Public health training in Europe
Development of European masters degrees in public health

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Background: Changing political and economic relations in Europe mean that there are new challenges for public health and public health training. There have been several attempts to develop training at the master’s level in public health which is focused on meeting the new needs. These have failed due to being too inflexible to allow participation by schools of public health. Methods: A project funded by the European Union involving public health trainers has developed a new approach which allows participating schools to retain their national differences and work within local rules and traditions, but which aims to introduce the European dimension into public health training. This paper reports the conclusions of this project. Conclusions: A network of schools wishing to develop European Master’s degrees is being established and other schools offering good quality programmes will be able to join.

Keywords: public health training, European masters degree, European dimension

Europe faces many new challenges in the area of public health which transcend traditional boundaries. Travel between European countries is increasing rapidly. Trade between Europe countries is expanding. Communicable diseases do not respect national boundaries and their control requires action across frontiers. Many other public health challenges have benefited from sharing experience and collective action. In addition, the developing competence of the European Union (EU) and other European institutions requires skills in public health practice in these settings. These challenges require new skills for public health specialists. Current provision of public health education in Europe shows significant diversity. This paper describes an approach to the development of training programmes in public health which will provide for these needs.

The first attempts to develop a European master’s programme in public health were in 1988. At that time, the World Health Organization (WHO) gave the mandate to set up a new European training programme following Health for All principles to the Association of Schools of Public Health in the European Region (ASPHER). However, within a few years it became clear that circumstances were not right for a common European programme or degree. National training programmes were so different and the training was organised on a national basis for national needs. Mechanisms for credit transfer and recognition were poorly developed and bodies concerned with certification of training would not normally accept training in other institutions. Furthermore, the approach was top-down and did not respect the diversity and traditions in each country. Although the original vision was not implemented, the attempts by ASPHER led to a European Training Consortium which is still organising courses in health promotion each year and has provided useful experiences for the present development. The developing integration in Europe in the 1990s, with new EU member states, was the reason in 1995 for renewed attempts by the European Community to establish European public health programmes. The individuals and organisations to whom this opportunity was offered had been part of, or were at least aware of, the previous failure and, therefore, understood the need to be cautious. It was important to start the process slowly, discuss widely and listen to the opinions of the schools through the forum of the now regular meetings of ASPHER’s deans and directors. The diversity of European public health schools and their programmes is now better understood. It also became clear that there is no advantage in a single model of training and the relevant European content and perspectives can be fitted into the style and traditions of existing programmes.

The first stage of the EU-funded project was a feasibility study which aimed to ensure that past problems were avoided. Increased understanding and cooperation between schools and the changing circumstances of public health practice have made conditions more suitable for the development of a common master’s programme.

A DEVELOPMENTAL APPROACH
The basic idea of the new approach is to develop existing programmes, putting in place procedures to guarantee high quality and including within them the 'European
dimension' of public health. The aim is not to design a brand new course or programme that is separate from existing undergraduate or postgraduate courses. It will not compete with existing programmes, but will give an opportunity for schools to offer training of particular value to public health specialists working within the European context. A similar approach has been used by the group of European schools offering specialised training in tropical medicine (see http://www.liv.ac.uk/lstm/ecte.html). In TropEdEurope the hope is that a process of 'harmonisation' of training across Europe might lead to full recognition of titles across nations. This issue is crucial in public health as it is one of the few health domains where harmonisation of curricula and mutual recognition of titles and degrees across Europe is still far off.

The European Degrees in Public Health project group was established by ASPHER in 1995 supported by the EU. It started by agreeing on three basic principles. The curriculum to be designed had to i) create a competence in European public health for a European specialist, that is a person able to move easily across countries and who is familiar with public health problems at European level, ii) be built on the existing experience of the European schools of public health from the point of view of contents, structure and didactic innovations and iii) be based on a set of well-identified 'European values'. In addition, it was realised from the beginning that high quality in the programmes would be the key to their success.

In summary, it was decided to design a European Master Programme in Public Health (EMPH). The detailed structure of the planned curriculum as well as the process of work are presented in the final report written for the Commission and published in the webpages of ASPHER (http://www.ensp.fr/aspher; then click on EMPH). We will comment here only on the basic features and hope to start a wide discussion on the subject.

**THE PRINCIPLES AND STRUCTURES OF THE EMPH PROGRAMME**

The principle of the programme is that a network of schools will run it. Each school wishing to be involved has to decide how this programme and their ordinary programmes fit together. The EMPH can use the existing modules or modules with some modifications. Some new ones will have to be developed, particularly those containing the European dimension. For the EMPH programme, the main principles are as follows.

- A common set of public health competencies in five core areas.
- One-year, full-time, equivalent learning time.
- The equivalence based on European Credit Transfer System (ECTS).
- Good quality level required.
- Qualifications issued by individual institutions with mutual recognition of training provided by schools in the network.

Our proposal is based on a broad definition of public health but is clearly focused on the 'new public health' approach which we believe is essential for a European public health professional. The five core subject areas have been defined as i) population approaches to health in Europe, ii) health policy, management of health services and health economics, iii) environment and health, iv) health promotion and education and v) epidemiology and biostatistics.

The belief is that these areas constitute the main body of public health knowledge and skills across Europe. Further discussion is needed to specify content in these five areas (see also http://www.ensp.fr/aspher; then click on EMPH).

The curriculum is designed to represent the equivalent of 1 year of full-time study. This does not necessarily mean that it has to be fulfilled in 1 calendar year. The different components making up the complete set of learning experiences (modules, field experience and thesis) can be acquired in a longer period according to the student's own schedule. This is an acceptable standard as most masters programmes in Europe and North America are based on a 1 or 2 year time-frame, but not always on a full-time basis and some have the thesis component in the second year. The equivalence of the 'learning experiences' acquired by the students in their own school, in other schools or on other courses fulfilling the requirements of the curriculum is based on the ECTS (http://www.ensp.fr/aspher; then click on EMPH, then on ECTS). This is the most widely accepted system for weighting the contents of different curricula in different nations. Sixty ECTS credits are conventionally assumed to represent the equivalent of a 1 year, full-time course; therefore, it has been agreed that, in this context, one ECTS credit could be the equivalent of 25–30 hours of learning experience by the student.

In our proposal, these credits should be acquired in a balanced way from the three didactic components: modules, fieldwork and thesis and with a minimum of 'European content' in terms of values and in terms of time spent by the student in a foreign country. Both quantities have been set, at this first stage, at a minimum of 20% of the programme.

A major problem of our curricular structure will be how to guarantee the quality of different learning experiences and development of understanding, competencies and skills. This issue is not peculiar to this programme, as the quality assessment of public health training around Europe is an important issue. Given the heterogeneity of public health training programmes in Europe and structures of careers, it has not yet been possible to introduce rigorous quality assessment and assurance, although the ASPHER has made an important contribution with the peer review system (http://www.ensp.fr/aspher; then click on PEER). We strongly believe that one of the main strengths of this initiative is to encourage schools to understand the need for quality assessment of their curricula through the requirement to be assessed for what they are offering for the European curriculum. The introduction of effective and transparent systems of quality assurance in public health training is a major challenge. The details of procedures for each school must be...
developed locally and must be in line with national and regional initiatives and processes. However, the ASPHER PEER review may be taken as a benchmark for the necessary degree of seriousness and rigour. Developments within the EU policy on mutual recognition of training and quality of training may be important in developing more systematic quality assurance.

Finally, the structure of the programme presented assumes that no formal recognition from national or European educational authorities is possible at this stage and, in the first instance, none is requested. Initially, the success of this curriculum will be assessed by the level of attendance of the students and by the real value that will be de facto recognised by the different employees to these new professionals. Therefore, it is envisaged that it will be the responsibility of the network of schools delivering the certificate or diploma to the student, either in agreement with ASPHER or with the universities involved, to acknowledge the successful accomplishment of the programme. At a later stage, a more definite status should be defined if the experience proves successful.

THE POTENTIAL BENEFITS OF THE PROGRAMME FOR THE EUROPEAN PUBLIC HEALTH COMMUNITY

At least four types of benefits for the European public health community could be achieved or created through the programme:

- An understanding across the whole of Europe that public health is inherently multidisciplinary and multiprofessional.
- Pushing forward the assessment of the quality of public health training and the idea of accreditation of schools to guarantee the quality of public health professionals.
- Development of a corps of specialists in public health who are skilled in public health practice in the evolving environment in Europe.
- A move towards opening a market for public health training and public health specialists in Europe.

There is still a need to unify concepts and domains of public health around Europe. This process has been accelerated by the Eastern and Central European countries coming on the scene, which have abandoned their former solid and unified approach to public health and are now looking for new models, often ready to accept anything which just sounds 'new' or 'Western'. In addition, future professionals in public health will have to work more and more on evaluation of health systems and other societal systems related to health, and work alongside politicians in order to define better strategies for promoting health within societies and implement the results of research in current practice.

Second, the opportunity has to be taken to acquaint people with the notion that the quality of practice, in public health as in other fields, comes first of all from the quality of training. Accreditation of schools is therefore a necessary and fundamental step towards this aim and the only guarantee of producing high-quality public health professionals is to monitor their training experience constantly.

Resistance from the doctors limits the expansion of public health to a multiprofessional horizon, at least in some countries. Although medicine has had a lot to give to public health, it has its limitations, some of which are hard to overcome. The trend towards integration of the work of professionals from different backgrounds is now becoming quite visible in Europe, but models of practice and the pace of change varies between countries. The enrichment and the expansion of competencies, which can potentially be derived from such a development is, in our view, enormous. The same is true for the consequences on the health of citizens and of the environment.

Last, the issue of creating a real market of public health throughout Europe has to be addressed; is there space and need for such a market, free or controlled, as there is one for other health professionals? We believe that there is such space and that the creation of a new European professional can be an opportunity to stimulate this trend.

CONCLUSIONS

The proposed development is for an evolutionary and pluralistic framework for European degrees in public health, fitting with national training and service structures, but producing a core of public health professionals who are specifically equipped to practice within the European arena. Membership of the network of schools will be open to all who accept the principles and core content and who can demonstrate quality of training which meets the required standards. It is hoped that experience in working within the programme will encourage schools to work more closely together and give students the advantage of the diverse experiences of different countries.

JOINING THE NETWORK

An initial network of schools has been set up, coordinated by the School of Public Health of Torino. The schools of public health who are interested in joining the network for developing the European Master of Public Health are welcome to do so. This implies working for the common aim of the European dimension, interest in quality work and readiness to take students from other countries and work together with other schools. For more information, contact ASPHER (http://www.ensp.fr/aspher/).

REFERENCES


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