Original article

Perspectives on health promotion competencies and accreditation in Europe

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Abstract: There is a growing and diverse health promotion workforce in Europe; however, no overall body has responsibility for quality assuring standards of training and professional practice at the European level. This paper provides an overview of recent developments in Europe, including initiatives led by the International Union for Health Promotion and Education, in the context of developing a pan-European accreditation system. Specific developments on establishing national-level accreditation processes in the UK, Estonia and The Netherlands are examined. While there is limited experience in this field across Europe, lessons can be learned from those countries with established systems. This paper focuses on those countries which have developed competencies, standards and accreditation systems, and the implications for developing a pan-European accreditation system are discussed. Differences between countries in the formats, content and processes of developing accreditation, coupled with the different educational, practice, political and resource situations, reflect the complexity of developing a pan-European system that is flexible, relevant and comprehensive. The development of competencies, standards and accreditation is not intended to be directed at health promotion specialists alone but aims to assure quality in performance of all those who contribute to health promotion, from whatever background or area of professional practice. It is likely that there will be a need to develop a robust system that will accommodate different levels of accreditation for different levels and fields of practice. Developing a pan-European accreditation system poses a significant challenge but also presents a unique opportunity to form a solid basis for building capacity and assuring quality for health promotion practice, research and training across the European region. (Global Health Promotion, 2009; 16 (2): pp. 21–31)

Key words: accreditation, competencies, European health promotion, professional standards

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Introduction

Health promotion is an evolving field in Europe with a diverse and growing workforce. The health promotion workforce is drawn from a broad range of disciplines; however, it is recognized that there is a specific body of skills, knowledge and expertise that represents, and is distinctive to, health promotion practice. Competency frameworks for health promotion and health education have been developed in Canada (1, 2), the USA (3, 4), Australia (5, 6), New Zealand (7, 8) and in a small number of countries in Europe (9, 10).[i] While it is acknowledged that the area of professional competencies and academic accreditation is often a complex and contested one, recent debate and discussion point to the potential usefulness of a competency approach in determining training and professional standards.

The international literature indicates that the identification of health promotion competencies, and the development of consensus around what constitutes core competencies, has an important role to play in informing health promotion training (11, 12), professional development and accountable practice. The identification of core competencies to underpin quality training in European health promotion is an important area for further research and development. The European Health Strategy (13) places emphasis on promoting health and addressing health inequalities. To effectively implement this strategy there is need for a skilled and interprofessional health promotion workforce across member states with shared understanding of the core principles, knowledge and evidence base of health promotion, and capable of translating the strategy objectives into practice. Building and enhancing capacity to deliver effective health promotion is crucial to health improvement and the reduction of health inequities in Europe. European Union member states would benefit from an accreditation system that facilitates structured exchange, collaboration and coherence across diverse national structures in building the capacity of the health promotion workforce.

To date, however, no overall body has been entrusted with responsibility for accrediting training and professional standards in health promotion at the European level. This paper provides an overview of developments in Europe, focusing particularly on progress in three countries. The lessons learned from these developments are discussed in the context of developing a pan-European accreditation system.

The European context

Within Europe there is a diversity of social, economic, cultural and political contexts and this diversity is reflected in the current development of health promotion capacity across member states. It is recognized, however, in EU policies and strategies that quality standards are key to the ethical use of resources and effective action on health. The training of staff based on clearly defined standards and the implementation of quality governance standards are seen as important mechanisms in achieving quality practice. Over the last two decades the EU has issued a number of directives and decisions (14, 15) to establish more flexible systems for recognizing professional qualifications, and ensuring quality and access in health-related services, thus facilitating the principle of free movement across the European member states.[ii] The transnational recognition of professional qualifications provides an impetus for developing common standards and quality criteria in the training and education of health professionals, and from a health promotion perspective all professionals with a health improvement and from a health promotion perspective, all professionals with a health improvement remit. On the basis of the Bologna Declaration in 1999 (16) which sought to harmonize the European higher education system, the European Association for Quality Assurance in Higher Education in Europe developed a set of standards and guidelines (17) for the European higher education system and explored ways of ensuring an adequate peer review system for quality assurance and/or accreditation agencies. All of these developments provide a clear rationale for developing a pan-European mechanism to quality assure the professional preparation and qualification of those working in health promotion in EU member states.

A number of quality focused initiatives have been developed in relation to health promotion in Europe. The European Masters in Health Promotion (EUMAHP) consortium, established with European Commission funding, aims to improve the quality of health promotion through the professional training

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of health promoters in the EU.[iii] The development of a European core curriculum and professional competencies was central to their initial work (18). The EUMAHP Professional and Academic Standards Working Group defined competencies for health promotion as: 'The knowledge, abilities and attitudes needed to implement specified health promotion actions within specified dimensions of practice according to a specific standard'. The EUMAHP framework comprised five dimensions with 27 competencies specified within these dimensions, and forms the basis for the training programmes offered by the consortium. Another EC funded project which focused on competencies as a basis for curriculum development is the PHETICE (Public Health Training in the Context of an Enlarging Europe) project,[iv] which developed a framework to guide the training of multidisciplinary public health workers and included health promotion experts in its steering group. Both the Association of the School of Public Health in the European Region (ASPHER)[v] and the European Accreditation Agency for Public Health Education (EAAPHE) are currently developing competence-based standards for the education of public health professionals, including those working in health promotion. An EC funded report (19) on capacity building in public health and health promotion in Central and Eastern Europe also addressed workforce development and resource allocation for health promotion training provision, including the certification of health promotion specialists.

IUHPE/EURO initiatives

In 2005 the IUHPE European Regional Committee formed a subcommittee with a remit to make recommendations on the development of health promotion training, accreditation and professional standards in the European region. The subcommittee undertook a scoping study on health promotion developments across the European region (20) which sought to ascertain the level of provision of specialist training in health promotion, to determine the current situation regarding accreditation of health promotion and to identify ongoing work on professional competencies and/or standards. A total of 76 completed questionnaires from 33 different countries were returned and, despite some limitations in the comprehensiveness and accuracy of the data attained, useful information was gathered on the current situation in Europe.

The scoping study found that health promotion training is undergoing development across Europe, albeit at different rates of progress in different countries. Only three countries reported fully established accreditation systems, namely Estonia, the UK and The Netherlands.

Two types of organizations were found to be the most common accreditation agencies for health promotion:

- ministries or state departments (usually ministry of health or ministry of education)
- constituted professional organizations (e.g. Estonian Union for Health Promotion, NVPG in The Netherlands).

Only a small number of countries reported developments on health promotion competencies and professional standards, and different rates of progress and development were reported.[vi] Despite the small number of systems in existence, there is experience upon which to build when developing accreditation and professional standards at a pan-European level. These systems need to be reviewed in order to determine the most effective European-wide operational mechanism that can build on, and support, country-level accreditation.

IUHPE EURO pilot project: exploring the feasibility of a pan-European accreditation system for health promotion

Based on information acquired through the scoping study, the IUHPE/EURO training and accreditation subcommittee established a pilot project with participants from seven countries – Ireland, Finland, Spain, UK, Italy, The Netherlands, and Israel – to explore the feasibility of developing a pan-European accreditation system. The project identified the level of interest in, and progress towards, the development of accreditation within participating countries and explored the barriers to, and drivers for, accreditation. An accreditation framework developed by the subcommittee, which describes a voluntary registration system based on an agreed set of competencies and professional standards, was endorsed by project participants. The

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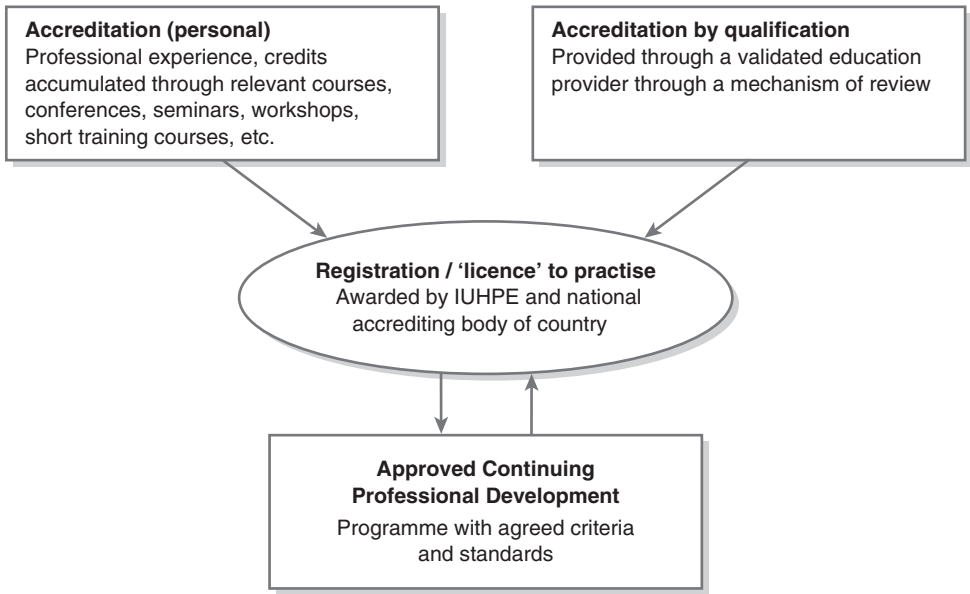

Figure 1. Proposed IUHPE Framework for a Pan- European Accreditation System

framework incorporates two accreditation routes (see Figure 1) and proposes a devolved accreditation model operated by IUHPE through national accrediting agencies approved by IUHPE. Intrinsic to the system is a continuing professional development (CPD) programme as an ongoing quality assurance system.

The main findings of the project are:[vii]

- 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 recognize the importance of standards and accreditation in relation to accountability and quality assurance in health promotion.

The participants in the project, together with eight other partners, developed a successful proposal for funding to the PHEA[viii] which will enable the development of a pan-European accreditation system over the next three years.

Overall, the project confirmed support for a pan-European accreditation system. Such a system, operated centrally by a reputable body such as IUHPE, can serve as a useful lever for accessing support and resources for accreditation at national level. The project was also active in the development of the Galway Consensus Statement on domains of core competencies in health promotion (21)[ix] which will usefully inform future work on the development of competency-based professional standards and accreditation in Europe.

Competencies and standards development at national level: UK, Estonia and The Netherlands

This section of the paper explores the development of health promotion competencies, standards and accreditation in Europe to date, with particular focus on progress in Estonia, the UK and The Netherlands.

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Developments in the UK

Standards for health promotion were first developed in the UK in 1997 (22). In the early 2000s changes in health structures led to 'multidisciplinary public health' becoming the umbrella term for all disciplines with a health improvement and health protection remit in the UK, including health promotion. In 2001, standards for specialist public health (23) were developed, followed by standards for practice in 2004 (24). The practice-level standards have been reported to be a useful basis for multidisciplinary practice but have also been criticized as being too general and, therefore not useful for delineating and defining specific roles and functions. A subsequent report (25) and a collaborative project led by the Royal Society of Public Health[x] have aimed specifically to support the specialized health promotion workforce. Competencies for health promotion have also been distilled from the multidisciplinary framework (26, 27).

There are a number of related but separate initiatives on standards and accreditation currently in operation or under development in the UK. These include:

- the current national occupational standards developed by Skills for Health[xi]
- the Public Health Skills and Career Framework (28) which outlines the skills and knowledge needed across all groups, domains and levels of the public health workforce and seeks to provide a consistent, yet flexible, framework for workforce development
- the UK Public Health Register (UKPHR)[xii] which offers professional regulation to specialists in public health from a variety of backgrounds, including 'defined specialists' in health promotion. Whatever their professional background, and wherever they may work, all such specialists are regarded as having to have a common core of knowledge, skills and experience, and work (or have the ability and potential to work) at a strategic or senior management level.

In 2008 there were 360 public health specialists registered including a small number of specialists in health promotion, and it is envisioned that numbers will increase in the coming years.

The UKPHR has now been commissioned by the four UK countries[xiii] to take forward the development of voluntary regulation for those described as 'public health practitioners'. The public health practitioner workforce is described as working in a wide range of settings, including the National Health Service (NHS), local authorities, and the voluntary and private sectors. The draft definition, as defined by the work conducted by UKPHR, for public health practitioners is: 'hands-on public health professionals who spend the majority of their time furthering health by working with groups and communities (e.g. public health nurses, health promotion specialists, community health workers)'. The majority of health promotion practitioners are identified within this grouping although, as previously noted, they can be recognized as public health specialists if they meet the required criteria.

A consultation process[xiv] on registration is currently under way, and it is hoped to have a regulatory pathway open for practitioners in 2010. There are also plans to develop an 'advanced practitioner' level. The Faculty of Public Health[xv] is also currently working in partnership with other standard setting and public health stakeholder organizations on a programme which includes:

- scoping the academic and professional qualifications currently in place for practitioners
- identifying gaps in professional and academic qualifications for those who might seek registration with the UKPHR at practitioner or advanced practitioner level
- identifying established standards and arrangements for public health practitioners
- developing a potential prospective assessment framework for public health practitioners seeking registration with the UKPHR.

A initial report from this project has been published by the Faculty of Public Health Practioner Development working group[xv] will inform decisions on the development of the routes to registration for public health practitioners.

The various developments in the UK have much to offer when developing a pan-European system, including the use of wide-ranging consultation processes. The Public Health Skills and Career Framework offers a

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useful model for working with a diverse European workforce, in that it allows for 'matching' of competencies at different levels both for the workforce as a whole and for individual practitioners. The separation of 'specialist' and 'practitioner' levels may also provide a basis for exploring different levels of practice within Europe. The fact that health promotion is not explicit in the standards or in the registration system, however, may pose some complications when linking them to a specific health promotion accreditation system.

Developments in Estonia

A professional standard for health promotion was developed in Estonia in 2004 (29) within a national system which requires standards for all professional groupings. The rationale for the development of the standard was to create a basis for curriculum development for universities establishing professional programmes in health promotion and for a national accreditation and registration system. In the Estonian professional qualification system there are five levels, with level I the lowest and level V the highest; however, professions are not required to have all qualification levels and the levels for each are determined by the relevant professional council. These levels describe the proficiency in knowledge and skills required by practitioners to meet registration. The professional standard for health promotion operates at levels III, IV and V.

The first draft of the professional standard was drawn up by the Healthcare and Social Work Workgroup, established under the Professional Council for Health Care and Social Work, and which comprised representatives from government ministries, the Estonian Union of Health Promotion and academics from health promotion and related fields. The UK standards for multidisciplinary public health (23, 24) and the principles and competencies developed by EUMAHP (9, 18) informed the development of the professional standard. A draft of the standard was circulated to health promotion professionals for comment, and the feedback from this consultation informed the final edition of the professional standard.

The description of a health promotion specialist within the standard identifies the qualifications required as well as the aims, values and scope of professional practice. A number of personal attributes expected from the health promotion specialist are also specified in the standard.

The current educational requirements for level III professional registration are:

- master's degree in health promotion *or*
- higher education, further training in the field of health promotion (25 European Credit Transfer Accumulation System (ECTS) over the last five years) and at least five years' experience in the field of health promotion.

Each successive professional level requires additional educational and work experience, and evidence of continuous professional development. The registration system is based on the standard, and individuals can apply for registration once a year. Applicants must present documentation demonstrating their qualifications and employment history to an accreditation committee comprising representatives from the university, Health Promotion Union, Public Health Department and Health Development Institute. In 2007, training at bachelor and master levels in health promotion was established which, it is hoped, will increase both the quantity and quality of the health promotion workforce. Future plans include making registration a requirement for employment.

The Estonian professional standard offers a wealth of detail on the requirements for health promotion practice and education for consideration in developing pan-European systems. It also includes an interesting breadth of competencies which encompass national, international and global aspects of health, human rights and ethics, together with the characteristics and attributes expected of a health promotion professional.

Developments in The Netherlands

The Netherlands has an established registration and accreditation system, administered by the Dutch Association for Health Promotion and Prevention (hereafter NVPG[xvi]) which is a small voluntary organization. This system was developed in the context of long-standing discussion and action on quality of care at national level for all

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Table 1. Phase IV of NVPG registration system: points for registration period 2005 onwards

Activity	*Points*
Attending a training course, congress or conference	1 point per hour 4 points per half-day
Giving a lecture, workshop	6 points
Teaching, training	4 points per half-day Max. 12 points
Peer appraisal, peer consultation, supervision, undergo audit based on NVPG criteria	2 points per hour
Publish article in scientific journal:	
1st author	16 points
2nd author	8 points
Non-scientific publication:	
1st author	8 points
2nd author	4 points
Theses leading to graduation	30 points per year
Perform activities for the association	3½ per day
Participate in HP networks, national/international	Max. 15 points
Editorship	8 points per year
Complete a study relevant to HP	10

health-related professions from the 1980s onwards. A series of quality initiatives, including the Quality Act published in 1996, required all health institutions and organizations to offer accountable care and to do this in a systematic and visible manner, and since 2003 this Act has covered health promotion. A report by the Inspector of Health in 2000 (30) gave a greater sense of urgency to developing an accountable system for health promotion, as it indicated that health promotion professionals needed to redefine health promotion tasks, develop job profiles and legally establish professional standards, in line with other disciplines. In 2003, a taskforce on health promotion was established within the Municipal Health Services to improve the quality of health promotion within this setting. A functional map of health promotion was developed and the knowledge, skills, attitudes and education required for those undertaking these functions were formulated. This document formed the health promotion standard for the Inspectorate of Health and was the basis for a health promotion certification scheme for organizations developed by a national centre for quality review in health care (HKZ[xvii]) in 2005.

While many of these national developments focused on organizational quality improvements, the NVPG recognized its responsibility in relation to the quality of the profession and the professional in practice. An accreditation system was considered to be the optimal way to promote quality standardization, and in 1999 phase 1 of the accreditation system was introduced.

A professional profile is the backbone of the system, based on the 'products and core functions' of health promotion identified for the certification scheme for Municipal Health Services:

Products and core functions of health promotion

- Policy advice and providing information.
- Plan and implement health promotion programmes.
- Facilitate and support health promotion processes.
- Research and development.
- Improve the promotion and prevention structure (partnership building).

For each of these functions there is a detailed list of required tasks. All activities that are registered are

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reviewed on the basis of this profile by the registration and accreditation committee of the NVPG.

A number of key principles were agreed for the system including that it should:

- be clear and relevant to practice
- reflect a minimum standard for professional development
- be flexible and offer members several possibilities to meet the requirements
- be considered as an integral part of the NVPG quality system.

Based on these principles, a phased introduction for a voluntary registration system was agreed with a low initial entrance level to encourage uptake. Thus, in phase 1, every existing member of the NVPG was given the opportunity to become a registered member until July 1999 without any other requirements. In phase 2, requirements for registration increased to include membership of the association and attendance at a specific lecture given annually. For phase 3, the requirements for registration rose to having to attain 15 points (see Table 1) over two years, in addition to membership. The current phase is phase 4, with the following criteria for registration:

- membership of the NVPG
- bachelor's degree
- 90 points acquired within three-year period.

The registration and accreditation system is operated almost entirely via the NVPG website.[xviii]

Providers of education in the field of health promotion can also register for accreditation of courses using a protocol developed by the NVPG. The main area identified for future action on registration is to increase the number of health promotion practitioners registered (only a small number of the approximately 500 NVPG members are currently registered). The long-term goal is that only registered health promotion professionals will be employed in the field. However, the association identifies barriers which may limit future development, notably the fact that the NVPG is a voluntary organization with limited capacity and resources.

The NVPG has developed a practical, structured and flexible registration and accreditation system for health promotion. The easily used web-based system has much to offer as a model for a pan-European system. The phased introduction may also be a useful approach when working with a diverse workforce that will have differing levels of support and resources to develop and access accreditation systems.

Other European developments

Apart from the three examples examined above, a number of other European countries are also in the process of developing systems of accreditation and professional registration for health promotion. These systems are somewhat diverse in format, and further work is required to progress these into a cohesive and consistent system. For example, there have been a number of developments in Spain, including:

- a consensus-building process, coordinated by the Ministry of Health, to define the quality standards for health promotion training at different levels: undergraduate, postgraduate and continuous professional development[xix]
- development of an information system that comprises a database[xx] on health promotion interventions, training, publications, professionals and the institutions where health promotion is practised across all the autonomous communities (regions)
- a consensus-building process, initiated by the professional societies of public health, to agree the core competencies required for public health professional performance (10).

These competencies formed the basis for the current official training programme for medical specialists in public health,[xxi] and health promotion is recognized within the required set of knowledge and skills. Regional agencies within Spain are also responsible for accrediting professional development and this includes health promotion in some regions (i.e. Madrid,[xxii] Andalucía[xxiii]), and suits practitioners with different backgrounds within the health and education sectors.

In view of the different stages of development across Europe, it is reasonable to state there is a need for a coherent framework that will build on

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national and international developments and lead to a comprehensive and flexible system for workforce development and quality assurance.

Conclusions

Developing an accreditation system for quality assurance and professional development for those involved in health promotion is generally agreed to form an important element of workforce capacity building. Across Europe there is limited experience in this field; however, lessons can be learned from those countries with established systems, both within and beyond the European region (see, for example, Cottrell et al.'s account of developments in accreditation and certification in the US (31)). However, differences in the formats, content and development processes of the various systems, coupled with differing educational, practice, political and resource situations, reflect the complexity of such an endeavour. Such differences will require careful consideration when developing a pan-European system to ensure that it is flexible, relevant and usable while still maintaining its core purpose of quality assured, accountable health promotion practice, education and training. It will also be important to take account of the fact that most countries in Europe are either at a very early stage in developing accreditation systems or have not even started. The pan-European system will have to be flexible enough to be relevant and acceptable to both those with established systems and those with little or none.

It is envisioned that the development of competencies, standards and accreditation will not be directed at health promotion specialists only but will not only be directed at health promotion specialists, from whatever background or area of professional practice. There is a need, therefore, to develop a robust but flexible system to accommodate different levels of accreditation for different levels and fields of practice. The development of a pan-European accreditation system poses a significant challenge but also presents a unique opportunity to form a solid basis for building capacity and assuring quality for health promotion practice and training across the European region.

Notes

i. See the article by Battel-Kirk et al. in this issue for a more detailed discussion on competencies.
ii. Bratislava Declaration on health, human rights and migration, 8th Conference of European Health Ministers. November 2007. http://www.coe.int/t/dg3/health%5CSource%5Cdeclaration_en.pdf.
iii. EUMAHP website: http://www.brighton.ac.uk/eumahp/.
iv. PHETICE website: http://www.phetice.org/workpackages/wp4/index.html.
v. http://www.aspher.org/media/pdf/asphercompetencies programmephase2report.pdf.
vi. Few supporting documents were available in English.
vii. A full report on the Project will be available on the IUHPE website www.iuhpe.org in 2009.
viii. PHEA: European Commission Public Health Executive Agency, which recently changed its name to Executive Agency for Health and Consumers (EAHC): http://ec.europa.eu/eahc.
ix. See also: http://www.sophe.org/upload/Galway%20Consensus%20Conference%20Statement%20-%20Final_84911642_6302008111733.pdf.
x. http://www.specialisedhealthpromotion.org.uk.
xi. http://www.skillsforhealth.org.uk.
xii. http://www.publichealthregister.org.uk/.
xiii. England, Wales, Scotland and Northern Ireland.
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xvii. www.nvpg.net.
xviii. http://www.rivm.nl/vtv/object_class/df_healthcare.html.
xix. www.nvpg.net.
xx. http://www.msc.es/profesionales/saludPublica/prevPromocion/promocion/formacion/formacionGrados.htm#formacion.
xxi. http://sipes.msc.es/sipes/presentacion/index.html.
xxii. Spanish Public Health Speciality Official Training Programme available at: http://www.msc.es/profesionales/formacion/docs/mediPreventiva07.pdf.
xxiii. http://www.madrid.org/cs/Satellite?c=CM_Tramite_FA&cid=1109168959769&definicion=Autorizacion+Licencia+Permiso+Carne&language=es&pagename=ComunidadMadrid%2FEstructura&pid=1109265444835&segmento=1&tipoServicio=CM_Tramite_FA.
xxiv Establishment of accreditation system for health professionals at http://www.juntadeandalucia.es/sas/principal/documentosAcc.asp?pagina=pr_comunicado_dec18_2007.

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Editor's Note:

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