REPORT

Mapping the CompHP Core Competencies against academic curricula and exploring accreditation of educational and training programmes

Workpackage 7

February 2012

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on behalf of
the CompHP Project Partners

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Disclaimer

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INTRODUCTION

Background to the CompHP Project

The CompHP Project\(^1\), which is funded by the Executive Agency for Health and Consumers (EAHC)\(^2\), aims to develop competency-based standards and an accreditation system for health promotion practice, education and training that will positively impact on workforce capacity to deliver public health improvement in Europe. The CompHP project takes a consensus building approach and aims to work in collaboration with practitioners, policymakers and education providers from across the geographical spread in Europe.

Bringing together 24 European partners with experience across the professional development, policy, practice and academic sectors, CompHP aims to develop, test and refine the implementation of a sustainable competency-based system in countries with varying levels of infrastructure development (from developed to virtually non-existent). The work of CompHP is also supported by an International Advisory Group of experts with experience of the development of health promotion competencies at a global level\(^3\).

The CompHP project builds on the work of the International Union of Health Promotion and Education (IUHPE) European Regional Sub-Committee on Training, Accreditation and Professional Standards which, under the leadership of the Vice President for Capacity Building Education and Training (2007-2010), sought to develop a pan-European competency framework for health promotion. The CompHP Project was informed by a Europe-wide scoping study (1) and feasibility study (2) on implementing a competency-based accreditation system undertaken by IUHPE EURO. A set of core competencies, professional standards and a coordinated quality assurance accreditation system for health promotion will be developed and disseminated by the project.

The rationale for the CompHP project recognised that that health promotion is an evolving field in Europe with a diverse and growing workforce drawn from a broad range of

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1 See CompHP Project Website - http://www.iuhpe.org/?page=614&lang=en
2 http://ec.europa.eu/eahc/
3 Appendix 1 List of CompHP partners and members of the International Expert Advisory Group
disciplines. Despite this diversity, however, it is recognised that there is a specific body of
skills, knowledge and expertise that represents, and is distinctive to, health promotion
practice (3). The development of the health promotion workforce internationally has
brought renewed interest in competency based approaches and accreditation systems for
effective health promotion practice and education. Within the context of capacity building
and workforce development, the identification of competencies, standards and
accreditation processes offers a means of developing a shared vision of what constitutes the
specific knowledge and skills required for effective health promotion practice.

In the context of capacity development it is recognised that a competent workforce with the
necessary knowledge, skills and abilities in translating policy, theory and research into
effective action is critical to the future growth and development of global health promotion
(4-7).

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

To effectively implement these strategies there is a need for a skilled and professional
health promotion workforce across member states with shared understanding of the core
principles, knowledge and evidence base of health promotion, and the ability to translate
strategic objectives into practice at European and member state levels. The CompHP
Project is developing competency based systems that facilitate structured exchange,
collaboration and coherence across diverse national structures in building the capacity of
the health promotion workforce.
Over the last two decades the EU has also issued a number of directives and decisions (9) to establish more flexible systems for recognising professional qualifications and ensuring quality and access in health-related services, thus facilitating the principle of free movement across the member states. The transnational recognition of professional qualifications provides an impetus for developing common standards and quality criteria in the training and education of health professional, and from a health promotion perspective, all professionals with a health improvement remit. These strategies and treaties, therefore, provide a powerful background context for the development of pan-European competencies, professional standards and accreditation framework for health promotion which form the basis for the work undertaken by Workpackage 8.

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

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

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

The project is structured into eight units of work called ‘workpackages’. Three core workpackages, which run for the three years of the project, focus on coordination and management (Workpackage 1) dissemination (Workpackage 2) and evaluation (Workpackage 3) of the project. The remaining workpackages focus on specific aspects of

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developing and testing the core competencies, professional standards and accreditation framework.

Figure 1 Structure of the CompHP Project

This report focuses on the mapping of the CompHP Core Competencies and Professional Standards in academic courses across Europe and linking to accreditation for academic settings (Workpackage 7).
CompHP Workpackage 7

The aim of Workpackage 7 was to relate competencies, standards and accreditation to education and training programmes across Europe, through mapping competencies against academic curricula and exploring accreditation of educational and training programmes.

The Specific objectives of Workpackage 7 were:

1. To relate competencies, standards and accreditation to education and training programmes across Europe, through mapping competencies against academic curricula and exploring accreditation of educational and training programmes.

2. To test the implementation of competencies, standards and accreditation in practice settings with a representative range of national agencies across Europe.

The tasks agreed for the Workpackage were to:

- Identify active providers of education and training on health promotion across member states, through ETC-PHHP, EUMAHP, universities, education and training providers and relevant networks.
- Circulate information on competencies/standards/accreditation to those so identified.
- Develop methodology for course mapping of competencies and standards.
- Access course documents/other relevant material from a minimum of 10 education and training providers to begin mapping process.
- Facilitate workshops with academic and training institutes (minimum of 10) on mapping competencies standards against existing health promotion curricula. Identify academic facilities (up to 10) to map competencies and standards in relation to curriculum development to include awarding bodies for academic achievement. Set criteria and manage mapping process.
- Explore draft accreditation framework within academic settings (minimum of 10) in relation to current awarding process, point systems etc.
- Facilitate workshops with national awarding body, academic and other relevant bodies to relate competencies and standards to current and future programmes and courses.
• Collect, collate, analyse feedback, prepare report and make recommendations based on findings for accreditation system (WP6).

• Disseminate as per plan.

One deliverable (Deliverable 9), comprising this report, was planned for this Workpackage.
### Table 1 Process and Output Indicators Workpackage 7

<table>
<thead>
<tr>
<th>Specific objective</th>
<th>Target group</th>
<th>Main actions</th>
<th>Process Indicator</th>
<th>Output Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mapping of competencies, standards and accreditation in academic settings</td>
<td>Third level providers of health promotion education and training in Europe</td>
<td>Identify providers of third level education in health promotion in Europe</td>
<td>A minimum of 20 third level providers of education and training will be identified across all member and candidate states.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mapping of competencies, standards and accreditation against existing academic curricula</td>
<td></td>
<td>Wider feedback invited via on-line discussion forum.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Report and recommendations on academic accreditation framework.</td>
</tr>
</tbody>
</table>

EAHC Project number 20081209
Participation and partnership

While the research element of Workpackage 7 commenced in September 2010, the Workpackage 7 Leader had been actively involved as members of the Project Management Team in the setting up of the management, dissemination and evaluation aspects of the project and had undertaken preparatory work for their specific tasks from the start up of the Project in September, 2009.

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

In addition, the Workpackage Leader was actively involved in the dissemination processes of the Project, including participation in a symposium at the IUHPE 20th World Conference in Geneva, Switzerland in July 2010 5. The Workpackage 7 Team also organised the CompHP input into the ETC-HPPT Summer School 6 in Zagreb, Croatia, July 2011 including workshops on the implementation of the CompHP products across arrange of health promotion settings in Europe.

The Workpackage 7 Team was also actively engaged in the development processes for the CompHP Core Competencies Framework for Health Promotion Handbook (4) and the CompHP Professional Standards (11). The findings from their consultation and research will be a key element in finalising the CompHP Pan European Accreditation Framework.

5 http://www.iuhpeconference.net/
6 http://www.etc-summerschool.eu/
As part of the preparation for the research stage in testing the implementation of an accreditation system, the Workpackage 7 Leaders reviewed the tasks required of their Workpackage and developed an overall plan, including identifying the job description and person specification for the Workpackage researcher.

The CompHP Accreditation in academic settings is expected to:

- inform education, training and qualification frameworks to ensure that they are relevant to practice and workplace needs
- facilitate movement across roles, organisations, regions and countries through the use of shared understandings, qualifications and where appropriate, accreditation systems based on the professional standards
- facilitate individuals in career planning and identifying professional development and training needs.
An overview of Health Promotion Training and Education in Europe

A brief review of the information available in the literature and which has been gleaned from the earlier work of the CompHP Project was undertaken to inform the context for the work of Workpackage 7.

König et al (12), for example, noted that in Europe there has been a proliferation of graduate level training programmes in health promotion. These programmes are discussed in the context of the European Community promotion of quality improvement of Europe’s education and training systems by encouraging cooperation and supporting activities, based on Article 149 of the EC-Treaty and also seen in objectives of the Lisbon European Council. Across Europe as a whole the study included 105 master’s level training programmes at 71 institutions in 20 European countries.
These training programmes were included in HP-Source.net because they claimed to offer master’s level training in health promotion.

The study found that most of the programme documents identified the aim of the course to be to equip students with knowledge, skills and competences. They should develop the ability to apply the acquired knowledge in practice and/ or research, to assess the health status, health need, health problems of the population and to plan, develop, implement and evaluate programmes.

However, it was found that learning objectives differed from institution to institution and, most importantly for the CompHP Project that the titles of the programmes also varied. Titles included ‘health promotion’, ‘public health & health promotion’ and ‘health promotion & health education’ which mainly mention knowledge attainment/ skills in health promotion.
theory as well as health promotion practice in their learning objectives. Other programmes with titles such as ‘public health programmers’, the ‘health science programmes’ and the ‘other programmes’ were found to have learning objectives that were more diverse with only a minority of them identifying health promotion theory or practice in their learning objectives.

The study found that the language of instruction is usually the national language of the country in which the programme is offered but that twenty-three academic programmes (22%) were offered in a language other than the national language, usually English. Again this is a point for consideration in the implementation of the CompHP Pan European Accreditation Framework. Currently there is provision for correspondence in the 3 official languages of the IUHPE (English, French and Spanish) but the working language of the Framework is identified as English. Obviously in the longer term, consideration will have to be given to how to deal with other language requirements as National Accreditation Organisations are developed.

The conclusions that Master’s level training programmes in health promotion in Europe have substantial diversity on all the dimensions that were used to compare them reflects findings on health promotion diversity in practice sting and pokily across Europe. The finding that the group of programmes titled ‘health promotion’ mostly had a clear focus on health promotion, as idealised in the Ottawa Charter for Health Promotion, not only in the title but also in their learning objectives, contents and underpinning philosophy is a useful starting point for exploring the CompHP Project in the academic settings and reflects similar findings an earlier study. (13). Most of the public health programmes, the health science programmes and the other programmes included in the study were described as ‘more wide ranging’ and are therefore less likely to meet the criteria for accreditation within the CompHP framework.

In addition to various course and programmes at national level there have also been some pan-European developments in health promotion education and training. For example the

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7 http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf
European Master’s in Health Promotion project (EUMAHP)\(^8\), which has the overall aim to improve the quality of professional training and education in health promotion. The EUMAHP network is based on the principles of health promotion, contains an agreed core curriculum, includes a commonly agreed perspective on health promotion principles and values, takes a distinctly European perspective and addresses quality assurance, credit transfer and common evaluation standards.

Another organisation that that emphasises a European dimension with reference to health promotion are the Association of Schools of Public Health in the European Region (ASPHER)\(^9\), the European Master of Public Health (EMPH), the European Public Health Master (EuroPubHealth)\(^10\), and the European Network of Public Health Nutrition (ENPHN). Another European Project, Public Health Training in the Context of an Enlarging Europe (PHETICE)\(^11\), which aimed to build up collaboration between public health training programmes in different countries and thereby contribute to further quality development of those training programmes.

As identified above the EUMAHP network comprises fifteen partner universities from fifteen European countries have been working on a joint programme for a “European Master in Health Promotion” (EUMAHP) in order to sustain practical work in this area scientifically and thus encourage professionalism in health promotion by research and training. The EUMAHP consortium, formed in 1998, is a European teaching and research association in the area of health promotion and is closely associated with the International Union for Health Promotion and Education (IUHPE) and the European Public Health Association (EUPHA). The EUMAHP Project received funding from the EC until 2004. It was founded in 1998 with support of the European Commission as part of the public health action programme to develop a core curriculum for a Master in Health Promotion on a European level. Currently 12 universities are

\(^{9}\) http://www.aspher.org/
\(^{10}\) http://www.europubhealth.org/
\(^{11}\) http://www.phetice.org/
members of this consortium coordinate their master programmes and facilitate student exchange. The EUMAHP Consortium aims to improve capacity building in health promotion within the European Union.

More recently EUMAHP has worked in collaboration with the European Training Consortium Public Health and Health Promotion (ETC-PHHP)\textsuperscript{12} which offers a summer school annually.

The ETC-PHHP comprises ten institutions and schools of public health from different European countries and was founded in 1990. During the last twenty years ETC-PHHP has organised an annual summer school focused on developing practical and theoretical tools to enhance health promotion strategies in Europe. The course which is held each July/August, is conducted at post-graduate (Master) level and constitutes 200 hours of formal study. The learning approach is based on salutogenic principles using a Pan-European perspective.

Since the first summer school in 1991, about 500 participants from 32 European and twelve non-European countries have participated. The last nine summer schools (Cagliari 2003, Galway 2004, Perugia 2005, Zagreb 2006, Düsseldorf/Wageningen 2007, Bergen 2008, Cagliari 2009, Magdeburg 2010 and again Zagreb 2011) were held in collaboration with EUMAHP.

The ETC-PHHP network is a collaborating partner in the CompHP Project and key workshops held at its summer school in Zagreb, Croatia in July 2011 constituted an important element in the consultation processes on accreditation in both practice and academic settings.

Other ongoing work which relates to that of the CompHP Project, in particular in relation to academic settings been undertaken by the Association of Public Health Education. ASPHER is the key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. Founded in 1966, ASPHER has over 80 institutional members located throughout the Member States of the European Union (EU), Council of Europe (CE) and European Region of the World Health Organisation (WHO). This includes current work on competencies and

\textsuperscript{12} \url{http://etc-summerschool.eu/index.php?id=23}
accreditation including the recently established European Agency for Accreditation of Education in Public Health ‘APHAE’\(^\text{13}\) which is described as an independent, non-profit organisation, in association with ASPHER and EUPHA\(^\text{14}\). The system will develop progressively, focusing at first on the accreditation of master programmes in public health only and, after an initial period of approximately two years, aiming at an average number of 10 accreditations per year. Launched with the initial support of ASPHER and EUPHA, the system is planned to rapidly become self-sustainable based on the fees paid by institutions seeking accreditation.

As noted, an earlier EU funded project – PHETICE\(^\text{15}\) an also provides some useful background for the work of the CompHP Project and Workpackage 7 in particular. The overall aim of the project was to make a contribution to the health of European citizens through supporting and combining the contributions from different professional public health groups. A publication of the project “A guide towards a more effective, comparable and mobile workforce across Europe” contains a review of the European higher education context and on competency based approaches to education and training.

Both the previous and ongoing research and projects are important to consider, the former as sources of information and learning and the current projects as potential partners and collaborators in the implementation stages of the CompHP Pan European Accreditation Framework for Health Promotion.

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\(^\text{13}\)http://www.old.aspher.org/index.php?site=accreditation_in_ph_education&PHPSESSID=f65611b9c8a5a13327d13b5a48cba7e0  
\(^\text{14}\)http://www.eupha.org/  
\(^\text{15}\)http://www.phetice.org/docs/phetice_guide.pdf
METHODOLOGY

The process of mapping the CompHP Core Competencies and exploring the CompHP Accreditation Framework in the academic settings included the following steps:

- Identifying active providers of education and training on health promotion across member states, through Comp Partners, ETC-PHHP networks/, EUMAHP, universities, other education and training providers and relevant networks;
- Identifying academic facilities to map competencies and standards in relation to curriculum development to include awarding bodies for academic achievement;
- Exploring the draft CompHP Accreditation Framework within academic settings in relation to current awarding process, point systems.

The process of mapping and accreditation in academic settings concerns both courses in health promotion and courses in related disciplines, whose curricula substantially include health promotion contents. This is because, as discussed in the literature while academic course titles in different countries across Europe may not always include the term ‘health promotion’, the CompHP Accreditation Framework\(^\text{16}\) can be relevant to all which reflect the Ottawa Charter’s definition and principles of health promotion and successive WHO charters and declarations on health promotion and which cover all of the domains identified in the CompHP Core Competencies Framework for Health Promotion (4).

In order to capture the complexities of the mapping the CompHP Core Competencies (4) and Professional Standards (11) and the application of the Accreditation Framework in academic settings a number of research questions were identified.

\[^{16}\text{For current draft see http://www.iuhpe.org/index.html?page=614&lang=en}\]
Research aim and research questions

According to the tasks posed for Workpackage 7 in the CompHP Project, the main research question discussed in this report was formulated as:

“To relate competencies, standards and accreditation to education and training programmes across Europe, through mapping competencies against academic curricula and exploring accreditation of educational and training programmes.”

In order to answer the research question, the following sub-research questions (RQ) have been addressed:

RQ1: Can a common European system of higher education be defined?

RQ2: "What are the differences among the national systems of higher education?"

RQ3: "Are there providers of higher education and training on health promotion across member states?" (Process indicator 4.1)

RQ4: “Are there providers of higher education and training on health promotion covering the COMPHP standards and available for exploring an accreditation pathway?” (Process indicator 4.2 and 4.3)

RQ 5 “How are academic courses accredited in Europe?”

RQ 6 “Which accreditation system can be developed within academic settings in relation to current awarding process, point systems, etc?”

In order to explore these questions the following actions have been carried out:

- Systems and bodies for awarding academic providers achievements in Europe have been analysed;
- Over 100 active providers of education and training on health promotion across member states have been identified through ETC-PHHP/, EUMAHP, universities, education and training providers and relevant networks; (process indicator 4.1)
- Methods and tools for mapping competencies against existing curricula have been developed and tested;
• Relevant documents about courses curricula have been collected for 20 courses across Europe and used for mapping competencies against curricula;

• Participative workshops and meetings with professionals and with academic and training institutes have been organised to circulate information on competencies / standards / accreditation and to explore and discuss opportunities and challenges for the use of competencies and standards in professional life and training and for academic and professional accreditation;

• Over 10 education providers across Europe, representing different countries, cultures, and approaches, have been identified and involved in mapping competencies and standards in relation to curriculum development; (process indicator 4.2)

• A draft accreditation framework has been developed and piloted within academic settings with education providers representing different countries, cultures, and approaches;

• 10 education providers have been engaged and involved through email surveys, online consultation and meetings in a participative process of reviewing course contents and methods, mapping identified competencies and standards to the existing curricula, exploring accreditation mechanisms for academic courses. (process indicator 4.3).

Each of the research questions, including the actions taken to explore them, the resulting key findings and the tools developed are detailed in the next section of the report.
Research Processes and Findings

RQ1 "Can a common European system of higher education be defined?"

The **European system of higher education** is shaped by the Bologna Process, so named after the Declaration signed in the Italian city of Bologna on 19 June 1999 by the ministers in charge of higher education from 29 European countries. Today, the Process unites 47 countries - all party to the European Cultural Convention and committed to the goals of the European Higher Education Area. An important characteristic of the Bologna Process - and key to its success - is that it also involves European Commission, Council of Europe and UNESCO-CEPES, as well as representatives of higher education institutions, students, staff, employers and quality assurance agencies.

The Bologna Declaration recognises the need of building an “Europe of Knowledge” as an irreplaceable factor for social and human growth and as an indispensable component to consolidate and enrich the European citizenship, capable of giving its citizens the necessary competences to face the challenges of the new millennium, together with an awareness of shared values and belonging to a common social and cultural space.

This document was prepared by the Sorbonne declaration of 1998, which stressed the Universities' central role in developing European cultural dimensions, and emphasised the creation of the European area of higher education as a key way to promote citizens' mobility and employability and the Continent's overall development.

The Bologna Declaration engages the European states in co-ordinating their policies within the first decade of the third millennium, in attaining the following objectives, considered to be of primary relevance in order to establish the European area of higher education:

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• Adoption of a system of easily readable and comparable degrees, also through the implementation of the Diploma Supplement, in order to promote European citizens employability and the international competitiveness of the European higher education system.

• Adoption of a system essentially based on two main cycles, undergraduate and graduate. Access to the second cycle shall require successful completion of first cycle studies, lasting a minimum of three years. The degree awarded after the first cycle shall also be relevant to the European labour market as an appropriate level of qualification. The second cycle should lead to the master and/or doctorate degree as in many European countries.

• Establishment of a system of credits - such as in the ECTS system – as a proper means of promoting the most widespread student mobility. Credits could also be acquired in non-higher education contexts, including lifelong learning, provided they are recognised by receiving Universities concerned.

• Promotion of mobility by overcoming obstacles to the effective exercise of free movement with particular attention to students’ access to study and training opportunities.

• Promotion of European co-operation in quality assurance with a view to developing comparable criteria and methodologies.

• Promotion of the necessary European dimensions in higher education, particularly with regards to curricular development, interinstitutional co-operation, mobility schemes and integrated programmes of study, training and research.

These objectives must be pursued within the framework of the national institutional competences and taking full respect of the diversity of cultures, languages, national education systems and of University.

The European Higher Education Area, launched to coincide with the 10th anniversary in 2010 of the Bologna Process, aims to

• facilitate mobility of students, graduates and higher education staff;
• prepare students for their future careers and for life as active citizens in democratic societies, and support their personal development;
• offer broad access to high-quality higher education, based on democratic principles and academic freedom.

The Bologna Process aims to converge formerly very diverse higher education structures in Europe and structures higher education along three cycles (Bachelor-Master-PhD), according to the “Framework for Qualifications in the European Higher Education Area” adopted by the Ministers in 2005.

Access to the second cycle (Master) usually requires successful completion of first cycle studies (Bachelor), lasting a minimum of three years. The degree awarded after the first cycle should also be relevant to the European labour market as an appropriate level of qualification.

Doctoral education – generally corresponding to a workload of 3–4 years full time – is introduced in 2003 as the third cycle, when they the Ministers agreed that its “core component should be the advancement of knowledge through original research”

RQ2 "What are the differences among the national systems of higher education?"

The characteristics of the national systems of higher education in Europe have been explored through the database Eurydice (Eurybase)\(^\text{18}\).

The mission of the Eurydice Network is:

\[
\text{To provide those responsible for education systems and policies in Europe with European-level analyses and information which will assist them in their decision making.}
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The Eurydice network primarily focuses on the way education in Europe is structured and organised at all levels. It provides a vast source of information, including detailed descriptions and overviews of national education systems and policies.

The report is based mainly on official information of an administrative nature (legislation, regulations and recommendations), and it provides information on national systems of higher education for all signatory countries. The key aspects of higher education systems of the emerging European Higher Education Area at the end of the first Bologna decade (1999 -2010) are highlighted.

As discussed, the Bologna process structures higher education along three cycles (Bachelor-Master-PhD), but it does not prescribe the length of these cycles, merely stating a minimum of 'three years' for the first cycle should last, and 60-120 ECTS credits the Master (usually two years)

The three-cycle structure has been introduced in most of the programmes in European countries. However, most of countries maintain specific programmes for some professions, particularly for medicine and health related disciplines, which are not in line with the typical cycle of Bologna structure, although Belgium (Flemish and French areas), the Netherlands and Switzerland include medicine in the three-cycle structure. Together with the full academic curriculum, a number of countries also have a professional (vocational) curriculum, which depending on the country; can be part of the higher education system.

In conclusion, the differences within the educational structures and systems European Union are still important, although they are being gradually reduced as the reforms proposed in the various European documents and policies are implemented in the different countries.

A common framework, which is capable of encompassing the different country models, can be illustrated as follows:
Table 2 Common Framework

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Duration</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st cycle</td>
<td>at least 3 years</td>
<td>Academic or Vocational according to the possibility to directly enable people into a professional career</td>
</tr>
<tr>
<td>Bachelor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd cycle</td>
<td>at least 120 ECTS (2 years or more)</td>
<td></td>
</tr>
<tr>
<td>Master</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd cycle</td>
<td>closely linked to research and study a specific theme</td>
<td></td>
</tr>
<tr>
<td>Doctoral level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A 1st cycle Bachelor degree (i.e. Vocational Bachelor) may be sufficient by itself to enable to some health related profession (social worker, nurse, etc.) to be recognised as competent. In other cases the second cycle is required as entry level for a specific profession.

The 2nd cycle "Master" degree requires 120 ECTS over 2 years in order to be recognised by other countries. Some Masters degrees required a particular Bachelor as entrance criteria while others are open to any Bachelor degree. The 3rd higher education, "doctoral level" usually requires a Masters degree as the entrance criteria. Therefore, in summary, the first cycle usually leads to a Bachelor degree, the second cycle to a Masters degree and the third cycle to a Doctoral qualification.

**RQ3  "Are there providers of higher education and training on health promotion across member states?"

According to the CompHP Project aims a minimum of 20 third level providers of education and training was to be identified across all member and candidate states.

It is important to clarify that, therefore, the aim was to identify a sample of the providers of higher education and training in health promotion which offer relevant courses which are representative of the diversity of European countries. It should be noted that inclusion or exclusion of any course or provider is not therefore either a statement of their recognition as an accredited course, a course which will be automatically accredited or of any attribution of value or quality of the courses/providers.
As the basis for considering the available course it was also important to note that the CompHP Core Competencies (4) are primarily designed for use by health promotion practitioners whose main role and function is health promotion and who hold a graduate or post graduate qualification in health promotion or a related discipline (including, for example, public health, health education, social sciences including psychology, epidemiology, sociology, education, communication, environmental health, community, urban or rural development, political science). The CompHP Core Competencies Framework (4) also notes that health promotion practitioners require specific education and training together with ongoing professional development to maintain the particular combination of knowledge and skills required to ensure quality health promotion practice.

In attempting to answer this research question both courses with a denomination including the term “health promotion” and courses in related disciplines were considered. This was the case as, while academic course titles in different countries across Europe may not always include the term ‘health promotion’, the CompHP Accreditation Framework can be relevant for all training providers whose courses reflect the Ottawa Charter’s definition and principles of health promotion and successive WHO charters and declarations on health promotion and which cover all the competency domains as identified in the CompHP Core Competencies Framework (4).

In ordered to answer this question the courses were also classified as follows (based on Bologna process and Eurydice database):

<table>
<thead>
<tr>
<th>Types of courses</th>
<th>Academic</th>
<th>Vocational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mapping methods and the development of mapping tools to identify providers

Step 1: To identify education providers across European countries

A snowball sampling technique was used to identify the education providers to be included in the mapping process. Snowball sampling uses recommendations from key contacts to find people with the specific range of interests that has been determined as being useful.

The researchers thus involved “experts” with whom they have contact and asked them to suggest other education providers that they may know who could offer more information. The advantage of this approach is that it enables speedy identification of those relevant in their fields, because local contacts often who are the best informants in a given area. Thus the most well known providers are identified quickly for the mapping process. A limitation of snowball sampling is the lack of definite knowledge as to whether or not the sample is an accurate reading of the target population, but this limitation was not of any relevance for the objectives of this mapping (to identify a minimum of 20 third level providers of education and training).

However, to mitigate bias, it was important to not rely on any one single method of sampling to gather data about a target sector, and therefore additional methods of data collection have been used including:

- Identification of relevant courses/providers through web using keywords such as health promotion, public health, health communication, prevention and health care, social care etc.
- International programmes contacts and websites;
- Specific websites on higher education.

19 http://www.experiment-resources.com/snowball-sampling.html
http://changingminds.org/explanations/research/sampling/snowball_sampling.htm
In particular, the website HPSource.net \(^{20}\) was used which is a voluntary, international collaboration of researchers, practitioners and policy makers, having the common goal to maximise the efficiency and effectiveness of health promotion policy, infrastructures and practices by:

- Developing a uniform system for collecting information on health promotion policies, infrastructures and practices;
- Creating databases and an access strategy so that information can be accessed at inter-country, country and intra-country levels, by policy makers, international public health organisations and researchers;
- Analysing the databases to support the generation of models for optimum effectiveness and efficiency of health promotion policy, infrastructure and practice;
- Actively imparting this information and knowledge, and actively advocating the adoption of models of proven effectiveness and efficiency, by means of publications, seminars, conferences and briefings, among other means.

The CompHP Partners, ETC-PHHP / EUMAHP networks and other relevant stakeholders were invited to complete a framework to suggest relevant courses related to health promotion in their countries. This framework (tool 1) included opportunities to list relevant bachelors and masters (academic and / or vocational) courses with a major content related to health promotion, with an assessment on the number of health promotion domains (as identified in the CompHP Core Competencies Framework (4)) they covered, and the web link of the institution offering the course.

The German speaking education providers were identified through the German Speaking Network of Health Promotion. The website [http://www.gesundheitsfoerderung-studieren.de/](http://www.gesundheitsfoerderung-studieren.de/) presents an overview of the current course offerings in the field of health promotion in 20__.

\(^{20}\) [http://hp-source.org/dataoutput.html?area=5&mode=RECORDSET&module=core](http://hp-source.org/dataoutput.html?area=5&mode=RECORDSET&module=core) - The HP-Source.net website is not updated, but it can be useful for a first screening of available courses.
Germany. It includes both programs that relate specifically to the Ottawa Charter for health promotion as a focus for the study and other programmes with similar goals.

The websites [http://www.ucas.com/students/coursesearch/2012searcheu/](http://www.ucas.com/students/coursesearch/2012searcheu/) and [http://www.publichealthcoursesguide.nhs.uk/browse_courses.aspx](http://www.publichealthcoursesguide.nhs.uk/browse_courses.aspx) include a large list of the courses in Public Health and Health Promotion in the United Kingdom

![Framework for all domains and most of competencies](image)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>Fully Academic</td>
</tr>
<tr>
<td></td>
<td>Bachelor</td>
</tr>
<tr>
<td></td>
<td>Master</td>
</tr>
<tr>
<td></td>
<td>PhD/medical specialization or post graduate degree</td>
</tr>
<tr>
<td>Academic Vocational</td>
<td>Bachelor</td>
</tr>
<tr>
<td></td>
<td>Master</td>
</tr>
<tr>
<td>Non Academic</td>
<td>Vocational</td>
</tr>
<tr>
<td></td>
<td>The post-secondary non-tertiary and/or vocational schools and vocational training level between ISCED level 3 and ISCED level 5 with programs aimed to access the work market</td>
</tr>
<tr>
<td></td>
<td>Continuing vocational education and upgrading training</td>
</tr>
</tbody>
</table>

Figure 3 Tool 1 for initial mapping of health promotion courses/providers
Through these 121 third level providers of education and training have been identified across 23 member and candidate states. The course titles include mainly the terms health promotion (37) or public health (43). Other courses titles include: health education, health communication or specific denomination according to the national contexts.

Overview of the courses by country

The website of the German Speaking Network of Health Promotion includes 12 bachelors (6 with the term Health Promotion – Gesundheitsförderung in the title) and 17 masters (6 with the term Health Promotion – Gesundheitsförderung in the title). (February 2012)

In France, with both bachelors and masters, and Spain, only masters, a wide range of denominations exist: health promotion (Girona), health education, public health. As affirmed in a workshop with French academics and professionals “no training specifically focused on Health Promotion (HP) exists in France”. (Lyon). However, there is evidence of current development in the field of health promotion and education, for example, a newly established research Chair in Health Promotion funded in Rennes by the French National Institute for Prevention and Health Education (INPES).

In the United Kingdom there are many course offered with the term Health Promotion in their title, although in most cases the title includes other denominations, most often Public health. It should be noted that, in the UK public health is a multidisciplinary discipline and that health promotion is considered to be ‘subsumed’ within this description. Most of the courses in the UK relate to the Public Health Skills and Career Framework\(^\text{21}\) and National Occupational Standards in Public Health\(^\text{22}\) include the following core areas:


Surveillance and assessment of the population's health and wellbeing

1. Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and wellbeing

2. Policy and strategy development and implementation for population health and wellbeing

3. Leadership and collaborative working for population health and wellbeing

In Italy the only specific training in the field of public health and health promotion is represented by the bachelors in health care (which is a regulated profession) embedded in the “prevention sciences” class of the Medical Faculty. According to the Italian law all course contents are mainly defined at national level, however, additional opportunity is offered by the “short masters” as described in the Bologna process.

All Nordic countries present, although with different denominations, at least one course with clear orientation to health promotion.

In the other West Europe countries different situations can be observed, with the Netherlands and Ireland offering courses with a clear health promotion focus and Belgium, Portugal or Greece with health promotion contents embedded in courses of public health.

In East Europe training in public health and health promotion is usually embedded in training for health care professions (for example, Croatia and Czech Republic).
Step 2: To map the CompHP Core Competencies against the programmes of a number of education providers

30 courses from 12 countries (Czech R., Estonia, Finland, France, Germany, Italy, Ireland, Netherlands, Norway, Spain, Switzerland, and United Kingdom) were downloaded from the websites of the university/providers. The learning objectives, contents and skills of the different modules were mapped against. The CompHP Core Competencies (4)\(^{23}\) using a second framework (Tool 2).

If a master includes a bachelor as prerequisite, the combination of the learning contents of the two levels has been attributed to the master. The analysis was carried out by the Workpackage 7 researchers or, where necessary to overcome “language problems”, in collaboration with the local partners.

\(^{23}\) The CompHP Professional Standards were in development at this stage and so could not be used in the mapping process.
<table>
<thead>
<tr>
<th>HEALTH-PROMOTION COMPETENCE</th>
<th>MASTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>course 1</td>
</tr>
</tbody>
</table>

### Knowledge Base Underpinning Health Promotion Core Competencies

The core competencies require that a health promotion practitioner draws on a multidisciplinary knowledge base of the core concepts, principles, theory and research of health promotion and its application in practice.

The concepts of health equity, social justice and health as a human right as the basis for health promotion action.

#### 1. Enable Change

<table>
<thead>
<tr>
<th>Enable individuals, groups, communities and organisations to build capacity for health promotion action to improve health and reduce health inequities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities.</td>
</tr>
<tr>
<td>2. Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health.</td>
</tr>
<tr>
<td>3. Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action.</td>
</tr>
<tr>
<td>4. Facilitate the development of personal skills that will maintain and improve health.</td>
</tr>
<tr>
<td>5. Work in collaboration with key stakeholders to ensure health and other services to promote health and reduce health inequities.</td>
</tr>
</tbody>
</table>

#### 2. Advocate for Health

<table>
<thead>
<tr>
<th>Advocate with and on behalf of individuals, communities and organisations to improve health and wellbeing and build capacity for health promotion action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use advocacy strategies and techniques which reflect health promotion principles.</td>
</tr>
<tr>
<td>2. Engage with and influence key stakeholders to develop and maintain health promotion action.</td>
</tr>
<tr>
<td>3. Raise awareness of and influence public opinion on health issues.</td>
</tr>
<tr>
<td>4. Advocate across sectors for the development of policies, guidelines and procedures across sectors which impact positively on health and reduce health inequities.</td>
</tr>
<tr>
<td>5. Facilitate communities and groups to articulate their needs and advocate for the resources and capacities required for health promotion action.</td>
</tr>
</tbody>
</table>

#### 3. Mediate through Partnership

<table>
<thead>
<tr>
<th>Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Engage partners from different sectors to actively contribute to health promotion action.</td>
</tr>
<tr>
<td>2. Facilitate effective partnership working when different health promotion values and principles exist.</td>
</tr>
<tr>
<td>3. Build successful partnerships through collaborative working models between different sectoral interests.</td>
</tr>
</tbody>
</table>

Figure 4 Tool 2 Mapping course content against the ComHP Core Competencies
According to the survey, all examined countries presented at least one course, bachelor and/or master, which included in its programme most of the health promotion competencies.

The results of this mapping process met the goal of identifying of over 20 providers of education and training across member and candidate states and highlight a wide potential space for high level training in health promotion.

The mapping tool, although useful for screening, is not detailed enough for an in depth evaluation of the adequacy of a course compared to the CompHP standards. This in depth evaluation will be described in the next sections.

The mapping tool has proven useful for a first screening aimed to identify the courses potentially oriented to cover CompHP competencies. On the contrary the tool is not adequate to assess whether such competences are taught with at sufficient level to meet the CompHP standards, and therefore it is not appropriate for the accreditation process.

**RQ4** “Are there providers of higher education and training on health promotion covering the CompHP standards and available for exploring an accreditation pathway?”

According to the participative vision of health promotion, the interests of students, providers of higher education and other stakeholders such as labour market must be at the forefront of the mapping and accreditation process of education and training programmes. To reflect this, the mapping processes and the exploration of the accreditation framework in the academic setting have been implemented through a participative approach involving stakeholders from the different categories in order to include as much as possible their aims, needs and visions.

Participative workshops and online consultations have completed, in partnership with other workpackages\(^\text{24}\), as follows:

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\(^{24}\) Workpackages 3, 5, 6 and 8.
workshops and “World Café” discussions in Zagreb (Croatia, with over 77 participants comprising academics, professionals and students from 17 countries (14 EU member states, 1 candidate country, Russia and Canada) (July 25-27, 2011);

- a full day workshop in Lyon with French academics and professionals (September 13, 2011);

- open online consultation which targeted the wider health promotion community to which 28 professionals and academics responded;

- consultation through e-mails exchange with over 10 key providers of higher education during the in-depth mapping process (see 3.2) (September 2011-February 2012);

- a workshop in Wrexham (UK) with 12 European education providers (January 13, 2012);

- a workshop in Rome (I) with 26 Italian professionals and education providers (February 17, 2012).

In addition country specific workshops were facilitated in 4 countries by the CompHP Partners and in depth country perspectives were undertaken by Workpackage 8, all of which contributed information on the relevance of the CompHP products to the academic setting,

Thus the aim of engaging a minimum of 10 providers of higher education through email surveys, on line consultation and meetings in a participative process of reviewing course contents and methods, mapping identified competencies and standards to the existing curricula, exploring accreditation mechanisms for academic courses has been met (process indicator 4.3).

Providers of higher education offering courses converging with CompHP domains and standards

These providers have been identified according to the following criteria:

1. Providers of higher education offering courses converging with CompHP domains and standards

2. Providers of health promotion education representing diversities across Europe

http://www.theworldcafe.com/
3. Providers of health promotion education which were easy to access through established networks and planned events thus ensuring the efficiency and effectiveness of their involvement (minor criterion)

Providers of higher education offering courses converging with CompHP domains and standards

Only providers of health promotion courses which, according to the first mapping process, had an easily recognisable and substantive health promotion focus, and covered all the domains identified in the CompHP Core Competencies, and appeared to converge with the CompHP Core Competencies and Professional Standards were considered as eligible for inclusion in the second mapping process.

Providers of higher education representing diversities across Europe

The global mapping highlighted the existence of several education providers across Europe offering courses which include in their curriculum all the CompHP domains, and therefore appear to converge with the CompHP Core Competencies (4) and Professional Standards (11).

These courses may include the specific term “health promotion” in their title, but often, although they have an easily recognisable and substantive health promotion focus, their denomination reflects the wide differences in course and job titles across Europe. Differences are also noted in relation to the academic level (bachelor or masters) and the professional areas (health promotion profession, health professions, psychology, etc.).

These differences represent a major factor in influencing the feasibility of the incorporation of the CompHP competencies and standards in the existing curricula and the feasibility of, and interest in, in the exploration of a pathway for European accreditation for health promotion. Ensuring that these differences were represented was therefore a main criterion for the identification of the education providers to be included in the mapping process.
Therefore, as noted this approach did not aim to select the best courses or the leading institutions in Europe, but rather to gather a number of education providers representing as much as possible the diversity of countries, languages, cultures, education level and contexts (bachelors and masters, different course titles, health promotion professional contexts etc).

In particular the list had to include:

- a full representation of the different regions (north-south, west-east), languages and cultures;
- both bachelors and masters embedded in different academic contexts;
- both courses with and without the term health promotion in the title.

**Providers of health promotion education which were easy to access through established networks and planned events thus ensuring the efficiency and effectiveness of their involvement (minor criterion)**

Reflecting the participative and consensus building methods of the CompHP Project the selected providers were to be actively involved in data collection and debate and it was also planned to have with quick exchange of information.

This was facilitated, together with the CompHP partners, through active participation of academic stakeholders in workshops, meetings and online consultations. Where possible these stakeholders were those already aware of the CompHP process and aims through previous involvement for example in Delphi processes in developing the core competencies.

Previous involvement in international training collaborations and using already planned opportunities for face to face meetings was also considered as a means of facilitating quality interactions with maximum efficiency and effectiveness.

According to these criteria, the inclusion in the list of the education providers therefore aimed to assure the representativeness of the sample and the efficiency and efficacy of the process, and do not imply any judgment about the quality of the courses or their future accreditation.

The selected providers of health promotion courses were involved in:
• mapping identified competencies and standards to the existing curricula;
• exploring accreditation mechanisms for academic courses.

One single participative process was planned and implemented to:

– access course documents and other relevant material from a significant number of education providers;
– develop and pilot data collection tools for the future accreditation process;
– highlight and discuss the main challenges involved in mapping of competencies and standards against the existing course curricula;
– review course contents and map identified competencies and standards against the existing course curricula in a significant number of education providers;
– highlight and discuss the main challenges involved in setting an academic accreditation system;
– develop and explore a mapping and accreditation process with a significant number of education providers.

The data collection process implemented “to review course contents and to map identified competencies and standards against the existing course curricula” was also planned and implemented as a pilot process to develop and test data collection tools for the future accreditation process.

In consideration of the time demands imposed by the requests sent to the identified education providers and to reduce the risk of non-response, attempts were made to minimise the required documentation.

The data collection tool was therefore designed as a combination of self-evaluation comprising:

• A questionnaire mapping competencies and standards in relation to the different modules of the course curriculum)
• collection of relevant objective data (website, handbooks, files with modules programmes.)
A series of subsequent drafts of the mapping questionnaire was submitted by email to the participant providers who were asked to test them and to express their views.

In addition to the online consultation the participative process included:

- a workshop with 12 education providers from 8 European countries in Wrexham in January 2012;
- a presentation and consensus decision making session at the Workpackage Leaders meeting with the CompHP partners in Madrid in February 2012.
3rd Stage: Mapping

The first draft of the mapping questionnaire ‘Tool 3’ (Figure 5) is a direct evolution of the mapping tool used for the previous broader mapping of available courses Tool 2.

The mapping of the course curricula is based on the competency statements for each of the domains in the CompHP Core Competencies framework, described according to the Dublin descriptors²⁶.

²⁶ See Glossary
<table>
<thead>
<tr>
<th>HEALTH PROMOTION COMPETENCES</th>
<th>course 1</th>
<th>Responding to the Dublin descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>level 1</td>
<td>level 2</td>
</tr>
<tr>
<td>1. Enable Change</td>
<td>Knowledge and understanding</td>
<td>Applying knowledge and understanding</td>
</tr>
<tr>
<td></td>
<td>1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities</td>
<td></td>
</tr>
<tr>
<td>1.2 Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Facilitate the development of personal skills that will maintain and improve health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Advocate for Health</td>
<td>Knowledge and understanding</td>
<td>Applying knowledge and understanding</td>
</tr>
<tr>
<td>2.1 Use advocacy strategies and techniques which reflect health promotion principles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Engage with and influence key stakeholders to develop and sustain health promotion action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Raise awareness of and influence public opinion on health issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 Advocate across sectors for the development of policies, guidelines and procedures across all sectors which impact positively on health and reduce health inequities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 5 Draft Questionnaire
Following discussion with the CompHP partners the mapping questionnaire was modified to include the CompHP Professional Standards which by this time were available in a penultimate draft form and which were considered to be essential to the future use of the Tool in relation to accreditation.

The CompHP Professional Standards (11) were developed to interpret what the competencies mean in the context of learning outcomes in order to ensure that students acquire and can demonstrate the competencies. In developing the competency-based standards (knowledge, skills and performance criteria), which are agreed as correctly demonstrating and interpreting the competency statements, have been provided.

It is noted in the Standards that an academic course can be accredited if it can demonstrate that the curriculum includes the knowledge and skills, that have been distilled as underpinning the competencies and, perhaps in association with work or placement experience, show at least some of the performance criteria (some are difficult to demonstrate in study alone).

The discussion also highlighted the importance of mapping the CompHP standards against the specific modules to show where the competencies and defined criteria are covered and to evaluate as much as possible the degree and extent of coverage dedicated by the course modules to the different competency domains.

- The second version (Draft Tool 4) of the “mapping questionnaire” consists of 10 pages, one for each of the CompHP domains. Each page includes:
  - the evaluation tables for Competencies and Standards (knowledge, skills), to be filled in by applicants;
  - the Performance Criteria, for clarification;
  - a space for the titles of the modules where knowledge and skills are included to be filled in by applicants.
The first table “COMPETENCIES” is to be completed as in the following example:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (WHO, 1986) and subsequent charters and declarations;</td>
<td>Yes</td>
</tr>
<tr>
<td>The concepts of health equity, social justice and health as a human right as the basis for health promotion action;</td>
<td>Yes</td>
</tr>
<tr>
<td>The determinants of health and their implications for health promotion action;</td>
<td>No</td>
</tr>
</tbody>
</table>

Figure 6 Example of completed form

The second table “STANDARDS” is to be completed by ticking the box corresponding to the maximum level according to Dublin Descriptors ranking.

<table>
<thead>
<tr>
<th>RANKING ACCORDING TO DUBLIN DESCRIPTORS</th>
<th>1 Knowledge and understanding; 2 Applying knowledge and understanding; 3 Making judgements; 4 Communication; 5 Learning skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td></td>
</tr>
<tr>
<td>Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork</td>
<td></td>
</tr>
<tr>
<td>Knowledge of strategy and policy development and how legislation impacts on health</td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td></td>
</tr>
<tr>
<td>Partnership building and collaborative working</td>
<td></td>
</tr>
<tr>
<td>Behavioural change techniques</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7 Example of Tool for completion by application

The providers are also asked to indicate the titles of the modules where the competencies, knowledge and skills of each domain are included.

In order to facilitate the review they are finally asked to indicate the web site with the information about the course (where available) and to send as attachment further details of the programme such as the full course handbook.
3. Mediate through Partnership

Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action.

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Engage partners from different sectors to actively contribute to health promotion action.</td>
<td></td>
</tr>
<tr>
<td>3.2 Facilitate effective partnership working which reflects health promotion values and principles</td>
<td></td>
</tr>
<tr>
<td>3.3 Build successful partnership through collaborative working, mediating between different sectoral interests</td>
<td></td>
</tr>
<tr>
<td>3.4 Facilitate the development and sustainability of coalitions and networks for health promotion action.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>Ranking according to Dublin descriptors</th>
</tr>
</thead>
</table>

**Knowledge**
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, stakeholder engagement
- Systems, structures and functions of different sectors
- Principles of effective intersectoral partnership working

<table>
<thead>
<tr>
<th>Skills</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative working</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with: stakeholders from community groups and organizations; and partnerships, coalitions or networks for health improvement; public and private sector and civil society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Networking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Performance Criteria**

3a. Demonstrate the skills or actions necessary to develop, facilitate and sustain effective partnership working by describing your role in a specified partnership, coalition or network.

3b. Identify the range of relevant stakeholders/partners in a specified area, and show how they are engaged actively in health promotion action.

3c. Show how different sectoral interests in a specified partnership, coalition or network are identified and acted upon, and demonstrate your role in mediating between sectors.

*Indicate the titles of the modules where the previous knowledge and skills are included*
3. Mediate through Partnership

Work collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion action.

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Engage partners from different sectors to actively contribute to health promotion action</td>
<td></td>
</tr>
<tr>
<td>3.2 Facilitate effective partnership working which reflects health promotion values and principles</td>
<td></td>
</tr>
<tr>
<td>3.3 Build successful partnership through collaborative working, mediating between different sectoral interests</td>
<td></td>
</tr>
<tr>
<td>3.4 Facilitate the development and sustainability of coalitions and networks for health promotion action</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RANKING ACCORDING TO DUBLIN DESCRIPTORS</td>
</tr>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td>Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork, stakeholder engagement</td>
</tr>
<tr>
<td>Systems, structures and functions of different sectors</td>
</tr>
<tr>
<td>Principles of effective intersectoral partnership working</td>
</tr>
<tr>
<td>Skills</td>
</tr>
<tr>
<td>Collaborative working</td>
</tr>
<tr>
<td>Facilitation</td>
</tr>
<tr>
<td>Networking</td>
</tr>
</tbody>
</table>

Performance Criteria

3a. Demonstrate the skills or actions necessary to develop, facilitate and sustain effective partnership working by describing own role in a specified partnership, coalition or network.
3b. Identify the range of relevant stakeholders/partners in a specified area, and show how they are engaged actively in health promotion action.
3c. Show how different sectoral interests in a specified partnership, coalition or network are identified and acted upon, and demonstrate own role in mediating between sectors.

*Indicate the titles of the modules where the previous knowledge and skills are included*

Figure 8 Draft Questionnaire
Feedback from Workshops and consultations

The workshops and discussion with the selected education providers highlighted some critical points. For example, according to some respondents the evaluation tool is:

‘too long, complex and time consuming; it has to be simplified as much as possible’.

‘This long list suggests a type of completeness whereas the basic philosophy of equality, participation and integral work is probably much more important than to the completeness of a list of tasks. The accreditation needs to look more to the approach/principles (equality, participation, integral work, mixed methods, positive view on health...).’

‘It is difficult to relate exactly the list of competencies, knowledge and skills to the modules’.

However it was also noted that:

‘We do need to know how much coverage there is of the core competency domains in each course, there is a big difference in terms of learning outcomes from one hour coverage versus 40 hours’.

‘It is important to include the methods of teaching (PB learning, classroom teaching, group work...). Education providers should be given the possibility to highlight the use of new forms of teaching and learning. One idea could be by adding a column at the end and have some form of legend where to add notes’.

‘Some standards and competencies are not covered during the modules but through dissertation, internships, work placement, online learning and so on’.

On the positive side one respondent noted that:

‘On the whole the tool seems functional and easy to complete. It is definitely very useful as a self-evaluation tool and a guide to modify the course modules to meet the standards and ensure that students have all the competencies to work in Health Promotion’.

But it was also noted that:

‘The accreditation needs to be context sensitive and flexible. We have a rich diversity of HP training all over the world! Often people use different words/standards but in essence do the same things. For example, the term health
promotion has a very “normative” connotation and therefore in Wageningen the less value laden title “Health & Society” is used. In Italy the word “prevention” is still used to define both training and employment for health professional’.

Finally it was suggested that:

‘the framework can be seen as a work in progress which will change necessarily over time.’

Final Mapping questionnaire

The final mapping questionnaire, which was refined on the basis on the previous comments, is focused on the CompHP domains and comprises 20 pages with 2 pages for each domain. For each domain the first page presents the CompHP Core Competencies and Professional Standards, which are the basis for the accreditation process.

The mapping process is presented on the second page for each domain which indicates the information required, including the titles of the modules where the CompHP Core Competencies and Professional Standards are taught, the main teaching methods used, and ECTS awarded. There is also space for any additional comments the education provider may wish to add in relation to the course. As in the previous version, the providers are also asked to include the web site with the information about the course where available and to send as attachment further details of the programme such as the full course handbook.

The triangulation between the self-evaluation and the website (or handbook) information offers a double (or triple) view to check the information provided. By using two or three data sources to check the data from the applicant the hope is that all sources will produce similar answers. However, if this is not the case then the relevant accreditation assessor will know that either the information is not correct or that the question needs to be reframed, methods reconsidered, or both.
### CompHP Core Competencies and Professional Standards — Enabling Change

Enable individuals, groups, communities and organisations to build capacity for health promoting action to improve health and reduce health inequities. A health promotion practitioner is able to:

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Knowledge and Skills required include:</th>
<th>Performance Criteria – evidence provided either from documentation, or from assessment during work or study, of the applicant’s ability to:</th>
</tr>
</thead>
</table>
| 1.1 Work collaboratively across sectors to influence the development of public policies which impact positively on health and reduce health inequities | **Knowledge**  
- Theory and practice of collaborative working including: facilitation, negotiation, conflict resolution, mediation, teamwork  
- Knowledge of strategy and policy development and how legislation impacts on health  
- Health promotion models  
- Health promotion settings approach  
- Behavioural change techniques for brief advice / interventions  
- Institutional theory  
- Theory and practice of organisational development and change management  
- Theory and practice of community development including: empowerment, participation and capacity building  
- Understanding of social and cultural diversity |  
1a. Contribute to collaborative work with stakeholders across specified sectors that aims to develop or change policies, and/or change health or other services, to promote health and wellbeing, reduce health inequities, and promote sustainable action in a specified area. |
| 1.2 Use health promotion approaches which support empowerment, participation, partnership and equity to create environments and settings which promote health |  
1b. Demonstrate an ability to select appropriate change management and organisational development approaches to support the creation of health promoting environments and/or settings in a specified area, and show how the approaches used support empowerment, participation, partnership and equity. |
| 1.3 Use community development approaches to strengthen community participation and ownership and build capacity for health promotion action |  
1c. Select and use appropriate community development approaches for a specified community, and show how the methods used can lead to strengthened participation, ownership and health promotion capacity. |
| 1.4 Facilitate the development of personal skills that will maintain and improve health |  
1d. Use appropriate behavioural change techniques for specified individuals or groups to facilitate the development of personal skills to maintain or improve health, and develop the capacity of others to support behavioural change. |
| 1.5 Work in collaboration with key stakeholders to reorient health and other services to promote health and reduce health inequities |  |  |

EAHC Project number 20081209
1 Enabling change – please complete the following

<table>
<thead>
<tr>
<th>Please indicate the titles of the modules / internship... where the competencies, knowledge and skills of this domain are included</th>
<th>Describe the methods of teaching (e.g. lectures, Internship, workgroup, Problem Based Learning, Case study, Thesis etc...)</th>
<th>Please indicate the ECTS (NOT COMPULSORY) associated with the modules listed</th>
<th>Please include also details of the Assessment (e.g. exam, continuous assessment etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other comments**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**1) Is this mapping framework**

a) easy to use? yes no  

b) complete? yes no  

c) clear? Yes no  

d) time wasting? yes no  

**Suggestion to improve**

**2) Would you be interested in accrediting your course?**

Pro ___________________________  Against ___________________________
3) How much are you available to invest to accrediting your course for a period of 5 years

Time____________________________________________________________

Money up to 500€  500 -1000€  1000-3000€  3000-5000€  over 5000€

4) How many courses in your country could be interested in accreditation?

Figure 9 Final Mapping Framework

The final mapping questionnaire was used to map thirteen courses run by twelve education providers in eight countries as reported in the following Table.

<table>
<thead>
<tr>
<th>Country Region</th>
<th>Language</th>
<th>University</th>
<th>Level</th>
<th>ECTS</th>
<th>Years</th>
<th>Notes</th>
<th>Title in English</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>English</td>
<td>Aberdeen - Robert Gordon</td>
<td>Master</td>
<td>180</td>
<td>3</td>
<td>Distance Learning / Postgraduate certificate after 60 ECTS / Postgraduate Diploma after 120 ECTS</td>
<td>MSc Health Improvement and Health Promotion</td>
</tr>
<tr>
<td>Norway</td>
<td>English</td>
<td>Bergen</td>
<td>Master</td>
<td>120</td>
<td>2</td>
<td></td>
<td>Health Promotion</td>
</tr>
<tr>
<td>Switzerland</td>
<td>German</td>
<td>Brig (Fernfach hochschule Zurich Basel Bern Brig)</td>
<td>Master</td>
<td>60</td>
<td>2</td>
<td>3 Certificates of Advanced Studies (15 ECTS) + Thesis 80% guided self-study, 20% classroom</td>
<td>Health Promotion</td>
</tr>
<tr>
<td>Country</td>
<td>Language</td>
<td>City/Town</td>
<td>Level</td>
<td>Credits</td>
<td>Duration</td>
<td>Specialization</td>
<td>Provider/Website</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>-----------</td>
<td>-------</td>
<td>---------</td>
<td>----------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Italy</td>
<td>Italian</td>
<td>Cagliari</td>
<td>Bachelor</td>
<td>180</td>
<td>3</td>
<td>Regulated Health Profession</td>
<td>Prevention - Health Care</td>
</tr>
<tr>
<td>Ireland</td>
<td>English</td>
<td>Galway NUI</td>
<td>Master</td>
<td>90</td>
<td>1</td>
<td>Postgraduate Diploma 60 ECTS + Dissertation 30 ECTS</td>
<td>MA/Postgraduate Diploma in Health Promotion</td>
</tr>
<tr>
<td>Spain</td>
<td>Catalan</td>
<td>Girona</td>
<td>Master</td>
<td>90</td>
<td>1,5</td>
<td>Health Promotion</td>
<td></td>
</tr>
<tr>
<td>Spain</td>
<td>Spanish</td>
<td>Madrid - Rey Juan Carlos</td>
<td>Master</td>
<td>60</td>
<td>1</td>
<td>Epidemiology and Public Health</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>German</td>
<td>Magdeburg</td>
<td>Master</td>
<td>120</td>
<td>2</td>
<td>Health Promoting Organisational Development</td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>Italian</td>
<td>Perugia</td>
<td>Master</td>
<td>60</td>
<td>1</td>
<td>outside Bologna process</td>
<td>Progettazione, Coordinamento e Valutazione di interventi integrati in promozione ed educazione alla salute</td>
</tr>
<tr>
<td>Estonia</td>
<td>Estonian</td>
<td>Tallinn</td>
<td>Bachelor</td>
<td>180</td>
<td>3</td>
<td>Health Promotion</td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>English</td>
<td>Wageningen</td>
<td>Bachelor</td>
<td>180</td>
<td>3</td>
<td>Health and Society</td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>Dutch</td>
<td>Wageningen</td>
<td>Master</td>
<td>120</td>
<td>2</td>
<td>Health and Society</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>English</td>
<td>Wrexham</td>
<td>Master</td>
<td>180</td>
<td>3</td>
<td>Postgraduate certificate after 60 ECTS Postgraduate Diploma after 120 ECTS</td>
<td>Public Health</td>
</tr>
</tbody>
</table>

**Table 5 Providers and websites**

<table>
<thead>
<tr>
<th>University</th>
<th>Websites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bergen</td>
<td><a href="http://www.uib.no/hemil">http://www.uib.no/hemil</a></td>
</tr>
<tr>
<td>Brig (Fernfachhochschule)</td>
<td><a href="http://www.fernfachhochschule.ch/ffhs/studienangebot/mas/mas-in-gesundheitsfoerderung/steckbrief">http://www.fernfachhochschule.ch/ffhs/studienangebot/mas/mas-in-gesundheitsfoerderung/steckbrief</a></td>
</tr>
<tr>
<td>Galway NUI</td>
<td><a href="http://www.nuigalway.ie/health_promotion/">http://www.nuigalway.ie/health_promotion/</a></td>
</tr>
<tr>
<td>Location</td>
<td>Website</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Madrid - Rey Juan Carlos</td>
<td><a href="http://www.urjc.es/guias_docentes/a_epidemiologia_1.htm">http://www.urjc.es/guias_docentes/a_epidemiologia_1.htm</a></td>
</tr>
<tr>
<td>Magdeburg</td>
<td><a href="https://www.hs-magdeburg.de/fachbereiche/f-sgw/master/gefoe_org">https://www.hs-magdeburg.de/fachbereiche/f-sgw/master/gefoe_org</a></td>
</tr>
<tr>
<td>Perugia</td>
<td><a href="http://www.unipg.it/csesi/ita/master.htm">http://www.unipg.it/csesi/ita/master.htm</a></td>
</tr>
<tr>
<td>Tallinn</td>
<td><a href="http://ttk.ee/?id=426205">http://ttk.ee/?id=426205</a></td>
</tr>
<tr>
<td>Wageningen Bachelor</td>
<td><a href="http://www.hso.wur.nl/UK/Education+programs+Health+and+Society/">http://www.hso.wur.nl/UK/Education+programs+Health+and+Society/</a></td>
</tr>
<tr>
<td>Wageningen Master</td>
<td><a href="http://www.hso.wur.nl/UK/Education+programs+Health+and+Society/">http://www.hso.wur.nl/UK/Education+programs+Health+and+Society/</a></td>
</tr>
<tr>
<td>Wrexham</td>
<td><a href="http://www.glyndwr.ac.uk/en/Postgraduatecourses/MastersinPublicHealth/">http://www.glyndwr.ac.uk/en/Postgraduatecourses/MastersinPublicHealth/</a></td>
</tr>
</tbody>
</table>
Thus, 8 courses included the term health promotion in the title, 2 the term public health, 2 the word health (with denominations reflecting the national cultures and professional contexts). Most of the courses are at Master's level. The three bachelors are from a Dutch education provider offering both bachelor and master, an Italian provider licensing public health professionals (regulated profession), and an Estonian provider. One of the master programmes is offered as e-learning.

The courses are taught in 7 different languages (English, German, Dutch, Italian, Spanish, Catalan, and Estonian) and represent the different European regions.

Three courses, Bergen and Galway (masters) and Cagliari (bachelor), incorporate explicitly the CompHP core competencies in their curricula, that are therefore often worded using CompHP terminology with specific reference to the CompHP domains and competencies. Three courses, those in Bergen (Masters) and Cagliari (Bachelor), and Galway (Masters) explicitly incorporate the CompHP core competencies in their curricula, that are therefore often worded using CompHP terminology with specific reference to the CompHP domains and competencies.

According to the Project aims, and in order to avoid to anticipate future decisions about awards, which is not appropriate in this stage of the process, the courses were not be evaluated, but only used as examples.
Mapping findings

Domains and Modules

All the mapped courses covered all the CompHP domains. The match between the domains and modules is piecemeal, with each domain involving a number of modules and each module covering a number of domains. All the mapped courses include all the domains in their modules although in some courses the first two domains (knowledge and ethics) cannot be clearly allocated to specific modules, but distributed among the other ones.

‘It could be possible that one activity includes more than one competence. On the contrary one competence could be evaluated in more than one activity. (Academic consultation it could be possible that one activity includes more than one competence. On the contrary one competence could be evaluated in more than one activity’. (Academic consultation)

Table 6 Number of modules including domain (See below for abbreviations)

<table>
<thead>
<tr>
<th>University</th>
<th>Number of modules including the domain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KN</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>7</td>
</tr>
<tr>
<td>Bergen</td>
<td>1</td>
</tr>
<tr>
<td>Brig</td>
<td>12</td>
</tr>
<tr>
<td>Cagliari</td>
<td>7</td>
</tr>
<tr>
<td>Galway</td>
<td>10</td>
</tr>
<tr>
<td>Girona</td>
<td>1</td>
</tr>
<tr>
<td>Madrid</td>
<td>7</td>
</tr>
<tr>
<td>Magdeburg</td>
<td>1</td>
</tr>
<tr>
<td>Perugia</td>
<td></td>
</tr>
<tr>
<td>Tallinn</td>
<td>7</td>
</tr>
<tr>
<td>Wageningen</td>
<td>6</td>
</tr>
<tr>
<td>Bachelor</td>
<td></td>
</tr>
<tr>
<td>Wageningen</td>
<td>4</td>
</tr>
<tr>
<td>Master</td>
<td></td>
</tr>
<tr>
<td>Wrexham</td>
<td>4</td>
</tr>
</tbody>
</table>

63 31 50 39 33 51 41 69 39 42 57
Modules like “Health Promotion Practice” and “Foundations for Health Promotion” in Galway or “Health, Social Care and Well Being” in Wrexham involve all domains. In Tallinn two modules (Planning health promotion and Strategies and methods) involved more than eight domains and in Madrid the module “Health Promotion” eleven.

The courses with modules involving less domains are Wageningen (master), Bergen and Magdeburg.

Table 7 Bergen modules

<table>
<thead>
<tr>
<th>Bergen Modules</th>
<th>Domains</th>
<th>ECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of health promotion *</td>
<td>EC LE AD MP KN CO ET ER</td>
<td>20</td>
</tr>
<tr>
<td>Communications and ethics</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Introduction to research and evaluation methods</td>
<td>ER</td>
<td>5</td>
</tr>
<tr>
<td>Qualitative research methods -- or -- Quantitative research methods</td>
<td>ER</td>
<td>15</td>
</tr>
<tr>
<td>Health promotion programme design, implementation, management and evaluation</td>
<td>AS PL IM CO</td>
<td>10</td>
</tr>
<tr>
<td>Thesis proposal preparation seminar</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Thesis research</td>
<td>ER</td>
<td>60</td>
</tr>
</tbody>
</table>

* The module “Foundations of health promotion” includes three PBL: the first PBL addresses Enabling Change, the second PBL Advocacy, the third PBL Partnership and Leadership,

In Cagliari each competency is allocated to one or more modules, but additional knowledge and skills are learned during general modules and / or internships.

In Galway the practice module is organised around the CompHP core competencies and assessed with a portfolio where students demonstrate their competencies across each.

In most of the courses a number of domains (e.g. assessment and evaluation) are often covered by the same modules, and some providers suggested merging them. In particular assessment
and evaluation are combined in the same module 42 times, enable change and mediate partnership 26 times, planning and implementation 23 times (14 including leadership too).

An example of the relationship between modules and domains is illustrated like in the model representing the master in Magdeburg.

This makes difficult to allocate a specific number of ECTS to each domain and allows only defining globally how many ECTS are included in the modules involved in CompHP domains.

An additional difficulty is represented by the elective courses, which can make difficult to estimate the total amount of ECTS attended.
Table 8 Numbers of ECTs across courses

<table>
<thead>
<tr>
<th>University</th>
<th>Total</th>
<th>Total</th>
<th>Elective</th>
<th>Compulsory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>180</td>
<td>180</td>
<td>0</td>
<td>180</td>
</tr>
<tr>
<td>Bergen</td>
<td>120</td>
<td>135</td>
<td>30</td>
<td>105</td>
</tr>
<tr>
<td>Briga</td>
<td>60</td>
<td>65</td>
<td>10</td>
<td>55</td>
</tr>
<tr>
<td>Cagliari</td>
<td>180</td>
<td>125</td>
<td>0</td>
<td>125</td>
</tr>
<tr>
<td>Galway</td>
<td>90</td>
<td>100</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Girona</td>
<td>90</td>
<td>91,5</td>
<td>34</td>
<td>57,5</td>
</tr>
<tr>
<td>Madrid</td>
<td>60</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Magdeburg</td>
<td>120</td>
<td>120</td>
<td>0</td>
<td>120</td>
</tr>
<tr>
<td>Perugia</td>
<td>60</td>
<td>60</td>
<td>0</td>
<td>60</td>
</tr>
<tr>
<td>Tallinn</td>
<td>180</td>
<td>155</td>
<td>0</td>
<td>155</td>
</tr>
<tr>
<td>Wageningen B</td>
<td>180</td>
<td>126</td>
<td>0</td>
<td>126</td>
</tr>
<tr>
<td>Wageningen M</td>
<td>120</td>
<td>54</td>
<td>0</td>
<td>54</td>
</tr>
<tr>
<td>Wrexham</td>
<td>180</td>
<td>165</td>
<td>75</td>
<td>90</td>
</tr>
</tbody>
</table>

In the mapped courses the modules involving the CompHP domains range from 30 to the whole programme.

Modules like “Health Promotion Practice” and “Foundations for Health Promotion” in Galway or “Foundation in Public Health” and “Health, Social Care and Well Being” in Wrexham involve all domains, and in both courses only few modules are specifically oriented to one domain. In Tallinn three courses (Planning health promotion and Strategies and methods) involved nine domains and a third one (Community Science) seven.

Since students can choose among a number of elective courses one student can acquire some skills whereas another can do more in a different field. For example, in a course one student might do more in the direction of health care whereas another does more in the area of social psychology, medical sociology or health management or makes a choice between qualitative and quantitative research methods.
This point has to be taken into account in accreditation because not all students who attended the same course have attended the same modules.

The different courses use different denominations for modules with similar contents. As remarked by a provider:

“often people use different words/standards but in essence do the same things”.

Sometimes the modules are based more on contents than on skills, thereby making it difficult to decide whether the competencies described are being developed properly.

Despite these difficulties, a global assessment of the size of the modules involved with the CompHP domains is feasible and this information appears sufficient to evaluate the courses for accreditation.

In general, all standards and criteria are incorporated in the mapped courses. According to the providers the knowledge base appears well covered, but some of the skills could be difficult to develop through an academic context and some performance criteria are quite ambitious for many students. For example, some courses do not seem to adequately cover the “Health Impact Assessment” skills.

According to some providers:

“Some of these skills will have to be learnt through practice”.

It was also noted that the different courses use different denominations for modules with similar contents. As remarked by a provider:

“often people use different words/standards but in essence do the same things”.

This expresses “a rich diversity of health promotion training all over the world!” and makes training “more context sensitive”. In addition, sometimes the modules are based more on contents than on skills, thereby making it difficult to decide whether the competencies described are being developed properly.
In general, all standards and criteria are incorporated in the mapped courses. According to the providers the knowledge base appears well covered, but some of the skills could be difficult to develop through an academic context and some performance criteria are quite ambitious for many students. For example, some courses do not seem to adequately cover the “Health Impact Assessment” skills.

According to some providers:

“the framework demands too much: it is too much to expect that students will be experts in HP theory, in both qualitative and quantitative methods, in addition to elaborate skills in management and project administration and even having the ability to work with many other professionals”.

Since students can choose among a number of elective courses one student acquire some skills whereas another does more in a different field. For example, in a course:

one student might do more in the direction of health care whereas another does more in the area of social psychology, medical sociology or health management or makes a choice between qualitative and quantitative research methods.

This point has to be taken into account in accreditation because not all students who attended the same course have attended the same modules and so each course will have to demonstrate as to how the course ensures that it meets the criteria for accreditation based on covering all domains.

Teaching methods and assessment
The inclusion of the methods of teaching and of the details of assessment in the mapping framework has been very useful and has highlighted how much the course is conducted in accordance with the principles of health promotion and exposes the students to a context enabling them to develop a health promotion vision.

In the mapped courses students engage in a diverse range of teaching and learning activities and use a range of study methods including:

- Lectures, Literature study, Data search, Skills-workshops, Practical’s in which students make exercises on the module materials;
• Workgroups, Problem based Learning, Case Studies, Role-plays, Discussion groups;
• Writing project proposal, individual essay;
• Distance learning;
• Field work, internship and supervised work placement.
• Thesis / Dissertation

In all courses reviewed the teaching methods are characterised by a common interactive approach, which reflects the health promotion principles of active involvement and empowerment.

In Aberdeen, which offers a fully online distance learning course, this approach is applied in the e-learning context with interactive online discussion forum; webinars through the virtual classroom, synchronous chat sessions, specialist practitioner modules with an e-tutor who works alongside the module leader to provides the students with a direct link to practice. Reflection on own behaviour, values and practice is encouraged through course learning activities.

In all mapped courses the students are assessed, according to the learning objectives of the specific module, through a combination of:

• assessment of performance in the classroom and group work (data handling sessions, active participation in discussions, quality of contribution to group work...);
• written assignments (essays, reports, project proposals, research projects, annotated bibliography, etc);
• written or oral examinations;
• thesis / dissertation with oral defense.

As with the methods of teaching, the assessment reflects the health promotion approaches and appears adequate to evaluate not only the knowledge base, but also the skills and, as much as possible, the professional abilities.
Triangulation

The triangulation between the mapping questionnaire and the official documents (website and/or handbooks) has proven very useful.

Most of the courses reviewed offer a website that shows, for each module, number of ECTS, contents, learning outcomes, teaching and examination methods or in other cases the same information was provided by a handbook with extensive information, sent as attachment by the provider.

This documentation (websites and course handbooks) has proved sufficient for completing the mapping tool, and may offer an alternative or, rather, an objective tool to verify the information provided.

| Module: Research methods in Public Health and Society 6 ECTS |
| Language of instruction: English |
| Assumed knowledge on: HNE-24806 Epidemiology and Public Health, MAT-15303 and MAT-15403, YRM-10306 Research Methods in the Social Sciences, YSS-20306 Advanced Research Methods in the Social Sciences |
| Contents: In this course relevant methodology topics for the study of public health and society will be discussed as well as the formulation of research questions. The classification of research designs based on reference period is a very relevant one for the study of health issues. Using this classification this course pays attention to the most frequently used study designs; the cross-sectional study, the case-control study, cohort study, intervention study and randomised clinical trial. Special attention is paid to the relation between health promotion research and practice. Issues of reliability, validity and sources of bias in the study of health and society as well as some qualitative and quantitative data collection techniques are discussed. |
| Learning outcomes: At the end of the course unit, the student is expected to be able to: |
| - critically assess a research project with respect to validity and reliability; |
| - make thought-out choices with respect to study question, study design and data collection techniques for the design and evaluation of public health and health promotion research; |
| - deal with the limitations that practice puts on research design and data collection creatively. |
| Activities: Workshops in which both lecturing and interactive learning take place in small groups. |
| Examination: Exam (50%) and assignments (50%). To pass this course, one needs both the exam and the assignment to have a grade of at least 5.5. |

Figure 11 Example of website
Feedback on Data Collection Tool

1 Enabling change – please complete the following

<table>
<thead>
<tr>
<th>Please indicate the titles of the modules / internship... where the competencies, knowledge and skills of this domain are included</th>
<th>Describe the methods of teaching (e.g. lectures, internship, workgroup, Problem Base Learning, Case study, Thesis etc...)</th>
<th>Please indicate the ECTS (NOT COMPULSORY) associated with the modules listed</th>
<th>Please include also details of the Assessment (e.g. exam, continuous assessment etc.)</th>
</tr>
</thead>
</table>

![Figure 12 Data collection tool](image)

In feedback from the providers it was suggested that both the teaching methods and the assessment are quite homogenous within a course and therefore the second and the fourth column are largely duplicated which is also the case due to the repetition of the same modules in the different domains. In the third column is only possible to indicate the ECTS allocated to the full module not the fraction associated with the specific domain which normally cannot be defined.

A number of providers considered the mapping questionnaire to be clear and easy to us:

‘This framework is very good – as an ideal for health promotion. It is comprehensive and covers as far as I can see almost all areas that are important in HP’.

Other comments were more negative

‘This was extremely time-consuming to complete and not easy to identify the specific requirements for accreditation’.

‘The form was complicated ... the other columns were largely duplicated’.

‘It is long, complex and takes considerable time to complete’.

The final accreditation system will have to take these challenges into account. It will be important to review and possibly refine the questionnaire to eliminate the need to include the same data several times for example by filling out the information on courses once and by automatically transferring the information to the domains.

Websites and handbooks have proved very useful to verify and clarify the information provided with the mapping tool, and should be included in the required documentation for accreditation.
The hypothesis of merging or, rather, assessing jointly, clusters of domains could also be considered.

**RQ5 “How are academic courses accredited in Europe?”**

The second main goal assigned to Workpackage 7 concerns recommendations on academic accreditation system for education and training programmes that provide skills in health promotion. Different accreditation systems and quality assessment for the academic curricula currently coexist in Europe.

Although the CompHP project concerns professional accreditation only and is therefore different from national accreditation it is important to frame it within the overall framework of accreditation. It is also crucial to explore the legal position of the CompHP academic accreditation in relation to the Accreditation systems in the European Union across different countries and the relationship with other accreditation obligations and a good description of the accreditation systems is presented by Harvey ²⁷(REF) in the ENQA website ²⁸. As noted the Bologna Declaration encourages the European co-operation in quality assurance of higher education with a view to developing comparable criteria and methodologies. Other important goals agreed in Bologna are easily comparable degrees, a system based on two main degree cycles, a common European system of credits and mobility of students and teachers. Harvey describes accreditation of higher education in Europe as varying by national jurisdiction, but that in most countries the recognition and accreditation of a course is a national competence, undertaken by national bodies, either government departments or government-initiated agencies.

In some countries, like Italy, all higher education courses must meet the teaching regulations as provided for in the national law. In these countries a course, Bachelor or Master is recognised/accredited, whether it meets specified minimum standards such as staff qualifications, research activities, and learning resources defined at national level.

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²⁷ Harvey, L. The Power of Accreditation: views of academics Centre for Research and Evaluation. Sheffield Hallam University,
Although a distinction is made between graduating from an accredited programme and having a professional accreditation, in many professional areas, graduation from an appropriately accredited academic programme is an essential preliminary step to obtain full professional certification.

Additional requirements are needed for courses preparing to “protected” or “regulated” professions with state professional licensure like medical doctors, health professionals, social workers and the range of such regulation differs across member states.

In a discussion of transnational accreditation systems, van Damme (14) states that although there is a growing agreement on the viewpoint that globalisation in higher education urgently asks for a transnational approach to quality assurance and accreditation, there is a still national focus in accreditation and a resistance against any form of transnational accreditation system. A minimal strategy for internationalisation is to improve communication and exchange among national quality assurance agencies, in the hope that this will lead to a kind of harmonisation and international benchmarking of trustworthy standards and methodologies and the gradual mutual recognition of agencies and schemes. The author also recognises a second strategy of internationalisation aims to develop a kind of soft validation and approval procedure for existing quality assurance and accreditation systems.

**The European Association for Quality Assurance in Higher Education** (ENQA) and the National Academic Recognition Information Centres (NARIC) represent two interesting examples of European collaboration in the arena of quality and recognition in higher education.

The European Association for Quality Assurance in Higher Education was established in 2000 (as European Network for Quality Assurance in Higher Education - ENQA) to promote European cooperation in the field of quality assurance in higher education. ENQA is a membership

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29 [www.enqa.eu](http://www.enqa.eu)
30 [http://www.enic-naric.net](http://www.enic-naric.net)
association which represents quality assurance organisations from the European Higher Education Area (EHEA) member states that operate in the field of higher education.

The mission of the European Association for Quality Assurance in Higher Education (ENQA) is to contribute significantly to the maintenance and enhancement of the quality of European higher education at a high level, and to act as a major driving force for the development of quality assurance across all the Bologna signatory countries.

As the association of the European quality assurance agencies, ENQA contributes to this goal especially by promoting European co-operation in the field of quality assurance (QA) in higher education in order to develop and share good practice in QA and to foster the European dimension of QA.

The ENQA fulfils its mission by adhering to the following principles:

- ENQA respects the diversity of European higher education a major cultural heritage and strength of the emerging European Higher Education Area (EHEA), the diversity of quality assurance and enhancement approaches and measures and the diversity of approaches to setting-up national quality assurance systems.
- ENQA acknowledges that the primary responsibility for quality rests with higher education institutions. External quality assurance, for which QA agencies are responsible, fulfils a different need: at its best it combines both accountability for the reassurance of the public and an objective and developmental role for enhancing quality in institutions. The role of national authorities is to define the given national QA setup and to ensure that the national QA system operates in harmony with the ESG.
- ENQA is committed to respect the fitness for purpose principle (purpose-process alignment) that is at the core of the European dimension of quality assurance.
- ENQA considers the autonomy of institutions and independence of quality assurance agencies within national HE systems as a necessary condition to ensure the full exercise of their responsibilities, notably with regard to the provision of accurate and consistent information to the general public.
The NARIC network is an initiative of the European Commission and was created in 1984. The network aims at improving academic recognition of diplomas and periods of study in the Member States of the European Union (EU) countries, the European Economic Area (EEA) countries and Turkey. The network is part of the Community's Lifelong Learning Programme (LLP), which stimulates the mobility of students and staff between higher education institutions in these countries.

All member countries have designated national centres, the purpose of which is to assist in promoting the mobility of students, teachers and researchers by providing authoritative advice and information concerning the academic recognition of diplomas and periods of study undertaken in other States. The main users of this service are higher education institutions, students and their advisers, parents, teachers and prospective employers.

The NARICs were designated by the Ministries of Education in the respective countries, but the status and the scope of work of individual NARICs may differ. In the majority of States, institutions of higher education are autonomous, taking their own decisions on the admission of foreign students and the exemption of parts of courses of study programmes that students may be granted on the basis of education undertaken abroad. As a result, most NARICs do not take a decision, but offer on request information and advice on foreign education systems and qualifications.
RQ6 “Which accreditation system can be developed within academic settings in relation to current awarding process, point systems, etc?” In the proposed CompHP Pan European Accreditation Framework providers of higher education in health promotion can seek accreditation for full courses at Certificate, Diploma, Bachelor and Masters Level and for other types of organised training and education for continuous professional development, including suitable conferences, workshops, short courses and other relevant forms of education.

In this report Bachelors and Masters, the main academic levels according to the Bologna process, are considered.

Institutional versus professional

The relationship of the proposed CompHP Accreditation Framework with the existing institutional accreditation system needs to be discussed.

In Europe the institutional accreditation process is performed by the national (Ministry of Education or established agencies) or European authorities, through government agencies. This accreditation, normally mandated by law, does not focus on single disciplines and is more oriented to evaluate the institutions and the courses sustainability (logistics, number of teachers, etc).

This approach does not focus in any depth on the quality of course contents or the teaching methods, and therefore does not assure the full achievement of the competencies needed for a high level professional practice, particularly in new disciplines such as health promotion.

This limitation offers an opportunity to the international health promotion community to establish a more flexible and reliable independent accreditation system, entrusted to a non-governmental but recognised organisation, enhancing the inter-sectoral and participative approach of health promotion.
This “professional” academic accreditation is a process of evaluating qualifications to determine whether they meet certain academic or professional criteria. A qualification which is accredited is recognised as meeting a certain standard and providing content which is required professionally.

According to this “professional” approach, the CompHP Accreditation Framework focuses entirely on the Health Promotion content of the specific course and whether it meets the criteria of covering all the domains identified in the CompHP Core Competencies and performance criteria identified in the CompHP Professional Standards.

The aim is to ensure students acquire the knowledge and skills needed for successfully entry into professional practice across the range of practice settings.

The CompHP Accreditation Framework is therefore designed to work in tandem with national institutional academic qualification accreditation systems and does not make judgments on academic levels or on the wider entry and support systems required for effective higher level education.

This tandem relationship implies that, in order to avoid double checks and to harmonise requests with existing obligations, the pre-existing governance arrangements have to take precedence preventing CompHP accreditation to refer to what is already defined by other accreditation obligations such as:

- administrative structure and governance
- resources (library with a range of health promotion texts, training facilities etc.)
- students assessment
- support systems for students’ wellbeing

This reflects the ENQA general principles of good practice, that commit the accreditation system to use, as much as possible, data from institutions’ own internal quality assurance activities and from pre-existing governance accreditation arrangements.
The CompHP system will, however, required providers of education and training to demonstrate that they have all national requirements in place as part of the CompHP accreditation process i.e. only courses from providers who are accredited within the national framework will be eligible for consideration for ‘professional accreditation ‘within the CompHP Framework.

**National versus international**

A national accreditation for courses in health promotion does not appear appropriate.

>*‘It is likely that the early responders will be in the academic setting - particularly those courses that were involved in previous European initiatives’.*

The number of education providers potentially involved makes the European level more appropriate and efficient. The European level also assures a more neutral and less conflictive setting for a context where a limited number of institutions coexist and compete.

A common European accreditation can play a crucial role in facilitating mutual improvement, student and teacher exchange, and professionals’ mobility.

So, the focus of accreditation is expected to be on the European level, with Higher Education Providers applying directly to the European Accreditation Organisation\(^3\).

According to the best practices identified for accreditation, the best European Accreditation Organisation should be to be a discipline-specific non-governmental association or a regulatory or professional body with delegated authority to evaluate courses and programmes and render judgments on the accredited status of a course / programme.

The proposed CompHP accreditation system is designed to be a voluntary and international process of review. Such recognition respects the autonomy of each education provider, and is not in any way intended to infringe on the right of any academic institution to determine for itself whether it should affiliate with any accrediting organisation.

\(^3\) There will also be opportunities for input from National Accreditation Organisation where appropriate.
The CompHP Accreditation Framework will award the courses meeting the defined standard and/or providing content which is required professionally, with "a quality label. This "label" would represent an international guarantee for higher education in health promotion, and have benefits for the education providers (quality assessment), students (informed choice about courses and certified portfolio) and the public at large (certified quality of professionals).

The establishment of such a transnational and independent professional accreditation system, entrusted to a reputable international association or professional body, is a valid support to not only to health promotion but to inter- or transnational public accreditation systems.

The CompHP project proposes to develop a sustainable pan-European accreditation system facilitated centrally by IUHPE/EURO and operated at national level through designated national agencies.

The IUHPE is highly interested in undertaking the role of the European Accreditation Organisation as this clearly fits within its role and within recently published strategic plan and priorities, for example the work plan 2010-2013 for “Capacity Building, Education and Training”, that includes as goal “to explore and propose a competency-based standards and accreditation system”.

The accreditation system offers an important opportunity for the IUHOE to lead the vision on health promotion in Europe and to offer a tangible benefit for IUHPE members and other health promotion professionals. The accreditation framework developed in Europe can also be important at global level, as a model for wider developments.

According to the IUHPE work plan for “Capacity Building, Education and Training”, the Accreditation System must be “culturally sensitive and globally oriented”, taking into account the different European traditions, employment and academic contexts, with specific attention to the different approaches to public health and health promotion existing in Europe.

With this background, IUHPE can play a role which can include:

- representing a neutral and recognised actor for coordinating accreditation system.
• suggesting and involving members for the Board of Directors, leading experts in the fields of health promotion, peer reviewers.
• functioning as the European Accreditation Organisation as defined in the CompHP Pan European Accreditation Framework.

Visions and challenges from the stakeholders

Some relevant challenges for the success of the academic accreditation system emerged from the consultation process and are be discussed below:

‘Academic accreditation cannot be discussed without a close connection with the professional context where the students will be involved’.

The professional status of people working in health promotion across Europe is characterised by a wide diversity, according to national laws, traditions and power relationships and systems. In the international health promotion community (practitioners, students and education providers) there is a debate on whether to develop specific training for a specific profession of health promoter, or whether to define core professional and education standards which are essential, and compulsory recognition of the ability to act and work with a health promotion approach within different professions (for example, health care and public health professionals, teachers, social workers, etc.).

This debate was emphasised in all the workshops and consultations, highlighting the multi-professional context of the workforce involved in health promotion.

‘Professionals who work in HP have different backgrounds (teachers, social workers, psychologists, educators, doctors and health professionals in general), and there is a significant drive to recognise and engage a wide range of other disciplines across various sectors whose role is arguably strongly linked to HP’. (online consultation)

‘The profiles of practitioners are very different. Many does not fit in the Europe accreditation standards, and probably would not like to fit or will try to fit for political reasons, without full understanding or will of change’. (online consultation)
'These competencies could be the characteristics of a strong Health Promotion working group rather than of an individual’. (Rome)

‘It is important not to exclude practitioners working in domains linked to health promotion. In France, examples of professionals working exclusively on Health Promotion are extremely rare. It is therefore necessary to ensure different grades/levels in the professional standards and flexibility in the accreditation system in order not to exclude a wide portion of the HP workforce in France and having a negative impact on capacity building of health promotion in the country. In France, no individual practitioner would have all of the 9 domains of competencies and corresponding professional standards. This was felt as being linked to the fact that specific health promotion training does not exist yet and that there are currently no opportunities/openings for health promotion practice as a specific profession’. (Lyon)

‘In Norway, health promotion specialisation is not a recognised/licensed profession. Therefore those contemplating applying to the Programme should consider carefully their motivations for doing so. The most relevant motivations are to (1) add specialised competency in health promotion to one’s professional repertoire, and (2) prepare for an academic career including a PhD following the master’s degree. While there are a growing number of professional employment opportunities for those motivated by (1) above, prospective applicants motivated by (2) above should be aware that competition for admittance to PhD programmes is stiff, and the award of the MPhil degree is no guarantee of entry into a PhD programme.’ MPhil Health Promotion University of Bergen Programme Description

‘For a course programme to be established there needs to be a nationally-recognised profession. Similarly, with regards to the methods of employment, calls for application are by profession, especially in the public sphere where most of the professionals working in Health Promotion are found’. (Rome)

‘the possibility of creating enough job opportunities for Health Promotion practitioners in the near future didn’t seem to be acknowledged’. (Rome)

However, in other feedback, for example from Ireland, accreditation is seen as being key for future recognition of health promotion as a profession. Some see this situation as a weakness:

‘HP across professions undergrad HP competencies’. (Zagreb)
‘Damage can be done if you do not have proper experience’. (Zagreb)

and look at professionalization as a need:

‘A HP professional society is necessary to make concrete the concepts of HP would, to act and advocate as professional body, to stimulate individuals and educational, to obtain recognition’. (Zagreb)

and at accreditation as an opportunity and a quality warranty:

‘Accreditation is important to set minimum standards in practice and improve quality. Professional standards are important for developing the professional field, and can act as the foundations for HP helping in defining the profession (employment opportunities and job creation) They are also a source of inspiration to develop training programmes’. (Zagreb)

Others see health promotion:

‘as an approach rather than a profession’ (Lyon)

‘as a process, something that you do as part of your job, rather that something that you is. coming from different backgrounds’. (Zagreb)

and they

‘perceive professionalization and accreditation as a risk of specialization within the field of health promotion, as introducing ‘experts’ contrary to the underpinning principles of health promotion’. (Zagreb)

‘foresaw the risk that the establishment of a profession at this point in time could mean allocating the role to one profession with the risk of excluding many other professions who take Health Promotion seriously and who have been working in Health Promotion for years’. (Rome)

‘Accreditation may also prove limiting and dangerous for professions, limiting capacity to employ people. (Zagreb)’

Their vision can be summarised as:

‘Everyone can be a health promoter’. (Zagreb)

Meanwhile others considered that:

‘A more efficient and effective workforce would be to have a shared vision and work towards a common goal, irrespective of the professional background and
therefore, these competencies and standards may be a step in that direction’. (Rome)

The importance of establishing an academic accreditation system was widely recognised.

‘Without an accreditation, everybody can say that they meet standards, whilst actually conceiving very differently what they can do, what they are meant to do, or what they want to do’. (Online consultation)

‘Standards could be used to ensure the quality of accreditation in professionals training in HP, to provide courses approved, and to ensure the quality of programs and fraud prevention in training and professional accreditation’. (online consultation)

‘The CompHP Project produced very valuable results. The accreditation of courses is interesting and useful for external recognition, as a good opportunity to define competencies for professionals in health promotion, to facilitate the mobility of students and professors and for orienting course planning and development. It should serve as an ideal’.

‘Our courses would be interested in accreditation. (Academic consultation)’

In my point of view the CompHP initiative is a very useful one. To have an eye on the quality of health promotion is very necessary. Especially the focus on ethics is something very important’. (Academic consultation)

‘This framework is very good – as an ideal for health promotion. It is comprehensive and covers as far as I can see almost all areas that are important in HP’. (Academic consultation)

Some concerns arise, however, from the high professional standards required for accreditation.

‘HP professional cannot be expected to be a centipede’. (Zagreb)

‘The standards are too demanding. Only a few experienced experts would fully qualify on all points, and only very few experts would use all the skills mentioned at such high levels’.

‘Training programmes will only partially cover CompHP goals if the current high levels of minimum performance are maintained’. (online consultation)

‘We wonder how many European courses are able to implement this framework. In real life we have to make compromises, and many HP programs are embedded
in or part of Public Health education. If only this very ambitious framework will qualify for calling yourself a HP practitioner, we will have very few. We think that the framework demands too much: it is too much to expect that students will be experts in HP theory, in both qualitative and quantitative methods, in addition to elaborate skills in management and project administration and even having the ability to work with many other groups/professionals. Some of these skills will have to be learnt through practice’. (Academic consultation)

‘An accreditation based on all nine core competencies and corresponding professional standards and performance criteria was perceived as too ambitious’. (Lyon)

There was broad consensus that ideally a person working within Health Promotion should have these competencies. However, many of those present showed concern as to how such high levels of competencies would be reached especially by a young graduate or post graduate student. (Rome)

The importance to be inclusive and the risk of create an ‘elite’ are stressed.

‘The routes to achieve health promotion competencies were advised to be inclusive and far reaching. All individuals should have the opportunities to achieve the knowledge and skills of health promotion (different routes to achieve HP competencies for. other professions / backgrounds) ‘(Zagreb)

‘No training specifically focused on HP exists in France’ (Lyon).

‘The possibility to open the CompHP framework to educational and professional careers that are only partially focused on HP is essential in the beginning. But this is quite complicated and it requires a revision of the way of presenting the evaluation grids by domain of competencies, and especially the way of using these grids for evaluation (problem of the accreditation based on minimum standards)’. (Lyon)

As described above (see 3.1) also the academic context is characterised by a wide diversity, and this must be into account in the development of the accreditation system.

‘CompHP framework might be too cantered on the most developed countries, and it risks not being easily applicable elsewhere, and therefore not being very widely used, since its main focus is to develop HP in Europe. The framework has to remain accessible to all countries. Indeed, despite the repeated remarks on its
smooth and progressive implementation, the framework does not seem very accessible for countries where there is no specific HP educational and professional career.’ (Lyon)

‘To be successful, the standards and the accreditation system must be implemented progressively in a flexible adaptive manner to make the framework accessible to a range of professionals rather than to only a small elite group of HP specialists’. (online consultation)

‘If the final standards are flexible enough and not too demanding, professionals at a given level will probably want to obtain a competitive edge through EU accreditation. As more professionals become accredited, others will also want to obtain accreditation’. (online consultation)

‘Accreditation should look not only to complete bachelor and masters courses but to existing modules and short courses which allow professions to up skill in the area of health promotion’. (Zagreb)

‘In order to create a HP culture, it is essential not to exclude the trainings that are linked with HP and that, in the middle and long term, could result in the creation of specific HP trainings and the establishment of a specific culture of HP in France’.

‘Having a “step-wise approach” in the implementation and application of the accreditation framework was therefore perceived as essential’. (Lyon)

The costs for professionals and education providers is a major issue, and therefore, also taking into account the global economic crisis and the consequent shortage of available resources, it is important to design a low cost accreditation, where sustainability can be assured also without external sponsorships.

‘Additionally, in most countries the benefit for accreditation may not be immediately clear, and therefore, professionals and courses cannot be expected to invest too much undue effort (money and time) in the application process’. (Academic consultation)

‘There are many other systems for quality assurance of programs, both the Bologna process and national qualification frameworks. It is difficult to see what place CompHP should have among the different system’. (Academic consultation)
‘Accreditation is only useful if it meets the requirements for accreditation in Germany and by this if it replaces the compulsory accreditation by German accreditation institutions (this means, if the accreditation institution is accepted by the German Accreditation Council).’ (Academic consultation)

‘We are obliged to have every course accredited by an institution, which itself is accepted by a supervising institution. The costs for one of these accreditations depends on the institution, but we calculate 10,000 € per accreditation. So if the accreditation by CompHP could replace the compulsory accreditation, you can calculate with a sum like this. If not, the costs are additional, and I guess we won’t pay more than 1.000 €.’ (Academic consultation)

‘Participants also underlined the challenge of positioning CompHP in the context of the current global financial crisis, where budget cuts are more and more severe and the priority level of HP decreasing. This challenge is an important aspect to be taken into consideration in the discussions on the future of this initiative and on the sustainability of its efforts.’ (Lyon)

‘In some regions costs outweigh benefit of validation process.’ (Zagreb)

‘Our institutions are not available to pay to accredit any course. It could be a big obstacle because normally we obtain accreditation of quality without paying from national and professional organisations. The financial crisis makes it even more difficult.’ (Academic consultation)

These challenges need to be taken into account to assure the sustainability of the CompHP Accreditation system.

Two main issues will be considered:

- Diversity and Quality Assurance;
- Costs and Benefits.

**Diversity and quality assurance**

The CompHP Project is committed to “to take into account differences in health systems and health promotion structures and to develop a flexible accreditation system.

In many European countries health promotion is not a recognised/licensed profession and therefore the possibility to open the framework to educational and professional careers that
are only partially focused on health promotion is essential in the beginning. But this is quite complicated and it requires a revision of the way of presenting the evaluation grids by domain of competencies, and especially the way of using these grids for evaluation

‘If only this very ambitious framework will qualify for calling yourself a health promotion practitioner, we will have very few. The standards are too demanding. Only a few experienced experts would fully qualify on all points, and only very few experts would use all the skills mentioned at such high levels’.

This diversity has to be taken into account, but it cannot be used as an excuse to accept to undergraduate health promotion competencies because damage can be done if professionals do not have proper experience.

In fact, the accreditation of courses is interesting and useful for external recognition, as a good opportunity to define competencies for professionals in health promotion, to facilitate the mobility of students and professors and for orienting course planning and development. Standards ensure the quality of programs and prevent fraud in training and professional accreditation.

Finally, without an accreditation, everybody can say that they meet standards, whilst actually conceiving very differently what they can do, what they are meant to do, or what they want to do.

The most balanced solution can be found, as defined in the proposed CompHP Framework, in the development of a flexible accreditation system, able to empower and gradually incorporate those courses that, according to the domains and the performance criteria identified in the CompHP project, include substantial health promotion contents and approaches.

A “step-wise approach” in the implementation and application of the accreditation framework is therefore essential.

To be successful, the standards and the accreditation system must be implemented progressively in a flexible adaptive manner to make the framework accessible to a range of professionals rather than to only a small elite group of health promotion specialists.
If the final standards are flexible enough and not too demanding, professionals at a given level will probably want to obtain a competitive edge through EU accreditation. As more professionals become accredited, others will also want to obtain accreditation.

The routes to achieve health promotion competencies have to be inclusive, and to attract the trainings that, in the middle and long term, could result in the creation of specific health promotion trainings and the establishment of a specific culture of health promotion.

It is important to emphasise that this flexibility must not weaken the process aimed to assure a high quality in health promotion practice or that the system could allow that everybody can say that they meet standards, without any quality control.

So, clear and ambitious cut-offs have to be defined and only courses with an easily recognisable and substantive health promotion focus, including all CompHP domains, and converging with the CompHP Core Competencies and Professional Standards can be considered as eligible for accreditation.

Finally, as observed in the consultation, the accreditation system needs to be context sensitive to recognise the rich diversity of health promotion training all over the world.

The final mapping questionnaire, looking at domains as a whole while taking into account the knowledge and skills and the teaching methods, tries to take into account answer to these challenges.

The setting of the cut-off level for courses accreditation will be crucial for the balance between high quality assurance and inclusion, and therefore can only be a political decision of the health promotion community and its professional associations. The consultation undertaken by the CompHP Project in developing its pan European Accreditation Framework has attempted to engage with wider health promotion community and existing professional association in establishing criteria for both the accreditation of courses.
Costs and benefits

The benefit for accreditation may not be immediately clear, and therefore, professionals and courses cannot be expected to invest too much undue effort (money and time) in the application process. Participants also underlined the challenge of positioning CompHP in the context of the current global financial crisis, where budget cuts are more and more severe and the priority level of health promotion decreasing. This challenge is an important aspect to be taken into consideration in the discussions on the future of this initiative and on the sustainability of its efforts.

‘Our institutions are not available to pay to accredit any course. It could be a big obstacle because normally we obtain accreditation of quality without paying from national and professional organisations’.

‘Accreditation is only useful if it meets the requirements for accreditation in Germany and by this if it replaces the compulsory accreditation by German accreditation institutions‘ (this means, if the accreditation institution is accepted by the German Accreditation Council).

‘We are obliged to have every course accredited by an institution, which itself is accepted by a supervising institution. The costs for one of these accreditations depends on the institution, but we calculate 10,000 € per accreditation. So if the accreditation by CompHP could replace the compulsory accreditation, you can calculate with a sum like this. If not, the costs are additional, and I guess we won’t pay more than 1.000 €’. (Academic consultation)

Given this feedback, it is important therefore to highlight and emphasise the benefits of accreditation in the dissemination of information on and implementation of the CompHP Framework.

Accredited higher education courses can be facilitated in:

- advancing their academic quality and reputation;
- Demonstrating their accountability, including accountability for the investment of public and private money and students recruitments.
Students may select to attend an accredited course because they can be:

- assured of direct acceptance into the CompHP Accreditation Framework as a registered practitioner
- assured about the quality of the training;
- facilitated in obtaining financial support;
- facilitated in transferring credits to a new university, also in a different country;
- facilitated in applying for workplace (employers may prefer to hire job applicants who have gained their education from a course with the appropriate accreditation status).

It is also apparent that it is important to minimise the costs required for accreditation.

The academic accreditation system should be a voluntary, nongovernmental peer review process by the higher education community, according to the tradition of collegial governance and autonomy of universities. The work of accrediting organisations should involve substantial investment of institutional, accrediting organisation, and volunteer time and effort. A “low cost” accreditation system can be achieved by:

- harmonising requests with existing obligations (national accreditation etc);
- minimising bureaucracy;
- facilitating the involvement of a wide range of courses;
- defining clear, simple and standardised on line procedures and modules for application and accreditation;
- minimising costs for travels (on-site visits are very expensive), meetings of accrediting organisation bodies (combined with other events), paper...;
- working only through electronic and web-based methods.

One respondent even suggested that:

‘With a peer review system we could support each other without payment involved’ (Academic consultation)

The following list shows a possible low-cost accreditation roadmap.

1. **Website with criteria and requirements for accreditation**: The accrediting organisation designs, implements and makes available a website including the criteria and requirements
for the accreditation of the courses. A specific software facilitates data input, eliminating duplications.

2. **Preparation and self-examination:** The provider seeking accreditation prepares and provides electronically the accreditating organisation with the documents (accreditation questionnaire, website, additional files, etc.) that effectively display the course’s accomplishments; the provider has the primary responsibility for the quality of the documentation and its accuracy and correctness.

3. **Peer review:** The accreditation organisation entrusts 2-3 peer reviewers to conduct an intensive review of the documents, and to propose to affirm or deny accreditation status for the course under scrutiny.

4. **Judgment action made by accreditation organisation:** The assessment process may result in the course being approved, be given recommendations to add or change certain elements of the programme or denied accreditation; an Appeals Procedure will be available to those denied accreditation.

5. **Administrative Requirements:** Education providers meet the administrative requirements such paying fees, etc.

6. **Continuous review:** Successful accreditation for full courses will be for a five year period. Should any major changes to the course be planned, in particular to the course content, the provider should inform the relevant Accreditation Organisation of the details of the changes. The changes will be reviewed by the appropriate Accreditation Committee which may, if necessary, ask for a full re-accreditation process even if the five year period is not completed.

7. **Availability for peer review:** Accredited Education Providers can be asked to participate as peer reviewers in the accreditation system.

All the activities to be carried out only through electronic and web-based tools.

The application process may be scheduled either on an annual basis or more frequently as decided by the European Accreditation Organisation.
THE ACADEMIC ACCREDITATION PROCESS

Apply to European Accreditation Organisation for details of process

Self Evaluation
Fill in a questionnaire about the course programme and submit with supporting information (full programme...)

Positive assessment
Meet administrative arrangements
Course accredited for 5 years
Report major changes within 5 years

Negative assessment
“adjustment” period
Change the course based on feedback and 2nd assessment

Positive Reassessment

Negative Reassessment
Reapply following in-depth review
a new application cannot be submitted before 1 year

Figure 13 Proposed CompHP Academic Accreditation Process
CONCLUSIONS

Six research questions have been addressed in this report “to relate competencies, standards and accreditation to education and training programmes across Europe, through mapping competencies against academic curricula and exploring accreditation of educational and training programmes”:

RQ1 "Can a common European system of higher education be defined?"
RQ2 "What are the differences among the national systems of higher education?"
RQ3 "Are there providers of higher education and training on health promotion across member states?"
RQ4 “Are there providers of higher education and training on health promotion covering the COMPHP standards and available for exploring an accreditation pathway?”
RQ5 “How are academic courses accredited in Europe?”
RQ6 “Which accreditation system can be developed within academic settings in relation to current awarding process, point systems, etc?” (RQ6)

The research highlighted the following points

1. The Bologna process structures higher education along three cycles (Bachelor-Master-PhD), usually with a minimum of 180 ECTS (usually three years) for the Bachelor, and 60-120 ECTS credits for the Master (usually two years);
2. The three-cycle structure has been introduced in most of the programs in European countries, but most of countries maintain specific programs for some professions, particularly for medicine and health related disciplines, not in line with the typical cycle of Bologna structure;
3. In Europe several providers of higher education and training on public health, health promotion and related disciplines include the CompHP domains in their training programme;
4. In Europe there are providers of higher education and training which fulfil, or are able to fulfil with minor changes, the CompHP standard; these courses include all the domains in
their programme with contents and methods reflecting the CompHP standards and allocating to the CompHP competencies a relevant number of ECTS;

5. In Europe Accreditation of higher education varies by national jurisdiction, but in most countries the recognition and accreditation of a course is a national competence, undertaken by national bodies either government departments or government-initiated agencies;

6. The academic accreditation system will have to take into account the following points:
   a. The interest for accreditation will depend on the added value attributed to the accreditation itself by the national authorities, the sponsors and the students, in connection with the professional context where the students will be involved;
   b. The interactive learning methods represent a main component of the mapped courses and has to be included as a requisite for accreditation;
   c. The diversity among the courses represents a richness and it will be crucial to keep the balance between the need to develop a flexible accreditation system taking into account the differences in health systems and health promotion structures and that to must to assure a high quality to health promotion practice;
   d. The amount of the fee can represent a main barrier and it will be important to minimise the costs required for accreditation.
REFERENCES


APPENDICES

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GLOSSARY

Accreditation – academic: A process of evaluating qualifications to determine whether they meet certain academic or professional criteria. A qualification which is accredited is recognised as meeting a certain standard and providing content which is required professionally. Within the CompHP Accreditation Framework the focus is entirely on the Health Promotion content of the specific course and whether it meets the criteria of covering all the domains identified in the CompHP Core Competencies Framework and performance criteria identified in the CompHP Professional Standards. The CompHP Accreditation Framework is designed, therefore to work in tandem with national academic qualification accreditation systems and does not make judgments on academic levels or on the wider entry and support systems required for effective higher level education.

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

Assessment (see also needs assessment): The systematic collection and analysis of data in order to provide a basis for decision-making.

Assessment standards: Assessment standards for qualifications answer the question ‘how will we know what the student has learned and is able to do in employment?’ They specify the object of assessment, performance criteria, and assessment methods.

Competence: The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development.

Competencies: A combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion.

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

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

Dublin Descriptors: were developed as common denominators for award descriptors in the member states of the Joint Quality Initiative; they offer generic statements of typical expectations of achievements and abilities associated with qualifications that represent the end
of each of the Bologna cycle; they are not meant to be prescriptive and do not represent threshold or minimum requirements.

<table>
<thead>
<tr>
<th>BACHELOR</th>
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<tr>
<td>Qualifications that signify completion of the first cycle are awarded to students who:</td>
<td>Qualifications that signify completion of the second cycle are awarded to students who:</td>
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<td>1. have demonstrated <strong>knowledge and understanding</strong> in a field of study that builds upon and their general secondary education, and is typically at a level that, whilst supported by advanced textbooks, includes some aspects that will be informed by knowledge of the forefront of their field of study;</td>
<td>1. have demonstrated <strong>knowledge and understanding</strong> that is founded upon and extends and/or enhances that typically associated with Bachelor’s level, and that provides a basis or opportunity for originality in developing and/or applying ideas, often within a research context;</td>
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<td>2. can <strong>apply their knowledge and understanding</strong> in a manner that indicates a professional approach to their work or vocation, and have competences typically demonstrated through devising and sustaining arguments and solving problems within their field of study;</td>
<td>2. can <strong>apply their knowledge and understanding</strong>, and problem solving abilities in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study;</td>
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<td>3. have the ability to gather and interpret relevant data (usually within their field of study) to <strong>inform judgements</strong> that include reflection on relevant social, scientific or ethical issues;</td>
<td>3. have the ability to integrate knowledge and handle complexity, and <strong>formulate judgements</strong> with incomplete or limited information, but that include reflecting on social and ethical responsibilities linked to the application of their knowledge and judgements;</td>
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<td>4. can <strong>communicate</strong> information, ideas, problems and solutions to both specialist and non-specialist audiences;</td>
<td>4. can <strong>communicate</strong> their conclusions, and the knowledge and rationale underpinning these, to specialist and non-specialist audiences clearly and unambiguously;</td>
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<td>5. have developed those <strong>learning skills</strong> that are necessary for them to continue to undertake further study with a high degree of autonomy.</td>
<td>5. have the <strong>learning skills</strong> to allow them to continue to study in a manner that may be largely self-directed or autonomous.</td>
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Source: [http://www.eucen.eu/EQFpro/GeneralDocs/FilesFeb09/STATEofPLAY.pdf](http://www.eucen.eu/EQFpro/GeneralDocs/FilesFeb09/STATEofPLAY.pdf)

**Education and training providers:** Formally recognised education and/or training organisations with authority to grant certificates, diplomas, degrees etc.

**European Qualifications Framework (EQF):** The EQF is an overarching qualifications framework that links the qualifications of different countries together. It acts as a translation device to make qualifications easier to understand across different countries and systems in Europe. The EQF aims to help develop a European-wide workforce that is mobile and flexible, and to aid lifelong learning.

**Graduate:** Someone who has successfully completed a higher education programme to at least Bachelor degree level, i.e equivalent to level 6 of the European Qualifications Framework (EQF).
**Health Promotion**: This term refers to the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, which not only includes actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter (WHO 1986) identifies three basic strategies for health promotion:

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

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

**Health promotion practitioner**: A person who works to promote health and reduce health inequities using the actions described by the Ottawa Charter (WHO 1986)

**Knowledge**: The outcome of the assimilation of information through learning. Knowledge is the body of facts, principles, theories and practices that is related to a field of work or study. In the context of EQF knowledge is described as theoretical and/or factual.

**Learning outcomes**: are statements of what a learner knows, understands and is able to do on completion of a learning process, which are defined in terms of knowledge, skills and competence.

**Performance Criteria**: Statement of the evidence required either from documentation or from assessment during work or study of the applicant’s ability.

**Postgraduate**: Study at postgraduate level, i.e. Masters or Doctorate, equivalent to levels 7 & 8 of the European Qualifications Framework.

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

**Qualification**: A formal outcome of an assessment and validation process which is obtained when a competent organisation determines that an individual has achieved learning outcomes to given standards.
**Skills:** The ability to apply knowledge and use know-how to complete tasks and solve problems. In the context of EQF skills are described as cognitive (involving the use of logical, intuitive and creative thinking), or practical (involving manual dexterity and the use of methods, materials, tools and instruments).

**Standard:** an agreed, repeatable way of doing something. It is a published document that contains a technical specification or other precise criteria designed to be used consistently as a rule, guideline, or definition.
**Project Partners**

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