hard, it would really solidify or concretise HP

For all of this to happen funding is also needed. A few respondents suggested that a joint proposal for resources from all of the key stakeholders be put together to ensure that this does happen.

> What would be needed to take these steps (you can think about support/resources)? What should be invested in?

Participants were again in broad general agreement about what needed to be invested in to take the steps outlined in the previous question.

Leadership and commitment to the process were generally seen as being key. Buy in from the key people and organisations such as the HSE and Department of Health are necessary. Then in order to lead the project forward, a lead person or lead group needs to be identified who is prepared to put in the time, effort and energy into the process.

With regard to leadership participants spoke about the importance of leadership nationally. One participant felt that a national leader, who has a national focus, strong vision, skills to engage at all levels, and the competency to drive the project is needed. Leadership within the main employer (HSE) was important also. One respondent said 'we need a champion within the HSE who will champion it, roll it out, and meet people and answer questions as a huge factor is in engaging people and having them feel

positive about it'. Leadership and commitment from practitioners themselves were also identified. As one respondent said 'this needs to be driven by practitioners nationally and a group like the AHPI' and another agreed but also added that it needed to be built into HSE service plans.

Other participants also spoke about the need to appoint a person who can do a body of work around this. One of the functions of this position would be to look at existing models of accreditation that are out there and examine how it was done what lessons can be learned for the implementation of the CompHP Accreditation Framework. Structures will need to be put in place. Links between the key organisations, stakeholders and training bodies will need to be established. It is very important that all the different sectors are engaged and part of the process.

Training was also identified as being a very important area. This was looked at in two ways. Firstly, it is essential that there is a match between the competencies/standards needed for registration and accreditation and the training course being provided. This has in part already been addressed with all of the academics interviewed stating that they have already begun the process of mapping their courses to either the Galway Consensus Statement or the CompHP Core Competencies for Health Promotion Framework.

The other aspect of training identified was in relation to helping practitioners identify what their training needs were. One respondent said, 'we need to carry out an audit of current training status with the CompHP Framework as a guide to, determine the need among staff and based on feedback and audit deliver the appropriate training'. Staff needed to be supported not only by management when training needs are identified but also by the training bodies and universities who will need to be support training requirements. The workforce development needs to be well supported.

One respondent felt that the formal course provision would be the easy part. Working out the accreditation process was going to be more challenging. There are some practitioners within the workforce who do not have any formal training in Health

Promotion so it would be necessary to develop a means of recognising past experience in lieu of formal health promotion qualifications in cases where necessary. This may involve some form of 'grandparenting' scheme. In addition it would have to be established if the assessment would be self-assessment or if practitioners would be externally measures. There is the need to agree how long training is valued for and how often up-skilling needs to happen. Basically, the scope for how this could be done is huge and this all needs to be examined.

In order for all of this to happen funding needs to be made available to employ someone, perhaps through the AHPI, who can do the body of research needed around this.

Finally the last resource identified was time. One respondent summed it up by saying, 'time is the main thing. Disseminating it and for staff to become familiar with and also for our own management as well to allow for a reorientation of our own work practices that would reflect the core competencies'.

> What are the main drivers for the implementation of the Framework? How can we make use of them? How can we reinforce them?

The first and most commonly driver identified in all the interview was that this would give the profession of Health Promotion recognition and professional status. For most of the practitioners this was significant and there was the acknowledgement that for Health Promotion to get stronger recognition there was a need for standards, accreditation and a professional body. One practitioner summed it up by saying, 'there is mood among practitioners for recognition of skills that they have and a desire for professional recognition and the status that comes with that. So I think that is a clear driver – there is an appetite to look at this'. The CompHP Accreditation Framework will give Health Promotion the formal recognition that it is lacking and that is something that would be welcomed by the workforce.

The importance of Continuing Professional Development (CPD) was also seen as being an important driver. At the moment there are few requirements for CPD and

professional accreditation and continuing standards would be important for accountability and good practice.

There was the recognition that there are some particular core skills that identify health promotion practitioners as specialists. Related to this was that it would help standardise practice, not only nationally but internationally and these were also important drivers.

Two policy documents were identified also as being important drivers. The first of these is the Health Promotion Strategic Framework (HPSF) which has been prepared by the HSE. In the (HPSF) the emphasis is on a shift to a more generic health promotion approach and this is more closely aligned to the competencies described in the CompHP Framework documents. This has caused people to start to think 'what competencies do I need?'.

The other policy document which has been identified as a driver is the new public health policy which is due for publication soon. Health promotion practitioners were part of the national consultation and it is hoped that politically this will present practitioners with an opportunity to raise the profile and profile of health promotion.

Within the organisations involved in health promotion drivers were also identified. National policy needs to be supportive of this so there needs to be the political and organisational will to drive this out. The universities, non-governmental organisations, HSE staff and management were all identified as being important.

> What are the possible barriers or problems in the implementation of the Framework? What are the possible solutions/ways around these?

A number of barriers were discussed by participants. The current economic climate is having a negative impact in many ways. Many staff has been lost over the past two years and lots of highly skilled professionals have been lost through redundancy and retirement. In addition to this, due to resource constraints funding levels have been reduced. One participant felt, 'we are working against a complex background where in

the current economic climate the focus is on acute health services'. Another participant felt that the status of health promotion is not always recognised and this is a barrier. However, one of the ways around this is 'showing that it does work, that it is value for money and that it is economical, showing that it has worth and is effective'.

For some, staff on the ground is very stretched at the moment. There may be some level of cynicism or low morale; however one respondent did not see this as insurmountable with the right support. However, as staff levels are depleted and some people may feel they have enough to do without taking on anything new. Possibly due to this, some felt that staff are not engaging with the process. Again leadership and support were seen as ways of helping staff.

Bringing staff up to competency standards were identified by one respondent. This is a barrier at the moment in the HSE as funding for training is not currently available for health promotion. One respondent said they 'need to break the impasse on training'.

Another potential barrier identified was that we could put all the structures in place and then it could fall flat on its face. This respondent said, 'we do know from doing other things in Ireland that once you roll out the policy, that unless you pay attention to the implementation of it, it may not happen properly or happen at all'.

> Who/what organisations will be the key players in this process? What could their roles be in developing and maintaining the accreditation process?

The HSE as the main employer were considered important, in addition to the non-governmental organisations, the universities, the Department of Health and the unions.

All of these key organisations and stakeholders need to be represented at all stages throughout the development and implementation of the process. At a later stage it may also be necessary to involve someone from Human Resources (HR) in the HSE and also involve the Health and Social Care Professional Council (CORU).

However, as the professional organisation for health promotion practitioners, the AHPI were seen as being one of the key players in the process. They were identified as being the organisation most appropriate for taking responsibility to drive this project and be responsible for the administration of the scheme. One respondent said that they are 'the only organisation with the mandate or credibility'. In addition, one respondent noted that according to its constitution the AHPI are independent of employers.

In order to take this on, they would have to develop clear standards and criteria and they would also need an accreditation committee made up or representatives from all the key stakeholder groups.

However, there was some concern expressed about the capacity of the organisation to take on this role. As all work done currently is done on a voluntary basis it would be necessary to invest in the organisation to facilitate them taking on the role. Firstly they would need proper legal standing, which would mean an address and an office/desk somewhere. They would also need some administrative support.

It was generally agreed that with the support and funding the AHPI as the professional organisation representing practitioners is the organisation to take on the accreditation and registration role.

Do you have any other comments on registration and accreditation?

Respondents were very supportive of the process and felt that it is good step forward for health promotion and would be a great aid in getting health promotion professionally recognised in Ireland. One respondent viewed it as, 'a terrific piece of work'.

Many respondents said that they would like to see it happening as soon as possible and certainly within five years. However, there was a word of caution 'pay attention to the implementation or it may not happen properly or happen at all'.

> If you were to receive funding for a project (this is hypothetical as currently no such funding is available) aimed at 'implementing the CompHP Frameworks (Core Competencies, Professional Standards, Accreditation Framework) ', what would you see as the priority action points?

Most respondents felt that funding could be used to employ someone to lead on the project. Engagement of the workforce would also be a priority action point.

An action research project needs to be carried out and a series of steps identified based on other models. A pilot study needs then be carried out to test the framework in practice before finalising the accreditation process. Clear guideline for the knowledge, skills and values need to be established. When the accreditation system is set up then Continuing Professional Development (CPD) needs to be looked at.

> How do you see the CompHP Core Competencies Framework and the other products of the CompHP project relating to Public Health practice in Ireland? Do the core competencies help to make explicit the relationship between the two areas of practice? If so, how? Should health promotion and public health be more aligned in order to advance a coherent national framework for health and if so, how could this be achieved?

Most respondents felt that the CompHP products helped to make explicit the relationship between the two areas of practice. It was important that both areas of practice work closely together. There is a general expectation that with the publication of the new public health policy that health promotion and public health will be more aligned.

Developments:

a. New Irish Public Health Policy.

At the time of compiling this case study, the new Irish public health strategy is being prepared. The working title is 'Your Health is Your Wealth: A Policy Framework for a Healthier Ireland 2012'. The policy framework aims to outline Ireland's vision for a

healthier population that is protected from public health threats and where we live in healthier and more sustainable environments, with increased social and economic productivity and greater social inclusion.

The consultations with the stakeholders began in June 2011 and have now been completed. The policy framework document is scheduled for completion at the end of 2011.

In addition, the HSE recently completed a Health Promotion Strategic Framework (HPSF), which is guided by the HSE's corporate plan (HSE, 2010). The HPSF (in press) identified national priorities:

- It sets out clear, consistent, national objectives for the HSE in relation to its health promotion priorities
- Supports the HSE's strategic objectives of promoting and improving the health of the population.
- Guides the activities of the health promotion workforce.
- Sets out a model for developing a health service that integrates health promotion into all aspects of HE services in line with international best practice.

As part of this HPSF it is laid out in the Management Policy that the HSE ensures staff has relevant competencies to undertake health promotion interventions. Not only does the HPSF support the importance of health promotion competencies but throughout the document it also is very much aligned to the domains and competencies outlined in the CompHP Core Competencies Framework for Health Promotion

b. New European Public Health Strategy.

The New Irish Public Health Policy links into the new European Public Health Strategy. With the strong support of the WHO Regional Committee for Health, a new European health policy 'Health 2020' is being designed and implemented as a collaborative initiative between the WHO Regional Office for Europe, the Member States and

health-related institutions and stakeholders. In this new strategy, 10 essential public health operations (EPHOs) are being proposed that will constitute the backbone of proposed public health operation for Europe. Health promotion and the assurance of a competent public health and personal health care workforce have been identified as two of these essential EPHOs (Jakab, 2011 – address to Turku conference).

Conclusions Ireland

There is a strong health promotion infrastructure in Ireland with established education and training programmes, recognised practitioners in statutory and nongovernmental organisation and ongoing strategic commitment at government level. There is also an active professional association [42]

There is strong interest in the implementation of the CompHP project, in particular accreditation in Ireland. A major driver is the fact that currently the majority of practitioners (those employed in the HSE) are classified under an 'administrative grade' and recognition of a professional association would impact is seen as a way to address this classification. The well educated and active workforce which includes recognised academic , policy and practice leaders is a significant driver for the implementation of the CompHP products to further develop health promotion at all levels and in all sectors.

There are, however, also barriers and threats to the implementation process. Not least is the economic downturn experienced in the past few years in Ireland which any additional investment in health promotion as a whole and more specifically in new developments. In addition, while there is a professional association this has few resources and would need significant support to take on the role of national accreditation organisation.

[42] AHPI WEV

Appendix 14

Spain Country Perspective Study

In the case of Spain, the second part of the interviews provides little information since there is virtually no precedent for system accreditation/ registration of professionals; hence our emphasis has been placed on the initial and final parts.

It has been done a total of 5 interviews taking into account health promotion practitioners in the three administrations, state (Ministry of Health), regional (Regional Ministries of Health) and local (City Councils). As well, we were interested in the views of professionals working in hospitals, associations and specific training centres in health promotion. The interviews were taped, transcribed and analysed in a cross way, given the character multi-situated and comparative of the study. However, the vision of health promotion in Spain deserves a separate chapter, which is why we have tried to read in-depth the interviews of these professionals, to know the possibilities of implementing an accreditation system as designed in the project CompHP.

Health Promotion within the national health infrastructure:

In all the interviews we were able to describe a map situation that leads us to think of a health promotion always linked to "Public Health". In some cases, the link is done by its proximity to the health education, in others is rather the proximity to primary care and, in general, is the prevention of disease or occupational risks, the one that ends defining the field of action of "health promotion". In the fieldwork done in this study, comes up continuously the comparison between the meaning of a perspective targeted on health or on disease. Since health care is focused on diseases, health promotion ends up being the "rare bird" of the health professions. Professionals know that it is more profitable to promote health but fail to make the necessary turn on the agendas of policy makers working in the health field. The ministries of health are of health just in its name, because their policies are focused on disease, as one interviewee says:

> *"We still live of the disease. It is easier to pay illness than health, it compromises less. Health compromises. Compromises on values (...) keep in mind that we are talking about state policies. (...) Within social structures there are as well pressure groups and classes. The medical profession, my class, is still a nineteenth-century class. (...) We are missing true health promotion practitioners, because no one sells their profession, we continue with the classics. The psychologists have its fields of competence, the teachers as well, also the doctors, we kind of like tight compartments, and this is not going.*

Because now the population is asking for one that is all, and when we talk about the health of people, children, women, elderly, don't care, is a human being. Prioritising, with premises. And this new professional for me is the health promoter. (...) Everyone who works in the subject field of health economics, knows that a euro savings in prevention are a hundred in disease. "

(Interview 1)

In any case, this is a family of concepts that could be included within the idea of health development or improving health as stated in other languages and realities (see example of the UK, in this report). It should also not be forgotten the transversal nature of health promotion because it comes from this the lack of visibility, which is one of the most commonly detected problems among specialists when they talk of their work. This statement is emphasised in the context of health education, which appears as the more clearly mainstreamed (Interviews 1 and 5). Finally, the health advocacy seems to be in the hands of health promotion professionals, and the added value is in that last level because the fields of disease prevention and public health is enforceable in law force. Health promotion is the differential and the maximum level of development of health policies that remain in key stages of health care to people halfway between public service and urgent care for chronic diseases in family medicine. In the testimony of interview 3, there is an interesting definition of health promotion as a "*teenage orphan*" with all what involves abandonment and lack of definition and development.

Health Promotion Practitioners

The professionals interviewed in Spain argue, and this too is an absolute match, that it cannot be now recognised a specific training for the exercise of the profession. The academic training received by all professionals in this field is part of the specialty of Preventive Medicine and in general Public Health and Epidemiology. The formation process of health promotion experts in Spain makes up of the working experience; it is more a continuing education and training rather than academic qualifications. However, these are easily recognisable professionals in health promotion and would be well defined as *"a health professional with a focus on health promotion"* (Interview 2). In the CompHP project it is described the possibility of a mentoring or grandparenting for specific training of future professionals for the accreditation system which aims to be implemented. In the case of Spain, these renowned professionals could be mentors for new candidates until the training programs and institutions become accreditation bodies of the CompHP system. Draws attention the fact that the "historical" professionals of health promotion in Spain have a similar age and have the experiential background of the country's socio-historical reality; in this way, *"there are*

*HP practitioners with the enrollment visible and others hidden" (*Interview 4) depending on whether they succeeded or failed to establish the promotion among the priorities of the various institutions in which they practice. While within the specialty of preventive medicine, there is a duality between professionals dedicated to epidemiology and others more focused on health promotion; it is also true that HP practitioners do not only come from medical schools, and they are the other disciplines that are shaping an expert model of HP more interdisciplinary and related with the action scenarios of the moment. As one interviewee said, *"an occupational therapist comes out knowing more health promotion than a doctor"* (Interview 2).

The framework of core competencies in health promotion described in the CompHP project shows a literal match with other competencies of equivalent catalogues. In such a way, the listings can be superimposed to match the CompHP core competencies with the Tuning Project (2003) or life skills (Life Skills, 1993) of WHO. To these three redundancies, we add the fact that the competencies described by the experts consulted to define a professional in health promotion are virtually the same.

Indeed, practitioners consulted in Spain raise the need for health promotion practitioners with an interdisciplinary theoretical background and midway between the social sciences and health sciences (epidemiology), with contents that make basic intellectual competencies for the practice of profession. [Definition of competency in the draft model CompHP and Roe, 2002[43]] When it has to do with the skills and abilities required, it is related to the expertise and knowledge of the profession: in the list of the CompHP core competencies they are all compiled. Namely, enable changes, health advocate, mediation, communication, leadership, assessment, planning, implementation, evaluation and research. The experts added (or refine) the need of training to enable them to work in interdisciplinary teams, negotiating skills, integrating views or institutional coordination, requirements that could well include the in the ability to mediate or enable changes.

It is interesting to reflex on these terminological and content matches; as if in the Tuning project it is described the competencies that have to be developed by students for the European Higher Education Area, and also in the life skills there are detailed those skills that help us improve our lives in one way or another, it is conceivable to think that the competencies required for all health promotion professionals are desirable for almost any person, or at least to any professional working with people. This is because along the journey through the education system we are receiving the

[43] Roe, R.A. (2002). Competences- A key towards the integration of theory and practice in work psychology. Gedrag en Organisatie, 15, 203-224.

specific training of each discipline while we also are formed in the basic skills to get on in life and promote health, health not only biological but also psychosocial, of course. The whole core competencies allow people to become an active citizen and from there to practice a profession that offers academic guarantees. Core competencies have gone from being characteristic of a hidden curriculum, training that was provided by families, to be part of the process of recruitment in companies and corporations. From this point of view, consulted on what employers need of a professional to respond to the demands of the job, the space-time of the core competencies should find a place in formal education. The teaching methodology in higher education needs a renewal to integrate this training not only in specific skills (something that universities already do very well) but also in those life skills (CompHP Core Competencies) that are essential to work on health promotion and to live life.

We can argue beyond the main objectives of this report, that the CompHP accreditation system is showing shortcomings of an education system that is far from being fully successful with graduates, and ignores the generic or transversal competences. The teaching methodology focuses on competencies it has to be different from the one whose learning objective is the mere acquisition of content. The first years of the implementation of the accreditation system by competencies, should be considered a moratorium because the training does not develop those skills required for professional practice. The competency system will allow professionals to know their lack of training and search for modules or courses to cover them.

These changes in teaching methodology go along with the demands that the Bologna process requires. We can say that the shift to active meaningful learning is still a challenge for a university like the Spanish ones, anchored in traditional methods that, in any case, needed reformulation. The expected outcome of this process of change would move from teacher-centred teaching to the learner-centred teaching, that is, a complete turnabout in line with the transformation of the learning objectives. At the same time, we are forced to change as well the assessment tools to suit the new claims because we could not validate process learning based on competencies with a content evaluation. All these changes that have occurred in such a short time frame, which requires a time of reflection that this CompHP project has provided.

a. Health Promotion Training in Spain:

In Spain, the specific training in health promotion was in the Diploma of the Public Health University Centre, part of the Autonomous University of Madrid and disappeared in 2000. Most respondents referred to the Diploma to explain that in our country there was a comprehensive training for professionals, but it no longer exists. Today, the training is obtained in the practice by experience. One interviewee defined

the health promotion practitioner as a *"Renaissance man"* (Interview 5) as someone competent in various disciplines, but "closer to sociology than anything" and in a mediation position between professionals. The main ability for someone whose mission is to promote health in the community is *"know to do that others do"* (Interview 5).

b. Need for professionals

The respondents agree that in Spain there is not a clear demand for professionals in health promotion identified as such. Another thing is that from their knowledge of reality, they know that what is needed are professionals with a comprehensive training and able to develop projects with an across approach of "*health and equity in all policies*" (Interview 3). The response from one respondent to this question was "*from my perspective on health in Spain, yes, there is a need for professionals; from the need of the people and politicians, there is not"* (Interview 2).

c. Training courses on health promotion

Approved training courses are the Masters of the University of Girona and the University Rey Juan Carlos in Madrid. However, there is unanimous consensus in recognising the Diploma of CUSP as the comprehensive training in health promotion that only have been able to receive it a few graduates. Some professionals refer to an ideal training that would be sustained in the training of trainers network as it has been done in the case of gender violence in which Spain is a model to follow and it is being use as good practice transferable to other contexts (Interviews 1 and 4).

Organisations within the health promotion field:

a. Employers

Interest groups that potentially employ health promoters are focus on three types of institutions: universities, professional associations or NGOs and government. With special reference to the universities, there is the fact that in Spain there is not a group of academics in health promotion which are organised to support initiatives in higher education. The existence of these pressure groups of academics in other countries leads us to recommend the creation of an equivalent in this country to allow collaboration between different university departments. To facilitate this process we have a Spanish Network of Healthy Universities, REUS, consisting of 40 universities that have their regional networks and is linked to Latin America through the Latin American Network of Health Promoting Universities, RIUPS. REUS arises through the cooperation agreement between three independent entities: the Ministry of Health, the Ministry of

Education and the Conference of Rectors, CRUE, therefore the precedent for the consolidation of universities as employing entities is at an advanced level.

On the other hand, associations like SESPAS, AMASAP or ADEPS are cited by respondents as constituting entities where professionals are organised, though not specifically on health promotion. It so happens, that a large number of NGOs are working for health improvement and there we find good professionals that promote health, but they are not identify with the title.

> "*For the employers I would look at many sites, you may be surprised. At school; at school I think you have very good health promoters but only from that environment, if you took them to a neighbourhood they would not be so good, a comprehensive program would be more difficult to could apply it. (...) In addition to NGO's also some foundations, such as La Caixa, which in immigration work very well for health. There is no strategy training, they go "self-training". SESPAS amuses me, because now they have discovered the Ottawa Charter, and there are people promoting health by doing these things for some time and it is not new to do health in all policies. SESPAS tried to make a working group on health promotion when Andreu Segura was there, he insisted a lot but when you have so much work and so few people, you do not have time, maybe we should cut from other things and start to get published; we spend little time systematising and publishing. "*

Interview 3

The different government departments that in some way have powers in health and education make up the third group of employers. In Spain, the powers are transferred to the regions, which mean that there are 17 regional governments to manage resources coming from the central government to manage health and education. In addition, the Ministry of Health has a working group listed as the inter-territorial Council which meets regularly. This council brings together some of the professionals of health promotion most prestigious in the country, identified by respondents as "the historic." In municipalities and municipal associations, they work to promote health of citizens in the stage of action since there are nearby municipal health advice and education with representation from all stakeholders involved. The economic crisis qualifies as a disadvantaged the position of the policies in health promotion. As one interviewee told us *"if there are cuts in surgical material, how do I ask the politicians to give us budget for health promotion?"* (Interview 2).

b. Associations and trade unions.

The fact that the health promotion is not extrinsic to the Public Health, determines that the associations are not specific of health promotion. However, interviewees said there has been a failed attempt by SESPAS (Interview 3) to make a working group for promotion. Also, in the context of health education it can be said that the organisational level is higher, as two interviewees said who are knowledgeable in this area and quote ADEPS as an example (Interviews 1 and 5). Trade unions in Spain have focused on occupational health, legislative and action contexts related to prevention of occupational hazards, with no specific work of health promotion, at least where the respondents are informed.

c. Health Promotion in the Ministry of Health

The general direction of Public Health, Quality and Innovation has the skills of health promotion at the Ministry of Health. Specifically there is a sub-general direction of health promotion and epidemiology. However, since one of the interviewees is working in this sub-general direction, we asked for the health promotion in the Ministry of Health and say:

"It is a recognisable unit, now I'll tell you something, this unit is to promote health but also have to say that when I cannot find something that has to do with health but is not really public health, then it goes to health promotion. I mean, if something has not a specific drawer then it goes to promotion, so this is a mixed bag, for better or for worse. The influence of social determinants is becoming stronger but that it's not systematised, although we are not working on this line, if this has to do and to this woman is happening this, goes to promotion. "

Recently, in December 2011 has been made public the Public Health Law, and this is an issue that we should deal with the promotion unit of the Ministry since the statewide legislative powers are not transferred and the organic law is national.

> *"The law is much depleted, the law done was very extensive and the economic cuts time came so cuts were done in infrastructure, a strange turn was done and they linked it to primary care. It will be remedied by implementing decrees a little more valid to implement actions, but is born with zero infrastructures. The centre remains to evaluate but without resources anything can be done and therefore there is nothing to evaluate. We should reverse the pyramid, we have six people to work on prevention of road accidents but we don't have six people working for a healthy leisure, or to promote physical exercise. Of the promotion puzzle we have made small pieces but the image is not made for the whole. "*

(Interview 3)

d. HP at regional level

In the seventeen autonomous communities there is a public health department or even a promotion department, but it cannot be said that the work of health promotion is just as intense and well articulated in each council. Is determining the specificity of each community, for example the fact that they are single province and are working in a cohesive, determined a way to make health promotion more or less consistent with the requirements of the professionals consulted (Interview 4). The best interventions evaluated by professionals in each regional and municipal level are coordinated by those well-known professionals, undertaken by interdisciplinary teams that advocates for health from the public (Interview 5).

Current Competencies, Standards and Accreditation:

a. The accreditation system that Spain should have

In this study we have analysed European countries with an accreditation system already implemented, such as Estonia and the UK; countries that are able to start the process, such as Ireland; and countries that are far from having an accreditation system, such as Italy and Spain. The situations of health promotion at each site are significantly different according to the level of development of the professional profile of specialists. In Spain there is not a registration of professionals in health promotion, only a few interviewees refer to a public health registration, arguing that it would be interesting to have centralised a group of health promotion practitioners and because there are not a lot of them it would not be too expensive (Interview 3). When we asked respondents about an agreement on professional standards or initiatives for the implementation of a future accreditation system, this was met with negatives, which leads us to believe that when the process starts everything is needed to be done. The only precedent that should be highlighted is an attempt by the working group of health promotion in the inter-territorial council of the Ministry of Health. This group organised a National Conference in February 2007 to highlight strategies for improving the quality of training and education in health promotion. The document is a minute book, which have joined the conclusions in the areas of undergraduate, graduate and continuing education that were agreed among more than 100 professionals from different institutions and disciplines related to health promotion, who participated in the conference.

http://www.mspsi.gob.es/profesionales/saludPublica/prevPromocion/promocion/formacion/formacionGrados.htm

Implementation of the CompHP products

The last specific objective of this study on HP in every European country as a case study is to know the possibilities of implementing the system we have designed in the CompHP project as a pan-European accreditation model. The professionals interviewed were aware of the research project carried out since 2009 and they see advantages and disadvantages for the introduction in our country, although the general feeling is that this is an opportunity to give visibility to health promotion.

a. Prerequisites for the implementation of the CompHP products

The first requirement that professionals consider essential is to have a "critical mass" (Interview 2) that wants to accredit as they see it as an investment of time and money useful for their professional development (Interview 4). To do this, one interviewee told us that all depends on what you want to achieve with the accreditation system.

> *"If the purpose of accreditation is not clear, it will not function. It will serve to improve health promotion in Spain? If you are sure that it will, go ahead, but if its bureaucracy and will not serve to meet the target. If employers were going to hire a lot of people they would need to know that the people they are hiring are good. I would set on more on professional experience, on what they have done, but young people are also entitled to be credited and work. "*

Interview 5

Knowing what we want and having professionals willing to be candidates in the accreditation system, it would only be needed the "political will" (Interview 3) to initiate the process. Some respondents refer to the universities status and the academic training (Interviews 1 and 4), because they believe that universities should be the institutions that enhance the accreditation system. For these professionals, the fact that the Bologna process is already in place is an institutional and administrative advantage.

b. Advantages and disadvantages, SWOT analysis.

As noted above, there are more advantages than disadvantages but we should stop in a detailed analysis of the strengths and weaknesses involved in implementing the system from an intrinsic point of view, and the opportunities and threats in an extrinsic level. The main weakness lies in the difficulty of finding the financial resources needed to implement it, at a time of the economic crisis we are experiencing. If this case study was carried out when the project started in 2009, when the economic situation was not as unfavourable as at present time, responses to the issues raised in the interviews had taken a different way less pessimistic. Another weakness argued in interview 1 is located in the difficulties of a long-term timing.

"Well, I always say the same motto, and repeat it both in ethical as in other professional activities, that important things cannot be urgent. Never. The only urgent, doctors know, is life and death, or we attend him or he will die. But the important things we want them to last and endure over time, and is recognition, so starting it, will maybe be the first five or six years only for development. Other five years of consolidation. And other five for assessment development and consolidation. So, 15 years for that to have long life. Which means that on an issue that is an on and on, and that will never go back, just forward as is public health, this is nothing. And it was just 15 years."

Interview 1

If to the temporary and economic difficulties we join the profession status in our country, we see that the implementation can be done but it will not be easy without preparing the ground among professionals disseminating the benefits of the project and taking the opportunity to "*make advocacy on health promotion because our work is not seen*"(Interview 3). Against the weaknesses and disadvantages, we can find the strengths identified to act as an incentive for implementation. The professionals with whom we have spoken tell us that an accreditation system in health promotion would improve the training for professionals as they could identify training gaps and find the appropriate educational opportunities to correct them (Interview 3). Meanwhile, the requirement of political will, could act as a fortress of the project ensuring a focus on health promotion with which professionals cannot always count (Interview 5).

The opportunities are precisely the fact that being a pan-European system can bring together international professionals with the same model and unified criteria, which would be a great advantage for mobility of professionals (Interview 4). "*I think it is always better with the stamp of Europe and even more with the guarantee of an institution like the IUHPE*" (Interview 4). The other side of the coin is placed on the threats that we face with enormous difficulties of accredit the professional experience (Interview 5), that in health promotion is essential as we have seen. In addition to this threat, consulted professionals refer their concerns to another aspect of the evaluation of their trajectories, since it is not easy to show in a distance that a competency is developed, as this respondent said "*a questionnaire does not make a good evaluation of the skills of a professional*" (Interview 5).

c. How they imagine the process and how stakeholders are involved.

The answers on these two issues are unanimous. All professionals agreed that the national accreditation body should be a consortium of universities, ministries of health and education and professional associations, i.e., interest groups. There are entities

that can be included or not in the consortium depending on the level of knowledge of the organisation that has the interviewee. There is an institution that is the Conference of Rectors of Spanish Universities, CRUE (Interview 4). Within the structure of CRUE, there is a working group of Healthy Universities that would be a good link for the accreditation system. Another way to link the accreditation system to the proposed consortium could be through the working group of health promotion of the inter-territorial council of the Ministry of Health (Interview 4 and 5). Anyway, seems to be a consensus when they are imagining the universities to coordinate the work of the consortium in implementing the accreditation system.

The last interview throws an interesting description of the implementation process of the accreditation system. The respondent referred to a series of stages in which the consortium was deciding which people and / or institutions were worthy of accreditation.

> *"We're talking about continuing education more than academic. But I imagine something like it was set with renowned professionals, which go crediting institutions, the qualifications of each training centre that would like to be credited and finally the young. For those young people who start you cannot leave them unaccredited."*

(Interview 5)

Appendix 15

Italy Country Perspective Study

The current Health Promotion practice at country level; Health Promotion practitioners

A health promotion practitioner is defined as a person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (World Health Organisation (1986)): building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health services. Source: CompHP Core Competencies Framework for Health Promotion 2010.

It is important to specify that, in the culture of health professions in Italy, the term Health Education and Health Promotion are very often used as synonyms. Moreover, traditionally, the educational competencies required were considered transversal to all health professions. As a consequence, an official professional figure of Health Promoter was never established or recognised. The closest action in this direction was the institution of the Professional Health Educator for which some Bachelor (three-year) courses were organised in some universities across Italy but only repeated for two or three cycles. Nevertheless, however, even if the qualification of health promoter doesn't exist, many people working at the National Health Service, especially medical doctors, but also health psychologists, nurses and health assistants, allocate a consistent part of their time at work in activities related to the planning and coordination of HP projects and work in the community promoted by specific units (services, offices and organisations), who in the national health service, on a territorial level[44] are responsible for health promotion.

An official professional figure of Health Promoter was never established or recognised. Bachelor and Masters Degrees related to Health Promotion up to a certain extent and offered at National Level are for Health Visitors, Medical Doctors, and Health Psychologists. There is also a three-year Bachelor Degree for Professional Educators working in the field of Health.

Health promotion has an intrinsic function but with a different emphasis. Within the National Health Service, it is intrinsic. On a territorial level, offices with the mandate of planning, coordinating and evaluating health promotion and health education projects and initiatives have been set up. In the majority of the Local Health Units this

[44] The territorial level is the territory one local health unit (Azienda Sanitaria Locale ASL) is responsible for which would include a varying number of municipalities, depending on the size of the geographical area and population.

organisational function is included in the department for disease prevention (Public Health). In the educational system it is intrinsic in the sense that health promotion is included as one of the educational objectives that public schooling has to cater for and meet. In many institutes, a teacher is given the role of Health Education coordinator but there is no allocated time for it to be taught as a subject.

Talking about job description, the main health profession to which the competencies are relevant for are: Medical doctors, Health Assistants, Nurses, Prevention experts and Professional educators. For each of these professions the document declaring the professional objectives and roles were examined. From this analysis it can be confirmed that only in the case of Health Assistants, the term health promotion is explicitly used in the list of professional roles. In the other cases, the term health education is used.

In Italy, there is a workforce with specialised training. Even if, as previously outlined, there isn't the specific qualification of Health Promoter, many of those working in the public health service carry out activities related to planning and implementation of interventions within the community. A substantial number of these workers have followed an in-service course and in some cases have a Master´s level qualification. In particular, the Master in *Progettazione, Coordinamento e Valutazione di attivita' integrate di promozione della salute e educazione sanitaria* (Master in Planning, Coordination and Evaluation of integrated Health Promotion and Health Education Interventions) offered by the University of Perugia.

At Ministerial level, the CNESPS (*Centro Nazionale di Epidemiologia, Sorveglianza e Promozione della Salute* - National Centre of Epidemiology, Surveillance and Health Promotion of the Institute of Health, within the Ministry of Health) has been set up with the role of coordinating the regional activities of the public health service related to the surveillance of risk factors at different ages, and the programme *Guadagnare Salute* (Gaining Health). This centre offers in-service training in coordination with the lifelong education in the national health programme *Educazione Continua in Medicina* (ECM) (Continuous Education in Medicine).

At a public level, the main employer is the National Health Service, through its regional and territorial articulation, and the Ministry of Education. At academic level there are some research centres, for example at the University of Perugia and the University of Siena, that are primarily interested in university research and training in health promotion and education and closely collaborate with the health and educational sector. There are also social service cooperatives that act on a territorial level and carry out, with their workers, health promotion and health education activities.

There were two associations called AIES (Italian Association of Health Education) and CIPES (Italian confederation of Health Promotion and Education). The first one represents the professionals while the other represents the institutions. In 2010 these two associations became one and are called 'Rete *Italiana Culture della Salute CIPES/AIES'* (Italian Network of Health Cultures). They work not only at national level but also at local level.

The most important training programs are in the University of Perugia. *Master "Progettazione Coordinamento e Valutazione di attività integrate di promozione della salute e educazione sanitaria" Centro Sperimentale per l'Educazione sanitaria Università di Perugia* (Master in Planning, Coordination and Evaluation of integrated Health Promotion and Health Education Interventions) offered by the University of Perugia.

Current Competencies, Standards and Accreditation:

In Italy there is no form of accreditation system. The development that the activities in health promotion have been having in the past years led to a considerable organisational effort especially from the health system and educational system. Meanwhile, the level of professionalization of an increasing number of workers coming from different fields and professions has risen considerably. An accreditation system that at its initial stages should be 'a peer-level voluntary accreditation' would be extremely useful to consolidate and develop the health promotion sector.

In the past years, the national programme for in-service training *'Educazione Continua in Medicina'* has included some educational objectives related to health promotion. These are 'Health Education' and 'Communication'. The ECM programme is compulsory for all professionals working in the National Health Service. To meet these objectives, a number of training courses have been organised by various accredited training providers in Italian regions. The Ministry of Health is responsible for the accreditation (www.ecmsanita.it). At university level, the Master in Planning, Coordination and Evaluation of integrated Health Promotion and Health Education Interventions, offered by the University of Perugia has to be mentioned (www.unipg.it/csesi).

A recent development can be a research project that has been developed with the scope of elaborating a peer-level accreditation system for professionals that work in the departments of the Local Health Units responsible for health promotion initiatives. This research project was undertaken by the Experimental Centre for Health Education of the University of Perugia and about ten groups of professionals pertaining to different departments of the Local Health Units responsible for health promotion

initiatives. Respect professional competencies and standards can be seen above that even though we do not have any registration system we have some interesting experiences in Perugia.

Implementation of the CompHP products:

The CompHP European Project:
An Update on its Accomplishments and Possible Future Collaboration

a. Introduction:

On Friday 17th February 2012, Work Package (WP) 7 in collaboration with the *Centro Regionale di Documentazione per la Promozione della Salute* - DORS (Documentation Centre for Health Promotion), held a 5 hours meeting at the *Istituto Superiore di Sanità* - ISS (technical and scientific public body of the Italian National Health Service) in Rome. The objectives of the meeting were to: (i) introduce the CompHP project and the Competencies Handbook (including the Italian translation of the competencies), (ii) present the following phases of the project, (iii) provide an opportunity for discussion regarding the development of standards and an accreditation system for professionals working in Health Promotion in Italy and (iv) identify possible future work collaboration on CompHP products.

Prior to the meeting, a short presentation of the project in Italian, a digital copy of the short version of the core competencies handbook, an excel document with the competencies translated into Italian by DORS and WP7, the second draft document of the standards, and the draft document of the Accreditation Framework were sent to the stakeholders invited.

The meeting started at 12:15. The turnout was very positive with the majority of those invited attending. The group of stakeholders represented practitioners and academics, mainly having medical or health professional backgrounds, but also from psychological and educational fields. The project partners from the Experimental Centre of Health Promotion and Education in Perugia (WP3) were also present at the meeting.

After a short introduction by all those present, explaining their motivation for their presence and their views about the present and future of Health Promotion practice in Italy, Dr. Paolo Contu (WP7 leader) presented the project; its objectives and the partners involved and outlined the research methodology of the project. He then moved on to present the CompHP competencies and standards. People were invited to intervene at any time they deemed necessary.

b. Reactions to the CompHP competencies:

There was broad consensus that ideally a person working within Health Promotion should have these competencies. However, many of those present showed concern as to how such high levels of competencies would be reached especially by a young graduate or post graduate student. Some insisted that even after many years of experience it was impossible to possess all those competencies. There was general agreement, however, that these competencies could be the characteristics of a strong Health Promotion working group rather than of an individual. Further discussion raised the fact that an asset for a more efficient and effective workforce would be to have a shared vision and work towards a common goal, irrespective of the professional background and therefore, these competencies and standards may be a step in that direction.

Meanwhile, the implementation of such competencies and standards in Italy would mean a revamp of the academic and employment systems. Course programmes at graduate and post-graduate levels are based on educational objectives and not competencies. Besides, for a course programme to be established there needs to be a nationally-recognised profession. Similarly, with regards to the methods of employment, calls for application are by profession, especially in the public sphere where most of the professionals working in Health Promotion are found.

For the adoption of these competencies and standards, future issues may be: how the competencies and standards could be adapted for a national context, how to entice employers to look for workers with these competencies rather than focus on their profession, how to incorporate more cooperative and collaborative learning and formative assessment at university to acquire and guarantee the achievement of the competencies required, and how to motivate professionals who are in the field to seek proper training to meet the standards and achieve these competencies.

c. The accreditation framework:

The final one and a half hours of the meeting were dedicated to the accreditation framework proposed by CompHP and its possible implementation in Italy. Consequently, this set the discussion on whether there should be a Health Promotion practitioner or whether the focus should be on doing Health Promotion. Although few of those present felt that there was space for a Health Promotion practitioner and that there would be benefits in practice, others foresaw the risk that the establishment of a profession at this point in time could mean allocating the role to one profession with the risk of excluding many other professions who take Health Promotion seriously and who have been working in Health Promotion for years. Moreover, the possibility of creating enough job opportunities for Health Promotion practitioners in the near future didn't seem to be acknowledged. Meanwhile, two interesting issues brought up

and on which there was clear consensus on their need to be addressed were: (i) many of the projects presented to the ISS may seem of good quality on paper but then their results are deemed unsatisfactory (ii) there are cases where doing Health Promotion is appointed as an additional task to an already over-burdened workforce. However, opting for an accredited profession wasn't considered to be the solution in any of the cases.

In conclusion, the common view was that there needed to be a culture change in the way Health Promotion practice is viewed and implemented and although there have already been many initiatives it hasn't gained momentum yet. Although the work done by CompHP was seen as fruitful and noteworthy, the full adoption of the competencies and standards and the setting up of an accreditation framework for individuals as presented at European level were considered inappropriate when envisaging their implementation on a national level and therefore need to be adapted to the local context. The meeting ended with the proposal of setting-up a network to continue the discussions and keep each other updated on the project products and the developments on national and European levels.

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