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## *Research Report Series*

### **TESTING THE FEASIBILITY OF A PAN EUROPEAN FRAMEWORK FOR HEALTH PROMOTION ACCREDITATION**

**Final Report of the Pilot Project**

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**Sub-Committee for  
Training, Accreditation  
and  
Professional Standards**

**Pilot project**

*‘Testing the feasibility of a pan European framework for  
health promotion accreditation’*

**Final Report**

**Ms Barbara Battel-Kirk**, Independent Consultant, Ireland

**Professor Margaret Barry**, Health Promotion Research Centre,

National University of Ireland, Galway

**January 2009**



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*The views expressed in the report are those of the authors and do not necessarily represent those of the funding or other participating organisations.*

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## **INTRODUCTION**

### **Scope of report**

This report presents a summary of the progress and achievements of a pilot project which aimed to test the feasibility of implementing a pan-European framework for health promotion accreditation, undertaken by the Training, Accreditation and Professional Standards Sub-Committee of IUHPE EURO in 2007/2008. It includes an overview of the health promotion systems and structures within participating countries, identifies potential key stakeholders and lists the barriers and drivers to developing accreditation in each of the participating countries. Finally the report draws some conclusions on the findings in the context of developing a pan European accreditation system.

### **Rationale for the project**

Over the last two decades the European Commission and Council have issued a number of directives which established more flexible systems for recognising professional qualifications, thus facilitating the principle of free movement and employment across the European member states (1, 2). The trans-national recognition of professional qualifications provides an impetus for developing common standards and quality criteria in the training and education of health promotion professionals and others with a remit for health improvement. Other initiatives also offer a supportive context for developing a pan-European mechanism to quality assure the professional preparation and qualification of those undertaking health promotion including:

- the Bologna Declaration which sought to reform and harmonise the European higher education system (3).
- the European Association for Quality Assurance in Higher Education in Europe which developed standards and guidelines for the European higher education system and ways of ensuring an adequate peer review system for quality assurance and/or accreditation agencies or bodies (4).
- WHO-Euro which has called for standardisation of the different licensing systems within the health professions across Europe.

Competencies and standards for health promotion been developed in a small number of countries in Europe, as well as in Canada, Australia and New Zealand (for example, 5-17). Similar frameworks, mainly focusing on health education, have been developed in the USA, together with robust accreditation systems (18-25). To date, however, there is no organisation entrusted with overall responsibility for competency- based standards and accrediting training in health promotion at European level. The International Union for Health promotion and Education (IUHPE) is arguably the most appropriate body to develop such a pan European accreditation system as it is the only global, professional organisation in the field and has a proven track record in undertaking international projects.

In 2005 the IUHPE EURO, in response to the various European developments, and building on international examples of accreditation, established a Sub-Committee with a remit to make recommendations on the development of training, accreditation and professional standards across the European Region. The subcommittee has developed a proposed framework for an accreditation process (Figure 1) and completed a scoping study on training and accreditation in health promotion across Europe (26). The scoping study found that health promotion training is undergoing development across Europe, albeit at differing rates of progress in different countries. Few examples of professional registration/accreditation systems were found and, in the few countries where they do exist, they are quite new. A review of international literature on competency frameworks, professional standards and accreditation systems was initially completed in 2005. Subsequently this review has been updated and is currently in press, together with an overview of the accreditation and registration systems currently in operation in Europe (27, 28).



## **Project structure and objectives**

The IUHPE EURO Training, Accreditation and Professional Standards Sub-committee met in April 2007 to discuss the issue of accreditation and proposed a staged approach to the development of an accreditation system for health promotion in Europe comprising:

### **Stage One - Pilot project**

- Testing the feasibility of implementing a pan-European framework for health promotion accreditation.

### **Stage Two - Development**

- Building on findings of pilot project to develop and implement an accreditation system.

### **Stage Three - Maintenance**

- Maintain evaluate/revise accreditation system as required.

It was agreed to seek funding for the pilot stage of the project from the IUHPE European Regional Committee funds and to seek additional funding from member countries. It was also agreed that a part-time project coordinator should be appointed to advance the work of the pilot project.

### **The objectives for the pilot phase of the project were agreed as:**

- To collect and synthesis feedback on competencies and develop final draft for further development/agreement.
- To stimulate/activate/mobilise a process within and between participating countries/organisations to explore accreditation in health promotion.
- To draw together the information and experiences within each country to develop consensus on accreditation frameworks and systems.
- To develop proposals for further development /roll out and maintenance of the accreditation process on a pan European basis with links to wider international developments.
- To develop funding proposals to support all stages in the process.

## **Funding, costs and budgets**

The project was funded by contributions from two of the participating countries (Health Service Executive, Ireland<sup>1</sup> and Royal Society for Promotion of Health, UK<sup>2</sup>) and from the IUHPE European Regional Committee budget. The main costs of the project were the employment of a project coordinator on a part-time basis, hosting a meeting of all participants, participation in relevant conferences and dissemination of information on the project and on competencies, standards and accreditation.

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<sup>1</sup> See: <http://www.hse.ie>

<sup>2</sup> Now the Royal Society for Public Health – see <http://www.rsph.org.uk/>

**Table 1 Timescale and tasks for the project**

**Duration 9 months - Key tasks/events in timescale**

Months 1-3	Months 4-6	Months 7-9
<ul style="list-style-type: none"> <li>• Work plan finalised</li> <li>• Country mobilisers identified/contacted</li> <li>• Initial meeting planned</li> <li>• Questionnaire developed/distributed</li> <li>• Questionnaire findings collated/analysed</li> <li>• Template for action plans circulated</li> <li>• Pilot group meeting Brussels March 2008 completed</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from participants on country specific situation collated</li> <li>• First progress report circulated</li> <li>• Application for EU funding- proposal completed and submitted ( May 2008)</li> </ul>	<ul style="list-style-type: none"> <li>• Second progress report completed/circulated</li> <li>• Redrafting of funding proposal completed</li> <li>• Meeting of project participants attending IUHPE Conference, Turin September 2008</li> <li>• Final report completed ( circulated Jan 2009)</li> </ul>

## **METHODOLOGY**

The methodology used in the project was based on action research models. Participants were engaged in a process of exchanging information and experiences on competencies, standards and accreditation within their own countries. Employing agreed action plans, pilot partners identified key stakeholders at the country level and explored the main drivers for and barriers to developing accreditation within their national and regional contexts. A questionnaire was developed at the start of the project to gain an overview of the current situation in each country in relation to accreditation. The findings from the questionnaire, notes from a meeting of participants, and feedback from participants over the course of the project were collated into interim reports. These reports were used for further reflection on accreditation processes and as the basis for action planning by participants with national stakeholder groups. This final report discusses the lessons learned from the project in developing a pan-European accreditation system.

### **Participants**

The pilot project incorporated action research with seven countries, namely<sup>3</sup>:

Finland

Ireland

Israel

Italy

Spain

The Netherlands

The UK

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<sup>3</sup> For full list of participants please see Acknowledgments page

The participants were invited to work on the project based on their expressed interest in accreditation together with the fact that they provided examples of a wide range of health systems, levels of development in health promotion and experience with competency frameworks and accreditation. This diversity was important to allow for testing the feasibility of developing accreditation across as many settings and contexts as possible to replicate the wide ranging diversity which would be found in a pan European system. The participants from each country acted as the ‘mobilisers’ for the pilot project and were tasked with reviewing the barriers and drivers for accreditation in their country and developing action plans for accreditation specific to their given situation.

### **Timescales**

The pilot project began in December 2007 and ran until September 2008 (Table 1), a shorter period than the 18 months originally planned. The timescale for the project was shortened due to limited funds and the timing of the call for funding proposals from the Public Health Executive Agency of the European Commission<sup>4</sup> which became an important focus for the project.

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<sup>4</sup> Now The Executive Agency for Health and Consumers - <http://ec.europa.eu/eahc/>

## **PROGRESS OF THE PROJECT**

### **Questionnaire and action plans**

The first stage in the project focused on establishing contact with the participants and ascertaining the level of awareness of, and readiness for, accreditation in their respective countries and regions. A questionnaire<sup>5</sup> was sent to all participants to gather this information, together with a template for an action plan<sup>6</sup> and a request to prepare a short presentation on the situation in relation to accreditation in their country to share at a meeting planned for the early stages of the project.

### **Questionnaire**

A total of ten potential project participants<sup>7</sup> were asked to complete a questionnaire which was available online via the Survey Monkey system. Two reminders were sent by email. In all four questionnaires were completed. Further information was gleaned subsequently from the other pilot group partners during the project meeting. The information provided offered a useful basis for initial discussion of accreditation and related issues in different contexts.

### **Key findings**

- 2 of the countries responding had accreditation systems - The Netherlands and Estonia
- 100% support was indicated for accreditation among health promotion professionals.
- Drivers for developing accreditation were identified by respondents as:
  - Would improve the quality of health promotion.
  - Capacity building - to highlight the value of HP professionals.

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<sup>5</sup> See Appendix One

<sup>6</sup> See Appendix Two

<sup>7</sup> This included the seven countries who participated in the pilot project and Norway, Estonia and Switzerland.

- ❑ Barriers to developing accreditation identified by respondents were
  - It is not yet a legal necessity. If it was it would be easier to get support and improve the implementation of the system
  - Professions are regulated at the national level. Getting new ones approved is quite difficult.
  - We have to find out the consistent understanding of health promotion. In the preventive (health) sector we know who are responsible for health promotion, but in society and regional level when we are talking about political activities and influence to decision makers it is difficult to indicate persons and organisations that are responsible of that. We have to indicate the health educators over the sectors (over social and health sector). We have to make clear what kind of things belong to know how of health promotion (promotive or preventive aspects). This means comprehensive discussions between ministries and other organisations (stakeholders).
  - Simply that change of any sort is very hard to accomplish
  
- ❑ Key stakeholders in developing accreditation were identified as:
  - People who have health promotion academic degrees
  - Ministries – e.g. Health and Education
  - Managers
  - Professionals supported by their trade union
  - Providers of educational activities
  - Trade unions
  
- ❑ Potential advantages of pan-European system identified by respondents
  - It could mean a strong impulse for implementing the system.
  - You could benefit from the experiences of others
  - The definition of competencies will improve the status of health promotion and make it clearer than before.
  - Gives opportunity for professionals to work in different European countries

- First steps towards developing accreditation suggested by respondents
  - Collecting all the possible stakeholders for discussing about accreditation in health promotion. The second step is to make the plan and after that implement the accreditation system.
  - To compose and agree professional standards.
  - The HP student movement should take this up as their primary political issue.



## Project Meetings

The project aims included fostering debate and exchange of ideas on accreditation between participating countries. To this end, a meeting was convened in Brussels in March 2008 at which participants exchanged information on the level of interest in, and progress towards, the development of accreditation in their respective countries. The barriers and drivers for accreditation at national and on a pan European level were discussed and an overall action plan agreed, with each country being free to identify its own 'first steps'. An overview of the accreditation system in operation in the Netherlands was presented as a possible model for future developments at European level.

Presentations were given by each participant on the current position in relation to accreditation in their country and the results from the questionnaire were reviewed. PowerPoint presentations<sup>8</sup> on the Dutch registration system, current developments on registration in the UK and an outline of a proposal for funding to the PHEA to undertake the development of a pan European accreditation system were also shared.

Further face-to-face meetings of the project partners proved to be unrealistic due to logistical and financial limitations. However, the participants were kept informed of progress by the project coordinator through frequent email correspondence and regular short reports.

A brief meeting was held at the IUHPE European conference in September 2008 with those project participants attending. The progress of the project and the funding application and finalising practical aspects of the pilot stage of the project and the final report were briefly discussed.

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<sup>8</sup> For further information on, or copies of, presentation please contact the IUHPE

## **Accreditation framework**

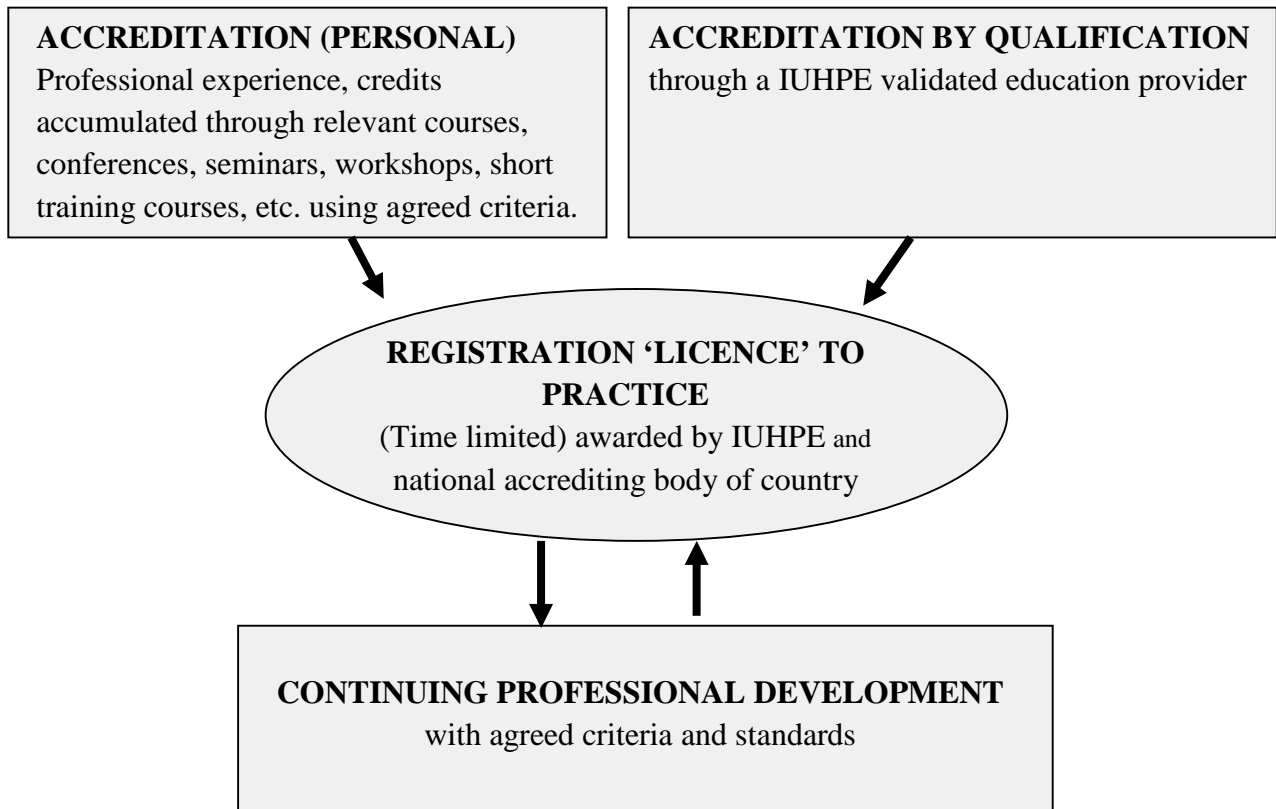
The project participants reviewed and endorsed an accreditation framework developed by the Chair of the IUHPE EURO Training and Accreditation Sub-Committee as the basis for their deliberations on, and action plans for, accreditation.

The recommended framework comprises a voluntary registration system based on an agreed set of competencies and professional standards. Two accreditation routes are proposed:

- Accreditation by qualification provided by a recognised educational or training provider.
- Accreditation of individual professionals working in the field by virtue of relevant professional experience and/or certified learning.

The framework proposes devolved accreditation systems at national level by accrediting agencies approved by IUHPE - EURO. Intrinsic to the proposed system is a Continuing Professional Development (CPD) programme building on education and training which meets agreed criteria and which will form the major part of the ongoing quality assurance which is the core of the accreditation system.

**Figure 1 PROPOSED FRAMEWORK FOR A PAN- EUROPEAN ACCREDITATION SYSTEM**



## **Dissemination and links to other developments on competencies and accreditation**

Contact was established with a number of related European and global developments including a ‘Competencies for Public Health Project’, undertaken by ASPHER, which has a health promotion component. The ASPHER project has collated very comprehensive lists of competencies<sup>9</sup> as the basis for discussion and consensus building. The project coordinator attending the first ASPHER competencies conference in Denmark in April 2008 contributed to a workshop on competencies for health promotion and shared information on the IUHPE project. ASPHER plan to further refine the competencies and it is hoped to continue information sharing in the next stages of the respective projects.

The project coordinator and the Chair of the Sub-Committee were actively involved in the international conference at which the Galway Consensus Conference Statement ‘Toward Domains of Core Competency for Building Global Capacity in Health Promotion’ was developed. (29)<sup>10</sup>. The consensus statement was circulated to all project participants and it is envisioned that future work on developing a competency framework, which will form the basis for the accreditation system, will build on these core domains. The project objective of developing a draft list of competencies was subsumed into work on the consensus core competencies and the preparation of a literature review on international competencies to be published in 2009 (28).

The work of the project was disseminated through presentations at conferences in Denmark (ASPHER), Turin (IUHPE) and Galway (international and national conference). Information on the Consensus statement and the project were disseminated within participants’ national and regional networks.

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<sup>9</sup> See <http://www.aspher.org/media/pdf/asphercompetenciesprogrammephase2report.pdf>

<sup>10</sup> See also [http://www.nuigalway.ie/health\\_promotion/documents/galway\\_consensus\\_conference\\_statement.pdf](http://www.nuigalway.ie/health_promotion/documents/galway_consensus_conference_statement.pdf)

### **Funding application to the Public Health Executive Agency of the European Commission**

The participants in the project, together with eight other partners, submitted a proposal to the Public Health Executive Agency (PHEA) of the European Commission<sup>11</sup> for funding to continue and expand the work on a pan-European accreditation system for health promotion. The project coordinator undertook the collation of the required information from partner countries and the drafting of the proposal in collaboration with the chair of the Sub-Committee and a research manager who provided input on the financial and budgetary aspects of the proposal. The proposal on “Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe” has been awarded funding over a three year period starting in September 2009<sup>12</sup>.

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<sup>11</sup> Now the EAHC – The Executive Agency for Health and Consumers – see <http://ec.europa.eu/eahc/>

<sup>12</sup> Contract number; EAHC 2008 12 09 COMPHP

## **FINDINGS FROM THE PILOT PROJECT PARTNERS**

### **Overview of the current situation, barriers to and drivers for accreditation in participating countries.**

The feedback from the project participants provides useful information in the context of developing a pan-European accreditation system. Two of the participants (the UK and the Netherlands) have shared their experiences in establishing registration/accreditation systems, together with competency frameworks. The other countries are at different stages in relation to developing health promotion accreditation systems with the majority at an early ‘awareness- raising’ stage. Each has, however, useful information to contribute on specific structures and systems which may help or hinder the development of accreditation. These different systems mirror many of the different systems which will be found in the wider European context.

The following section details the situation in each country and identifies local drivers and barriers in relation to developing a pan European system.

## The UK

### Structures and stakeholders

Since the late 1990's multidisciplinary public health is the umbrella term used for all disciplines with a health improvement remit in the UK, including health promotion. All competences, standards and related developments on workforce capacity-building are premised upon this multidisciplinary model. There are differences of opinion on the impact of the multidisciplinary approach on the status and viability of health promotion. Projects have been developed which aim to clarify health promotion roles and functions within the multidisciplinary frameworks (30 and Specialised Health Promotion Project<sup>13</sup>) and competencies for health promotion have been distilled from the multidisciplinary public health practice framework (15, 16).

The various developments on standards and accreditation have been supported and resourced at national levels and endorsed by the Department of Health in England and the devolved administrations in Wales, Scotland and Northern Ireland. While those working in the field in the UK may not consider themselves overly well resourced, it would appear that there has been more and more sustained funding for this work than in any of the other participating countries. The professional association (Society of Health Education and Health Promotion Specialists - SHEPS) appears to be generally inactive, except in Wales and it is reported that much of its work has now largely been taken over by a consortium led by the Royal Society for Public Health.

The developments on areas related to accreditation are led by different organisations including:

- Capacity building - Public Health Resource Unit PHRU.
- Specialists' register and developing practitioners register - UK Public Health Register.
- Debate on, and support for health promotion in the multidisciplinary public health context – Specialised Health Promotion Project led by the Royal Society for Public Health, in conjunction with the Faculty of Public Health, the Public Health Register, and the Institute for Health Promotion and Education.

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<sup>13</sup> <http://www.specialisedhealthpromotion.org.uk>

- National standards for public health (specialist and practice) – Skills for Health.
- Competencies for Health Promotion Practitioners – Health Scotland

### **Competencies, standards and accreditation**

National occupational standards (NOS) for multidisciplinary public health at specialist and practitioner level have been developed (31, 32): A Public Health Skills and Career Framework (33) has been published which outlines the skills and knowledge needed across all groups, domains and levels of the multidisciplinary public health workforce provides a consistent, yet flexible, framework for career development. The UK Public Health Register<sup>14</sup> provides professional regulation to specialists in public health from a variety of backgrounds including a small number from health promotion which is expected to increase. A register for practitioners in multidisciplinary public health planned for 2009.

### **The UK experience in relation to developing a pan European Accreditation system.**

The experience gained in the UK has much to offer in relation to a pan-European system, for example, participatory approaches to developing and refining competencies, standards and registration systems. The Public Health Skills and Career Framework may also be useful model when working with a diverse European workforce as it demonstrates different ‘matching’ of competencies for both the workforce as a whole and for individual practitioners. The formats used for the national occupation standards, however, have been described as being very detailed and complex. In addition, the fact that health promotion is not explicit in the standards may pose some complications when attempting to link these to a specific health promotion system.

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<sup>14</sup> <http://www.publichealthregister.org.uk/>



## **The drivers and barriers to developing a pan European accreditation system identified in the**

### **UK include:**

#### **Drivers**

- Well established 'standards' and development process.
- Relatively well resourced and supported by the four UK health departments.
- Developments taking place across the four constituent countries – with, however, differences in emphasis and speed of development/implementation.
- Advanced work on workforce capacity building.
- Established organisation/agencies with experience in the field – i.e. Skills for Health, UK Public Health Registry , Specialised Health Promotion Project and the Royal Health Society for Public Health.
- Register for specialists in multidisciplinary public health established - practitioner level under development.
- Participation in and funding provided for project.
- Strong relationships and agreed responsibilities between national bodies.

#### **Barriers**

- Health promotion identified within a multidisciplinary public health framework- complicating relevance/relationship for health promotion specific accreditation.
- Registers multidisciplinary public health- which may be problematic when relating to a specific health promotion accreditation system.
- Formats used for standards complex, lengthy.

## **The Netherlands**

### **Structures and stakeholders**

The number of health promotion professionals in the Netherlands in 2004 was 1177, but slightly less than half of this number were members of the Dutch Health Promotion Association (NVPG)<sup>15</sup>. The NVPG is a small voluntary organisation with a board of 7 members supported by one part-time paid employee. A health promotion professional is defined by the NVPG as one who:

- Has a minimum of a bachelor degree.
- Spends 50 % or more of their time on health promotion related tasks (as described by the NVPG).
- Works in
  - practice, policy or research.
  - intersectorally and in collaboration with private partners.

Health promotion professionals work in a variety of settings including;

- Municipal Health Services
- Mental Health
- Home care
- Substance abuse
- National organisation for health promotion
- Research and policymaking

### **Competencies, standards and accreditation**

The Dutch accreditation system is grounded in the ‘products and core functions’ for health promotion originally identified as the basis for a certification scheme for Municipal Health Services, namely:

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<sup>15</sup> <http://nvpg.plant.nl/>

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

There is a detailed list of required tasks associated with each of the products and core functions. The registration and accreditation system is operated almost entirely online<sup>16</sup>. Individuals can register for accreditation based on an agreed ‘points’ system (Table 2). Providers of education in the field of health promotion can also apply for accreditation of the courses and programmes they offer.

**Table 2 NVPG Registration System - points for registration**

Attending a training course, congress or conference	1 point per hour 4 points half day
Giving a lecture, workshop Teaching, training	6 points 4 points per half day Max 12 points
Peer appraisal, peer consultation, supervision, undergo audit based NVPG criteria	2 points per hour
Publish article in scientific journal 1st author, 2nd author Non scientific publication 1st author, 2nd author	16 points 8 points 8 points 4 points
Theses leading to graduation	30 points per year
Perform activities for the association, Participate in HP networks, national/international	3 and half per day Max 15 points
Editorship	8 points per year
Complete a study relevant to HP	10

<sup>16</sup> [www.nvpg.net](http://www.nvpg.net).

## **The Dutch experience in relation to developing a pan European Accreditation system**

As already noted, the Netherlands has developed a flexible and easy to use registration / accreditation system. The system which provides a useful model for a pan-European system as it uses online registration and employs a phased introduction for registration with low entrance criteria as a starting point. This phased approach might be useful when attempting to develop a registration system which will have to be relevant for countries at different stages of development in health promotion.

## **The drivers and barriers to developing an accreditation system within a pan European framework were identified as:**

### **Drivers**

- Registration/accreditation system operational.
- National quality movement driven by legal acts which require accountable practice.
- System operated by health promotion association.
- Participation in this project.

### **Barriers**

- Low numbers registered to date.
- Lack of resources (NVPG is a voluntary organisation).
- Registration not mandatory.

## Ireland

### Structures and stakeholders

In Ireland the main stakeholders in the process of developing accreditation for health promotion are the Department of Health and Children (DoHC - policy), Health Service Executive (HSE-service management), the academic sector, notably the National University of Ireland, Galway and the Association for Health Promotion Ireland (AHPI). Full membership of the AHPI is available to those whose work is entirely or mainly in health education / health promotion. Associate membership is available to those whose work brief has a considerable health promotion component, to students on health promotion/education courses and to unemployed/retired health promotion/education specialists.

A presentation at the National Health Promotion Conference in June 2008 was based on the main points of a paper which had been distributed to the Health Service Executive workforce at the end of March 2008. This paper was drafted by a group set up to advise on changes to the structures for health promotion within the Irish health system. Recommendations of the group relevant to developing accreditation include:

- That approval is given for a work programme leading to professional recognition
- That a joint code of practice be developed and adapted between the employers' side and the Department of Health and Children
- That an Irish framework of competencies be developed and consulted on
- That the Association for Health Promotion in Ireland ( AHPI) will be invested in, to develop and administer a national accreditation system

The presentation formed the basis for a further workshop at the conference. Workshop participants included health promotion practitioners; academics included senior staff from the Department of Health and Children and others with an interest in health promotion. The representatives of the DoHC were supportive in principle of the idea of competency development and an accreditation system. The workshop members were concerned that, although the AHPI

may be well placed to run an accreditation system, it is not currently sufficiently resourced to do so, and resources need to be secured.

**The drivers and barriers to developing a pan European accreditation system were identified as:**

**Drivers**

- Well established academic courses at different levels.
- Agreement in principle on need for accreditation by AHPI and trade unions.
- Interest in making accreditation mandatory for employment/ grading/remuneration.
- Support for accreditation at practitioner/manager levels and in principle within the policy and executive arms of the health service structure.
- AHPI interested in leading on accreditation.
- Discussion ongoing to access funding from DoHC/ HSE to further develop the AHPI.
- Accreditation provides an identity for health promotion that it does not currently have.
- College courses can take on a more standardised competency based curriculum.
- Increased focus on translating theory into practice.
- Participation in and funding provided for this project.

**Barriers**

- Ongoing changes within the health service with emphasis on resources for clinical services.
- AHPI struggles to maintain membership levels and is run on a voluntary basis.
- Resources are required to enable AHPI to take on accreditation role.

## Spain

### Structures and stakeholders

Responsibility for health services is at regional level with some elements of policy making retained at national level. Regional agencies within Spain are responsible for accrediting professional development and this includes health promotion in some regions (i.e. Madrid<sup>17</sup>, Andalucía<sup>18</sup>). Health service systems vary across regions and in some areas (e.g. Madrid) there have recently been reorganisations which resulted in public health departments reporting other divisions which has led to much concern and protest among the public health community. A public health association with significant interest in health promotion has recently been established in Madrid and many of the leading public health and health promotion players have become members.

Other developments include:

- a consensus building process, co-ordinated by the Ministry of Health, to define the quality standards for health promotion training at different levels.<sup>19</sup>
- an information system comprising a database<sup>20</sup> on health promotion interventions, training, publications, professionals and the institutions where it is practised.
- a consensus building process initiated by the professional societies of public health to agree the core competencies required for public health professional performance (34).

These competencies formed the basis for the current official training programme for medical specialists in public health, approved in 2005<sup>21</sup>, with health promotion recognised within the required set of knowledge and skills.

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<sup>17</sup> Updated guideline available at:

[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](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)

<sup>18</sup> Establishment of Accreditation system for health professionals by “Decreto 18/2007, de 23 de Enero, de la Junta de Andalucía” at [http://www.juntadeandalucia.es/sas/principal/documentosAcc.asp?pagina=pr\\_comunicado\\_dec18\\_2007](http://www.juntadeandalucia.es/sas/principal/documentosAcc.asp?pagina=pr_comunicado_dec18_2007)

<sup>19</sup> Minutes and documents produced available at:

<http://www.msc.es/profesionales/saludPublica/prevPromocion/promocion/formacion/formacionGrados.htm#formacion>

<sup>20</sup> See: <http://sipes.msc.es/sipes/presentacion/index.html>

**The drivers and barriers to developing a pan European accreditation system were identified as:**

### **Drivers**

- Interest at ministry levels.
- Potentially facilitating workers mobility/ useful when agreeing pay levels/grades.
- Newly formed public health association with interest in health promotion.
- Established accreditation ‘on line’ systems for more generic purpose (HP national information system – SIPES) which could be adapted for accreditation.
- Post Graduate programme in health promotion and interest of the professor in charge (University of Girona).
- Regional health structures mean smaller organisations, making it easier to identify and work with key people. This also makes it possible to target the regions with the most potential for developing accreditation first together with Madrid where there is a critical mass of resources and motivated people.
- Participation in project with key people from two universities formally involved.

### **Barriers**

- Bureaucracy – requires a lot of energy/time to deal with systems.
- Potential political blocks at various levels - depending on professional and personal understandings of health promotion and the support or otherwise for it.
- Range and number of stakeholders to be influenced.
- Association newly established - needs time to build.
- People long established in health promotion may feel accreditation will undermine or sideline them / their experience.
- Limited time and resources to take this work forward.
- Changes in health service structure e.g. public health now under a Primary Care directorate in Madrid.

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<sup>21</sup> Spanish Public Health Speciality Official Training Programme from “*ORDEN SCO/1980/2005, de 6 de junio, por la que se aprueba y publica el programa formativo de la especialidad de Medicina Preventiva y Salud Pública*”, at: <http://www.msc.es/profesionales/formacion/docs/mediPreventiva07.pdf>



## Italy

### Structures and stakeholders

In Italy a reorganisation of the health system has meant decentralisation of responsibility and authority, including governance issues, to regional levels. The impact of this on health promotion is that each region has its own network of services and professionals. Each region also controls its own training and professional profiles. At national ministry level, however, a health promotion strategy linked to EU health strategy was developed approximately four years ago. Each region gets resources to fund health promotion work in four or five areas of interest. Other sectors such as education have strong links to health promotion and education within schools. In some regions with very traditional models of public health medicine there is little awareness of health promotion and limited experience or interest in collaborative work.

Medical doctors form the largest professional group in the public health field together with some nurses with a similar remit. The best opportunity for further development for health promotion in Italy is considered to be among these professionals and within their foundation and professional development courses. Attempts have been made at local and national level to raise awareness of the accreditation pilot project and its aims and a questionnaire on health promotion and competencies has been sent to key stakeholders as part of this process.

**The drivers and barriers to developing a pan European accreditation system were identified as:**

#### Drivers

- Public Health courses available.
- Post Graduate health promotion course established in Perugia.
- New professional group (health assistants) looking for recognition.
- Public health doctors need to widen scope and develop new territories.
- People want to know how doctors /others are accredited.
- EU model will have a positive impact and support opportunities for action.

- Accreditation for health promotion services (not individuals) aligned to other quality initiatives available in some regions.
- New professional association for health promotion formed through the amalgamation of two other associations.
- Awareness raising amongst stakeholders started- questionnaire, meetings, etc.
- Participation in project.

### **Barriers**

- Medical model of public health imbedded in some areas.
- Little flexibility in job descriptions - limited to specific professional titles.
- Regional structures mean a diverse stakeholder profile.
- Health promotion usually part of other profession/courses - not an entity in itself (apart from course in University of Perugia).
- No career path in health promotion.

## **Israel**

### **Structures and stakeholders**

Health promotion is well established in Israel, and although not explicitly required within the range of services identified in the national health insurance law, all four of the statutory health care providers have health promotion departments. Health promotion is also represented within the Ministries for Health and Education, NGOs, workplaces, community centres and municipalities. Education in health promotion is offered at master's level within courses offered in the schools of public health in four universities.

The recently re-established Association of Health Promotion is currently debating whether membership should be open to all with an interest in health promotion or limited to those whose principal role is health promotion, thus differentiating health promotion as a professional group. Some health promotion professionals have, in the past, been accredited through US 'credentialing' systems, however, this was found to require a lot of paperwork and has generally not been kept up, with the exception of one health promotion professional.

### **The drivers and barriers to developing a pan European accreditation system were identified as:**

#### **Drivers:**

- Professional association re-established, brings together health promotion professionals from all sectors.
- Those who work in health promotion are a small group so it is easy to get key people together to share information.
- Ministry for Health is positive about developing standards and accreditation.
- Participation in this project.

#### **Barriers:**

- Lack of human resources, despite great interest in developing accreditation.
- Newly re-established association needs time to develop.

## **Finland**

### **Structures and stakeholders**

The Finnish Health Promotion Centre is the umbrella organisation for all Finnish NGOs' working in the field of health promotion. The Centre works in collaboration with partners in various related fields supporting health-promoting activities in health and other sectors. Currently there are no dedicated health promotion practitioner posts but there is a wide range of people with health promotion as part of their remit and an interest in developing training and accreditation to underpin their practice. The key stakeholder in developing accreditation is the Ministry for Education, the potential national accrediting body. Contact has been established with the Ministry to discuss the accreditation project and the possibilities of developing a national system. The Centre also plans to work with NGOs involved in health promotion to develop a competency framework.

**The drivers and barriers to developing a pan European accreditation system were identified as:**

#### **Drivers**

- Discussion ongoing at national level about definition of health promotion and who would be responsible to take accreditation forward.
- Meetings planned for further discussion and with education administrative system.

#### **Barriers**

- Debate about definition of health promotion and who is eligible to be described as a health promoter.
- Wide range of stakeholders- trade unions, education administration, and ministry of education/local administrators/universities/professionals - need to build consensus for recognition of accreditation/qualifications.
- Recognition that this will be a slow process.

## DISCUSSION AND CONCLUSIONS

All countries participating in the project are interested in developing an accreditation system at national level within a pan European framework. Two of the countries have already established accreditation and registration systems, i.e. the UK and the Netherlands, but of these only the Netherlands has a specific health promotion system. Quality frameworks for health and health care are established in all the participating countries. These frameworks provide, or have the potential to provide, a positive context for the development of accreditation systems to assure the quality of health promotion practice, education and research.

There has been discussion on accreditation with key stakeholders in all the participating countries. However, the depth and level of discussion and the readiness for action is different across the project group. In some countries the debate has, as indicated, already resulted in a full accreditation system (the UK and the Netherlands)<sup>22</sup>. In others, accreditation has been explored in some depth, for example in Ireland, where there is agreement in principle on the need for the development of a national system among key stakeholders - but with no funding allocated to take plans forward. In the other countries discussion on accreditation can best be described as at an early exploratory stage.

In countries without accreditation/registration systems, the organisations which are potential accrediting bodies at national level are also at different stages of development. Some countries, such as the UK, have a plethora of organisations which lead on accreditation/registration, national standards, etc. The Netherlands has an established health promotion association which coordinates and manages an accreditation and registration system. Ireland has an established, if not overly robust, health promotion professional association which is interested in leading on

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<sup>22</sup> There is also an established accreditation system in Estonia. For logistical reasons Estonia did not participate in the project but information on their professional standard and registration systems were shared with the project and are summarised in Appendix Three.

accreditation. Israel has a recently re-established health promotion professional association while Italy and Spain have newly established public health associations which incorporate a strong interest in health promotion. In Finland the potential accrediting body is the Ministry of Education.

All of the professional organisations in the countries without established systems, while indicating interest in being the lead organisation for national accreditation, also indicate that they need additional resources if they are to take on a formal role in developing and maintaining such systems. For the more recently established organisations there is also a need to develop and build their 'critical mass' and profile before they commit to an accrediting function. The professional association in the Netherlands, while it has succeeded in establishing an accreditation system, is also concerned about a lack of resources to maintain and expand the system.

There are differences in the career paths and professional identity of health promotion across the participating countries. For example, Italy and Finland do not have specific health promotion practitioners. Health promotion is regarded as part of public health or multidisciplinary public health in some countries (e.g. in the UK and Spain) while in others it is regarded as a separate profession and discipline (e.g. in Ireland and the Netherlands). This diversity means that there are different requirements and expectations in each of these contexts in relation to competencies, standards and accreditation for health promotion. The fact that health promotion as a discipline, profession, career or even philosophy is not homogenous across the participating countries, and to an even greater extent across Europe, is an issue which will need to be carefully considered in developing a pan European accreditation system.

Debate on the positive and negative aspects of professionalization of health promotion is likely to arise in the course of developing an accreditation system as, for example, has been the case in Israel. However, if accreditation is only viewed as a topic for health promotion

specialists/professionals it may be seen as exclusive and lose support, particularly in those countries where health promotion is not a separate entity. The focus for the accreditation should, it is suggested, therefore be on capacity building and quality assurance for all with a remit in health promotion. This may cause some difficulties in agreeing criteria for health promotion education and training where it is part of other programmes. Strategies to deal with this situation will be required in plans for developing accreditation.

The differences in health and health promotion systems, structures and reporting systems also need to be taken into account when developing a shared accreditation system. In Spain and Italy, for example, responsibility for health is at mainly regional level but there are also some national policy making functions. This means that there are multiple levels and many people to influence and involve in developing accreditation systems. This diversity also most probably indicates a wide variety of understandings and practice of health promotion. An accreditation system will, therefore, not only need to be flexible at pan European and national levels but also between national and regional levels in some countries.

Ongoing changes in health systems have implications for the development of an accreditation system. For example, recent changes in the health care systems in Ireland and Spain have changed the reporting systems for health promotion and public health which are now subsumed into different directorates. Accreditation for health promotion may not be a priority within departments and directorates with limited resources, which are undergoing recurring change and which are under political pressure to prioritise acute care. There is, therefore a need to lobby key decision makers at all levels to highlight the importance of standards and accreditation in relation to accountability and quality assurance for health promotion.

All of those participating in the project agreed that a centrally developed system will assist in gaining support for the development of national accreditation systems. An established system, operated by a reputable body such as IUHPE, to which national agencies will be linked, can be

used as a marketing tool when accessing support and resources for accreditation at national level.

The pilot project has identified commonalities and differences, barriers and drivers in relation to developing accreditation systems within the participating countries. While the countries are a small sample of the member states of Europe, they do represent a variety of systems and structures and the barriers and drivers they have identified will likely be similar in other countries. This is not to say that there will not be new and different challenges when developing accreditation on a pan European basis, but the lessons learned from the pilot project to date will be useful to ensure that the development process, and the completed accreditation system, is grounded in the reality of health promotion practice, policy, research and education within countries and across Europe. By building on the findings from the pilot project and taking an open and participative approach in the development stages, the completed accreditation system should prove to be relevant, user friendly and adaptable, while maintaining robust standards which will ensure its viability and sustainability.

The pilot project has proved useful in exploring the potential for pan European accreditation, not least as it provided a basis for the successful funding application. There is a need to continue the exchange of support and information and to begin to move the development process forward, focusing firstly on identifying the competencies and standards which will underpin the accreditation process. Resources are required at all levels to take the accreditation project forward and the funding to be provided by the PHEA will be a significant contribution for the development stage. It is recommended, however that, consideration also be given to the resources needed for the roll out and maintenance of the system at both IUHPE and national levels within the planning and development process.



## Summary of key drivers and barriers identified by participants

### Drivers

- Interest in developing accreditation in all participating countries.
- Established 'standards', and standard development process in some (few) countries.
- Discussion on accreditation has taken place in some format for all countries.
- Organisation/agencies with experience in registration and accreditation (the Netherlands and the UK).
- Flexible, online and established model accreditation system (the Netherlands).
- National quality standards for health and health care in all participating countries which are a context for health promotion quality assurance.
- Potential accrediting bodies identified in all countries - professional associations in most /ministry in one.
- Academic health promotion courses in some countries.
- The public want to know how professionals are accredited.
- Proposed pan European model can have a positive impact and support action on accreditation.
- Potential for accreditation to facilitate workers mobility/ agree pay levels/grades.
- Accreditation and standards will raise status of health promotion

### Barriers

- Health promotion subsumed into multidisciplinary public health/public health medicine structures in some countries.
- Medical model of public health imbedded in some areas.
- Health promotion not a professional entity / no specific career path in some countries.
- Little flexibility in job descriptions which are limited to specific professional titles in some countries.
- Debate about definition of health promotion and who is eligible to be described as a health promoter.
- Different formats used for existing accreditation/registration systems.
- Professional associations are either newly established and/or have low membership and all are under resourced.
- Newly established associations need time to build profile/credibility/ critical mass.
- Ongoing changes within health service structures with emphasis on acute care.

- Bureaucracy which requires a lot of energy.
- Political blocks depending on professional and personal understandings of health promotion and the support or otherwise for it.
- Health structures (with responsibility for health at both regional and national levels) in some countries increase the range and number of stakeholders to be influence.
- Those long established in health promotion may feel an accreditation system undermines or sidelines them or their experience.
- Limited time and other resources to take work forward.
- Difficult to get new professions officially recognised.
- Accreditation not a legal requirement.

In addition to the barriers and drivers identified by the participants, the following can also be identified as driving forces for developing a pan-European accreditation system:

- Accreditation can be linked to the Bologna and other European developments with relevance for training and education.
- Accreditation system can be used to advocate for health promotion training to an agreed standard across Europe, both as a specific programme and as an element within other programmes (e.g. public health, nursing).
- The development process for accreditation can build on networks established by this project, other European health promotion initiatives such as EUMAHP (28) and related work in the field of public health (e.g. ASPHER Competencies Project, PHETICE).
- The interest at global level in developing competencies and accreditation for health promotion as exemplified in the international literature and embodied in the consensus statement ‘Toward Domains of Core Competency for Building Global Capacity in Health Promotion (30) demonstrates a worldwide concern with issues of quality and capacity building.

## **APPENDICES**

## Appendix one

### Questionnaire

The following questionnaire aims gather information to facilitate a shared approach to developing action plans for accreditation. Please complete the questionnaire and return to BBK as soon as possible ([bbkconsultancy@eircom.net](mailto:bbkconsultancy@eircom.net)). Please answer as many questions and make comments under as many headings as possible to allow for analysis of commonalities and differences between countries and systems.

#### Country specific

1. Is there currently any form of health promotion accreditation in operation in your country? Yes  No  if yes, please give details.
2. Are there any current plans (other than this project) to develop such accreditation? Yes  No  if yes, please give details.
3. Are there any specific legal/political barriers to accreditation within your country?  
Yes  No  if yes, please give details.
4. Are there other barriers to the development of accreditation of health promotion in your country?  
Yes  No  If no please go to question 10  
If yes give details and go to question 9
5. For each barrier identified please give a suggestion to overcome it.
6. What do you think will be the main drivers for accreditation?  
For each driver identified how do you consider these can be influenced /used to best effect?
7. Is there support for accreditation for health promotion among:  
Health promotion practitioners Yes  No  Please give details.  
Health promotion academics Yes  No  Please give details.  
Other professionals Yes  No  Please give details.  
Managers Yes  No  Please give details.  
Trade unions Yes  No  Please give details.  
Others Yes  No  Please give details.
8. Are you aware of any major resistance/opposition to accreditation for health promotion?  
Yes  No  if yes, please give details.

9. Who are the key stakeholders in the process of developing and maintaining accreditation for health promotion? Please list names/type of agency/organisation
10. Which of these stakeholders need to be:  
 Influenced to support accreditation:  
 Informed about accreditation:  
 Involved in accreditation process:  
 Other – please give details:
11. How would you plan to :  
 Influence:  
 Inform:  
 Involve:  
 Other activity:  
 Please give as much detail as possible.
12. Is there an establish agency or organisation which would be willing to undertake national accreditation in partnership with IUHPE?  
 Yes [ ] No [ ] if yes, please give details, if no, please go to question 10.
13. Does that agency/organisation have the resources to develop and maintain data bases? Yes [ ] No [ ]
14. Does the agency have the resources/capacity to manage the financial aspects of accreditation and be self financing, operating on a cost recovery basis?  
 Yes [ ] No [ ]
15. Is that agency likely to be accepted as an accreditation body for health promotion by?  
 HP practitioners Yes [ ] No [ ] If no, please give details  
 Other professional groups Yes [ ] No [ ] If no, please give details  
 Employers Yes [ ] No [ ] If no, please give details  
 Academic bodies Yes [ ] No [ ] If no, please give details  
 Trade unions Yes [ ] No [ ] If no, please give details  
 Policy/law makers Yes [ ] No [ ] If no, please give details  
 Other relevant bodies (please give details) Yes [ ] No [ ] If no, please give details
16. If no such agency/organisation exists, how can an accrediting body be established? Please give as much detail as possible.
17. What resources do you think will be required to develop and maintain a national accreditation programme?
18. Are these resources readily available? Yes [ ] No [ ] If yes, please give details and go to question 23, if no please go to question 22.
19. How would you plan to find the resources required to develop and maintain a national accreditation programme? Please give details

20. What, in your opinion, should be the first steps in establishing accreditation in your country?  
Establish accreditation of academic courses [ ]  
Establish accreditation of individual practitioners [ ]  
Other [ ] please give details.
21. What, in your opinion, is a realistic timescale to establish a full accreditation system in your country?
22. What do you need from the IUHPE to support accreditation in your country (apart from funding)?
23. How do you think a pan European system of accreditation would operate (see model of accreditation)? Please give any ideas/opinions on accreditation formats.
24. What, in your opinion, are the potential advantages of a Pan European system?
25. What, in your opinion, are the possible disadvantages of such a system?
26. Any other comments on any aspect of accreditation.

### **Competencies**

27. Are there currently agreed competencies of health promotion in your country?  
Yes [ ] No [ ] if yes, please give details.
28. Are there any current plans (other than this project) to develop health promotion competencies Yes [ ] No [ ] if yes, please give details.
29. Any other comments on competencies.

**Thank you for completing the questionnaire**

## **Appendix Two**

### **Action plan template**

Please adjust/revise/add to the action planning template in any way which assists you to develop your plan.

For the meeting we would ask you also to prepare a short (10 minutes maximum) presentation which highlights the key issues for your country in relation to accreditation. In addition, based on the responses to the questionnaire, we would ask that you prepare a draft action plan for accreditation in your country which can be shared/ discuss/revise at the meeting. After the meeting, Barbara will liaise with you about the progress of your plans.

### **Presentation**

- Based on your responses to the questionnaire and action plan.
- Highlight the key issues you want to share- for example issues you think may be problematic where others may be able to help or where you feel you can share positive experiences to support others.
- Time – 10 minutes presentation and 5 minutes questions
- Preferred method of presentation – PowerPoint





**Draft action plan template**

**Aim:** To develop an accreditation system in *your country* name.... in partnership with IUHPE

- Identify country specific objectives
- Develop an action plan for **each** objective identified.
- Modify the template as required to fit your unique context.

<b>Tasks/Action Steps Required</b>	<b>Priority (number) <i>1 being highest priority.</i></b>	<b>Who is responsible ?</b>	<b>What resources are needed to make this happen <i>(Funding/Time/People/Materials)</i></b>	<b>Communication <i>Who needs to know what</i></b>	<b>Timeline <i>By When? (Day/Month)</i></b>



## Appendix Three

### **An overview of the Health Promotion Professional standard and registration system in Estonia –**

A professional standard for health promotion has been developed in Estonia (35) within a national system which requires standards for all professional groupings. The rationale for the development of the standard was to provide a basis for curriculum development for universities planning professional programmes in health promotion and for a national accreditation and registration system. The Estonian professional qualification system comprises five levels, with Level I the lowest and Level V the highest. Professions are not required to have all qualification levels and the levels of each specific profession, including the requirements for education, are determined by the relevant professional council. A formal professional standard for health promotion was developed in 2004, and operates at levels III, IV, and V. The levels describe the proficiency in knowledge and skills required by practitioners to meet registration criteria as follows:

- Basic level – knowledge of concepts, facts and basic principles; control of main work methods.
- Intermediate level – translation and comparison of concepts and facts, making associations; control of various work methods.
- Advanced level – analysis, prediction, conclusion, evaluation and generalization based on associated facts; control of various complex work methods.

The first draft of the professional standard was drawn up by the Healthcare and Social Work Workgroup, established by the Professional Council for Health Care and Social Work, comprising 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 (31, 32) and the principles and competencies developed by EUMAHP (17), were used to inform the development of the professional standard. A draft of the standard was circulated to health promotion professionals for comment and feedback and the responses 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.

The 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 ECTS over the last 5 years) and at least 5 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 is open for individual registration on an annual basis. Applicants must present documentation demonstrating their qualifications and employment history to an Accreditation Committee formed of 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 the national health promotion workforce both in quantity and quality. Future plans include making registration a requirement for employment.

The development of a standards and registration system in Estonia is at an early stage. However, the Estonian professional standard (35) offers a wealth of detail on the requirements for health promotion practice and education and includes an interesting breadth of competencies which encompass national, international and global aspects of health, human rights, ethics and civics together with the characteristics and attributes expected of a health promotion professional.

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