IUHPE

Research Report Series

SCOPING STUDY ON TRAINING, ACCREDITATION AND PROFESSIONAL STANDARDS IN HEALTH PROMOTION

ON BEHALF: IUHPE/EURO
Sub-Committee on Training and Accreditation in Europe
including and Professional Standards and Competencies

Dr. Arantxa Santa-María Morales and Professor Margaret Barry

Department of Health Promotion
National University of Ireland
Galway, Ireland

IUHPE Research Report Series
Volume II, Number 1, 2007
ISSN- 1992-433X

Published by the International Union for Health Promotion and Education

IUHPE
INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION
www.iuhpe.org
42 Boulevard de la Libération. 93203 Saint-Denis Cedex, France. Tel: +33 1 48 13 71 20 – Fax: +33 1 48 09 17 67

SCOPING STUDY ON TRAINING, ACCREDITATION AND PROFESSIONAL STANDARDS IN HEALTH PROMOTION

ON BEHALF: IUHPE/EURO
Sub-Committee on Training and Accreditation in Europe
including and Professional Standards and Competencies

Dr. Arantxa Santa-María Morales and Professor Margaret Barry

Department of Health Promotion
National University of Ireland
Galway, Ireland

IUHPE Research Report Series
Volume II, Number 1, 2007
ISSN- 1992-433X

Published by the International Union for Health Promotion and Education

AKNOWLEDGEMENTS

We wish to thank everybody who responded to the survey and who took the time to share their information with us.

In particular, we wish to acknowledge the support of:

Professor Spencer Hagard and Angela Scriven, for the benefit of their advice, experience and knowledge;

Claudia König for her collaboration from Bergen, and to Professor Maurice Mittelmark who linked her work to ours;

Marie Claude Lamarre and the IUHPE Headquarters' team for their help with providing contact details; the staff of the Health Promotion Research Centre at NUI Galway, Ireland who hosted and supported the study.

TABLE OF CONTENTS

INTRODUCTION

This report presents the findings of a scoping study carried out in 2005/6 to determine the current situation regarding the development of accreditation, training and professional standards in Health Promotion across the different countries in the European region.

Health Promotion is an evolving field in Europe with a diverse and growing workforce. In view of the varying levels of professional development and training across countries, an examination of current levels of accreditation in the field was proposed. The health promotion workforce is drawn from a broad range of disciplines, however, it is recognised that there is a specific body of skills, knowledge and expertise that represent, and are distinctive to Health Promotion practice. While it is acknowledged that the area of professional standards and accreditation is often a complex and contested one, recent debate and discussion point to the potential usefulness of competency-based accreditation systems and professional standards in the development and sustainability of Health Promotion as a unique area of practice within the changing health systems across Europe.

Health Promotion (HP) as an area of practice is a relatively recent approach, launched internationally for the first time in the early 80's [1,2]. Since its emergence, health promotion has developed both a theoretical and practical body of knowledge and evidence. This process is gaining momentum and an increasing number of professionals are joining the HP workforce to make it possible. An exploration of the HP workforce reveals a pool of different professionals with various levels and fields of specialization. In 1996 the Australian National Research Medical Council focused on three major groups to define workforce development in HP[3]. These were:

- Designated HP practitioners
- Health professionals whose role includes HP
- People in sectors other than health whose roles includes promoting health

Despite the fact that the health promotion workforce has been drawn from a broad range of disciplines within the health sector, health promotion workers are increasingly engaging sectors outside health, and health promotion graduates are securing work in these sectors.

The degree to which health promotion is a specific profession is a subject of on-going debate [3,4]. The key strategy of HP is to promote its principles across the whole community (i.e. "make positive health improvement everybody's business"), at the same time, there is a growing workforce, within which an increasing number of people identify themselves as "specialist" or "designated" health promotion professionals or workers. So, while the number of work posts with a title of "Health Promotion" or "Health Education" is increasing, it is still controversial to consider Health Promotion as a particular profession.

There is undoubtedly a specific body of knowledge and skills that represent Health Promotion, most of them derived from a variety of disciplines. However, there is a particular combination of knowledge and skills which inform and underpin Health Promotion practice. Health Promotion aims and principles make the difference by using them for its distinctive purposes. All the previous are readily described by those who identify themselves as "health promoters".

The level of professionalism in HP clearly varies as it covers a wide range of activities from specialists playing the leadership role, through practitioners and researchers, to individuals from different professions whose work is based on a "health promoting" perspective.

At this time a new imperative is emerging in order to consolidate HP as a specific field of professional practice. Defining professional profiles by standardised accreditation systems is a powerful way to strengthen a profession. At the same time, it could serve to consolidate the interdisciplinary nature of HP into a specific identity. In order to achieve this, it is necessary to develop adequate training, accreditation and professional pathways in the field.

This progression is not new; there are many examples through history which can illustrate the nature of this process: lawyers, architects, physicians, etc, all of them travelled very similar journeys, developing from a broad and heterogeneous mixture of people performing tasks within a certain field of practice, into a well defined strong professional body which then established the rules on what, where, by whom and how their practice must be performed.

1.1 Training

Traditionally, the first step in the creation of a new profession is the development of a specific training pathway. This training provides the knowledge base and competencies of the new profession. These specific competencies must be evident to other professionals and also to the public. Recently, the competencies focus has been developed from the theoretical perspective too, first in the business sphere and then to other professional fields. To define the core competencies that health promoters bring to the health area forms an important part of justifying our field of practice. The standards to be developed need to be competencies-based, following the global trend in professional developments and pathways.

Within the speciality of Public Health, some different efforts have been put in place in order to define professional competencies: Spain[6,] United Kingdom[7,] Canada United States[9.] In all of them some or most of the functions, skills and knowledge that identify Health Promotion are present.

Those that are more focused on Health Promotion as a particular field, have done essential work in order to progress this development, for example in Australia[3,] Italy[10,] United Kingdom-Scotland (Skills for Health)[7] and New Zealand[11.]

The European Consortium of Masters in Health Promotion (EUMAHP) focussed a working group on competencies for health promotion in 2003, which made some interesting advances including a preliminary listing of Health Promotion Competencies[12.] These were grouped into five headings:

- analytical skills,
- social management skills,
- communication skills,
- policy making skills and
- operational skills.

1.2 Credentialling - Accreditation

“Credentialing” is an umbrella term referring to the various means employed to designate that individuals or organisations have met established standards. These may include certification, registration of licensing of individuals, or accreditation of organisations.

Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met predetermined qualifications specified by the agency or association. Typical qualifications include:

- Graduation from an accredited or approved programme.
- Acceptable performance on a qualifying examination or series of examinations.

National certification benefits for practitioners and the public are expressed by the National Commission for Health Education Credentialing as follows (USA, Oct 2004):

- Establishes a national standard
- Attests to the individual's knowledge and skills
- Assists employers in defining qualified practitioners
- Adds a sense of pride and accomplishment
- Promotes continued professional development

A review of six different registration or certification processes (in the United Kingdom) was conducted; three "traditional professions" (Architects 1927-1991, Dentists 1878 and Veterinary Practice 1945)[13, 14, 15] and three "specialised fields of practice" (Audit professionals 2005, Town and Country Planners 1950 and US Medical Specialities 1916-1992)[16-20].

In summary, some common elements that illustrate the nature of this issue have been listed below:

- Consolidation or renewal of the profession's name (terminology)

- Redefinition of what is and what isn't a "professional" (for example, an architect, a planner, an audit professional)

- In order to avoid public damage to a profession, as a consequence of bad practice by persons not qualified, recommendations that practice be prohibited by persons not registered, or any other restrictive measures were put in place. This was more important when the processes commenced. Sometimes the will to gain the public's confidence was reported, and the intention to bring recognition of the profession was implicit.

- Differentiation of the "profession" from adjacent jobs: this is especially complex in the beginning when no clear limits between one discipline and another were recognized as yet.

- Preservation and improvement of the professional reputation. Processes not only addressed the issue of quality by setting standards, but also sought to defend the public from the consequences of errors in practice or non-ethical behaviours by registered members. In fact, most of the processes came with the development of a "Code of Conduct" or "Code of Practice" to be respected by their members.

- Establishment of training qualification standards as a guarantee of quality in service.

- Approval of the requirements to reach the accreditation: these include a certain undergraduate or postgraduate degree plus specialised training standards, practical experience (under supervision), and examinations.

- Organisation of a professional register, whose fees were a main fund for the authoritative institution. Usually the fees were fixed in the beginning and reviewed after the whole system consolidates.

- Implementation of a re-accreditation system after the initial accreditation was organised: "once qualified doesn't mean always competent". The original way to solve this was recertification: after a few years a new evaluation will be performed (i.e. by a written examination), and new fees for the certification renewal. This frequenlty includes evidence of continuous training in the professional career and updating of competencies as a mandatory requisite. For instance, the ABMS member boards (each Board manages at least one speciality) are moving from recertification to "Maintenance of Certification" (MOC), i.e., a more continuous process that focuses on the assessment and improvement of practice performance.

- Foundation of an authoritative institute/board/body to assume the leadership role in the process and maintain the quality standards after they are established. Such an institution frequently works in partnership with all the pre-existent associations and organisations related to the disciplines concerned in the new profession. There can be a large number of stakeholders involved, in particular if different disciplines, specialities or sub-specialities are addressed (see ABMS example, which is currently a very big non-governmental organisation). Depending on the political system in force, this new institution could be quite independent or close to the Government. Some level of Government support or at least agreement was required for all the processes reviewed.

- Creation of the conditions for a new generation of professionals, which became a distinct professional body with a more competitive career. This was the definitive mark of profession's effective consolidation.

Two more actions performed by any of the certifying organisations reviewed were: facilitation of specialist training scholarships and support research related to professional development (i.e. pilot programmes to develop reliable, valid and cost-effective tools for the assessment and improvement of professional practice).

1.3 Local steps forward / Advances

There are some pioneers that have already started on the path of professional standards, like the United Kingdom Voluntary Register of Public Health Specialists (UKVRPHS), the Spanish Information System for Health Promotion and Education (SIPES), and the U.S.A. National Commission for Health Education Credentialing (NCHEC)[9.] The NCHEC has implemented a good voluntary certification system but it is exclusively dedicated to health education; the SIPES is a comprehensive register for individuals which looks after quality standards, but it is not oriented to certify or accredit professionals at the moment; and the UKVRPHS, the most comprehensive of them with a well structured background work and clear Government support, is still in development (63 registrants at August 2005).

1.4 The International Dimension

The implementation of trans-national standards is a necessary strategy in the new global political framework of the 21st century. The Council of the European Union is working on a Directive for the recognition of professional qualifications which includes regulation of cross-border provision of services[23.] The Directive consolidates and simplifies existing legislation concerning the recognition of professional qualifications, as well as simplifying the structures for managing the system set up under earlier Directives.

The WHO-Euro called for a joint effort in order to standardize the different licensing systems in force, within the health professions across the different European countries. Some developments have already been undertaken in this regard by the WHO [25,26,27.]

The International Union for Health Promotion and Education (IUHPE) has focused as well on this issue, as reflected in the aims of recent international projects as the HP-Source Databases creation[28]. In June 2004 the IUHPEEURO Committee established a Sub-Committee to bring forward recpommendations concerning the development of Training, Accreditation and Professional Standards across the European Region[29] (see Appendix 1).

In January 2005, Professor Margaret Barry as Sub-Committee chair conducted a preliminary mailing with four open-ended questions, obtaining some responses from 4 countries: Estonia, Israel, Germany and Sweden (see Appendix 2)

In the IUHPE/EURO regional meeting in June 2005, a proposal to undertake a scoping study on current developments in the European region was approved. The present report describes the process, results and findings of this scoping exercise.

2 STUDY AIMS

The scoping study has the following aims:

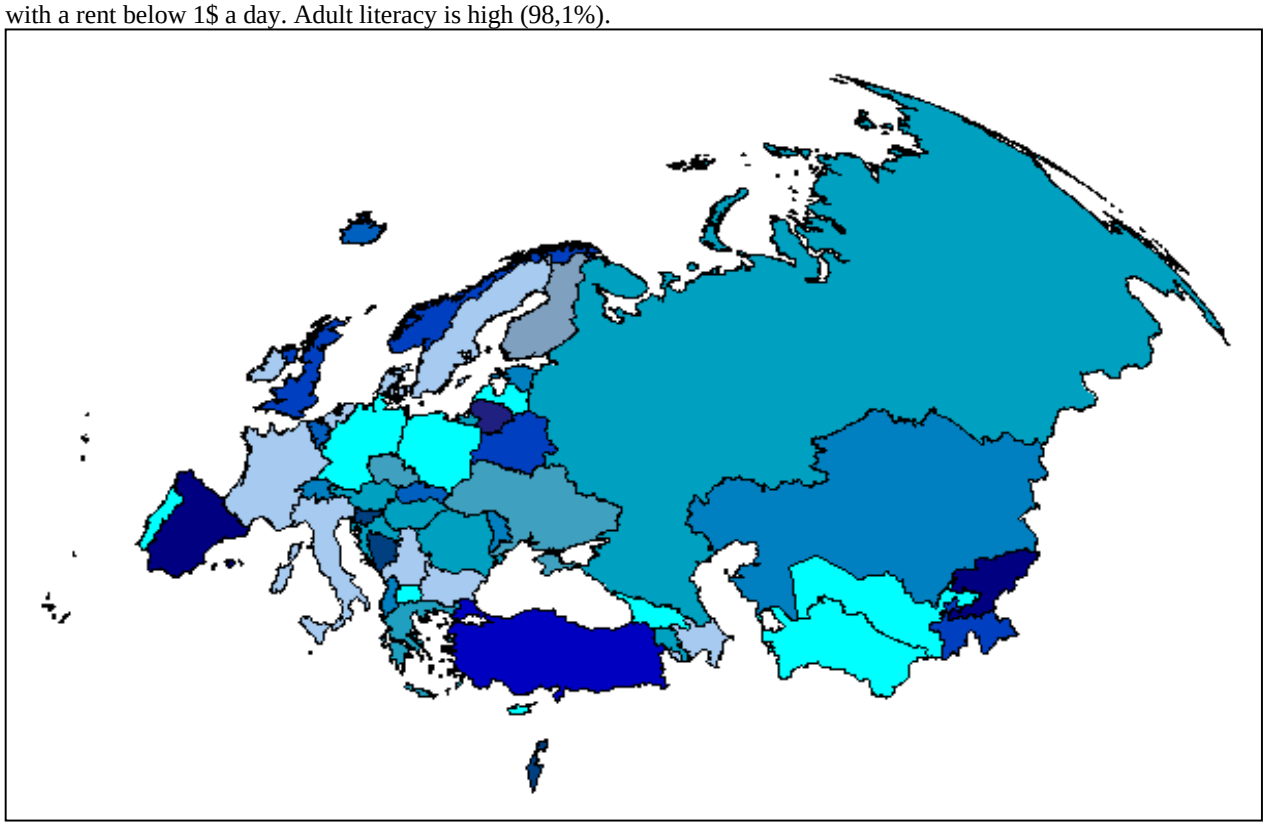
- To overview the level of provision of specialist training in health promotion, e.g. postgraduate master's or higher diploma degrees, across the European region
- To determine the current situation regarding accreditation & professional registration of health promotion workforce within countries
- To overview ongoing work at national/regional level on professional competencies and professional standards
- To determine the existence and current situation of professional pathways in health promotion within countries.

3 METHODOLOGY

3.1 Recruitment of sample

Intentional sampling was performed within all countries in the Euro-WHO Region (see map 1). The objective was to obtain at least a representative person from each of the following three areas: the academic, policy and HP practice.

Map 1 : The EURO-WHO Region: 52 countries in Europe and Asia. Total population: 881,896,000 people, 5,1% of them live with a rent below 1$ a day. Adult literacy is high (98,1%).



A systematic search through the HP-Source (http://www.hp-source.net/) and EuroHealthNet (http://www.eurohealthnet.org/EuroHealthNet/) Databases was performed in order to create a first list of contacts.

HP-Source 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
In HP-source names and contact details were obtained from the 2002-03 and 2005 databases, submenus "workforce" and "all data from a country".

EuroHealthNet is a website which aims to facilitate international coordination and cooperation in Health Promotion Programmes and Interventions. The EuroHealthNet Net names for the contact list were downloaded from the `Members' and 'Projects' section.

The initial list was complemented with some additional contacts from current research about HP-training being conducted at the University of Bergen by Claudia Konig working Ander the direction of Profesor Maurice Mittlemark.

The list of the IUHPE-EURO Committee and other members was kindly provided by IUHPE-Headquarters. Finally, two in-depth interviews with Profesor Spencer Hagard and Angela Scriven were conducted, and the personal contacts of the research team were mobilised.

3.2 Method

3.2.1A questionnaire (see appendix 3) was designed to match the study's aims. It was structured in five parts:

1) a general profile of each respondent
2) the provision of specific training in HP currently running in the country
3) the accreditation and registration standards
4) possible health promotion professional pathway.
5) open-ended questions relating to the respondent's personal view of the field and the relevant people considered as useful contacts for the study. The list provided by the respondents was used as a snowball technique1 to amplify the search of further information.

The option to refer the answers to any particular region was facilitated. Due to the nature of the study, presentation of agreed questionnaires among several people within one country was allowed and appreciated.

3.2.2 In-depth Interviews: Professsor Spencer Hagard, former IUHPE President, kindly offered his advice and personal contacts to support and contribute to this study, and an in-depth interview was arranged with him. Another interview with an expert in the English context, Angela Scriven, was also arranged. Both interviews were conducted in March 2006.

3.3 Sampling Procedures

An email survey with questionnaire and covering letter was sent on 10th Dec 2005 to 335 people from 40 different countries. A total of 36 email messages did not arrive due to several technical problems (user unknown, undeliverable, bad destination host, hard error); also a number of people had enabled automatic responses while they were out of their offices. The deadline for reply was established on December 20th.

A second batch of questionnaires was sent in January 2006 to new contacts collected from the snowball technique and also to some from the initial list as a first reminder.

In February, 2006 a reminder letter with the questionnaire attached was sent to all those who had an apparently correct email address, and didn't reply to the first sent.

In March, 2006 the in-depth interviews were conducted in London.

[1] ***Snowball technique: the contacts suggested by the respondents are used as a secondary source to include participants in the study. This happens in all the sampling waves.***

People referred in the 1st wave of responses as snowball contacts were included in some of the reminders that followed. When a country had already provided enough information it was excluded from the remaining consultations.

3.4 Data analysis

Every respondent's name was substituted by a code number in the interest of protecting confidentiality. The institutions represented are listed in Appendix 4 and the countries covered are depicted in the region's political map (see Appendix 5).

The close-ended questions were introduced in a SPSS file and underwent a general descriptive analysis. Those variables are presented with percentages (absolute number) in the Results section. Crosstabs were used to provide the results by country.

The sampling process and response rates were analysed. A basic profile of the respondents' countries was given.

A general profile of respondents was establsihed based on the following variables:

- type of work,
- academic qualifications,
- government employee,
- years working in the same area,
- % of worktime devoted to Health Promotion-related activities.

The presentation of the following quantitative results tends to be quite brief, with respect to the different aspects of :

- accreditation,
- registration,
- competencies and professional standards developments,
- Health Promotion national or regional workforce and
- professional pathways.

Discrepancies among respondents from the same country were resolved by following the criteria of maximum data[2]. Consistency of answers within the same questionnaire, respondent's experience and professional post were also taken into consideration.

The information derived from the answers to open-ended questions was gathered by country (preserving the individual code) and then a basic thematic analysis was performed. Once structured in main categories, the information was reviewed and summarised. The data have been grouped by country in order to give coherence to the findings. In case of disagreement among different respondents of the same country this was indicated and reported.

In order to accomplish the purposes of the study, the countries' profiles were categorisied into groups, depending on the level of development of health promotion training, accreditation and professional standards. We have tried to synthesise the data collected by creating a set of indicators which represent the extent of national level progress across a number of dimensions emerging from the results.

The following key aspects or dimensions were explored:

- training,
- accreditation system,
- professional registration,
- health promotion posts,
- link with public health,
- competencies/prof standards ongoing works and
- speed of development or change dynamics (more general).

A scale from 0 to 4 was defined for each dimension.
Average data were used for countires with more than one respondent and these were corrected by a reliability criteria (level of evidence given).

3.4.1 Set of Indicators

[2] ***Criteria of maximum data: to assess the answers' degree of evidence, documentary references, web links and institutional references were taken into consideration..***

The following seven indicators were created to define different country profiles:

Training
0 = No HP training reported
1 = HP training always included as a part of other courses
2 = Specific HP Training is provided at minor degrees &/or HP is a part of a higher degree
3 = Masters or Higher Diplomas in Health Promotion recently implemented
4 = Masters/Higher Diplomas in HP are in place successfully (running >3 years)

Accreditation system
0 = Nothing reported
1 = Answer "yes" to the question, but no references added
2 = Answer "yes" and give reference: official system in place but HP melted with other areas, no specific accreditation for HP
3 = Answer "yes"+ reference/doc evidence of various accreditation ways for different HP training, but no comprehensive standards are developed yet.
4 = Yes + reference + documental evidence of specific accreditation system for HP

Registration
0 = Nothing reported
1 = Answer "yes" but no references // no doc evidence
2 = yes + ref + evidence of lists of graduates or similar
3 = yes + ref + documental evidence of any HP registration system (e.g., voluntary register)
4 = National HP professional registration system in place.

Hp Posts
HP Posts / country population by country. Results divided in quartiles.
0= No data; 1= country in the Q1 ; 2= Q2 ; 3= Q3 ; 4= Q4

Competencies & professional standards ongoing works
0 = Nothing happening or no data
1 = Some activity mixed within other disciplines but no specific work on health promotion yet. No documentary evidence.
2 = Some ongoing work on one of them (Competencies OR Prof. Standard)
3 = Ongoing work on both of them (Competencies AND Prof. Standard)
4 = Work developed on both of them (Competencies AND Prof. Standard), having produced advanced or finalised work in any of them.

Link with public health (hereafter PH)[
Registration= ® Accreditation= (A) Training =(T)]
0 = ®+ (A) + (T) together, but HP diluted into PH (no identity)
1 = ® + (A) + (T) together in PH. HP identity is defined as an area of specialisation. Professional organisations in place but no differentiated HP Services.
2 = HP consider and defined as an area of specialisation. HP Services in place, so the professional organisations. ®+ (A) together, (T) independent
3 = HP specialist training independent from Public Health speciality. Different levels of independence for accreditation and professional registration.
4 = HP as a defined and completely differentiated profession (independence).

Speed of development – change dynamics
0 = Comment such as that "nothing is happening and nothing is going to happen soon"
1 = Some taskforce in place but without a supportive context
2 = Developments in place but with limited impact, i.e., various nodes of proactivity but still weak cohesion amongst them; some partial advances in certain settings (e.g. schools)
3 = High level of activity (creation of new services, national strategy development, ongoing work producing documentation, messages of

determination to strengthen international links) sustained by a group of motivated national leaders

4 = High level of activity, results forthcoming and national leaders in position within a supportive context (policy, economics, etc).

4 RESULTS

4.1 Sampling Process and Rate of Response

The sampling process is summarized in Table 1.

Table 1 : Survey Response Rates

WAVE	1st		2nd		3rd		4th	
	Sent	Back	Sent	Back	Sent	Back	Sent	Back
Number of Questionnaires	335	10	21	20	199	27	78	19

After the whole sampling process a total of 76 completed questionnaires from 33 different countries was obtained. The country which exhibited the maximum number of respondents was Spain (10), but the mode of respondent per country was one (therefore, a single questionnaire was received from 15 countries). No response was received from the 18 following countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia, Cyprus, Croatia, Liechtenstein, Luxembourg, Macedonia, Malta, Moldova, Portugal, Russia, Serbia-Montenegro, Turkmenistan, Uzbekistan, Ukrania.
Andorra, Monaco and San Marino were not consulted.

The rate of response (by country) was above 60%, and according to the lastest Euro-WHO population figures [30,] the study covered 68,.2% of the total EURO-region population3. Both results are displayed in Table 2.

[3] *As we don't actually know the precise number of HP workers in the EURO Region, we have taken as a reference the figures of total mid-year population by country.*

RATES OF RESPONSE		
Countries with response	33	64.7%
Total countries asked	51	
Nº countries EURO-WHO	53	62.3 %
Total Population of countries with response	601.816.000	68.2%
Total EURO-WHO Population (sum)	881.896.000	

Table 3 displays the frequencies of several sampling areas (academic, policy and professional ppractice sectors), classified also by country.

Table 3. Distribution of responses by area of sampling

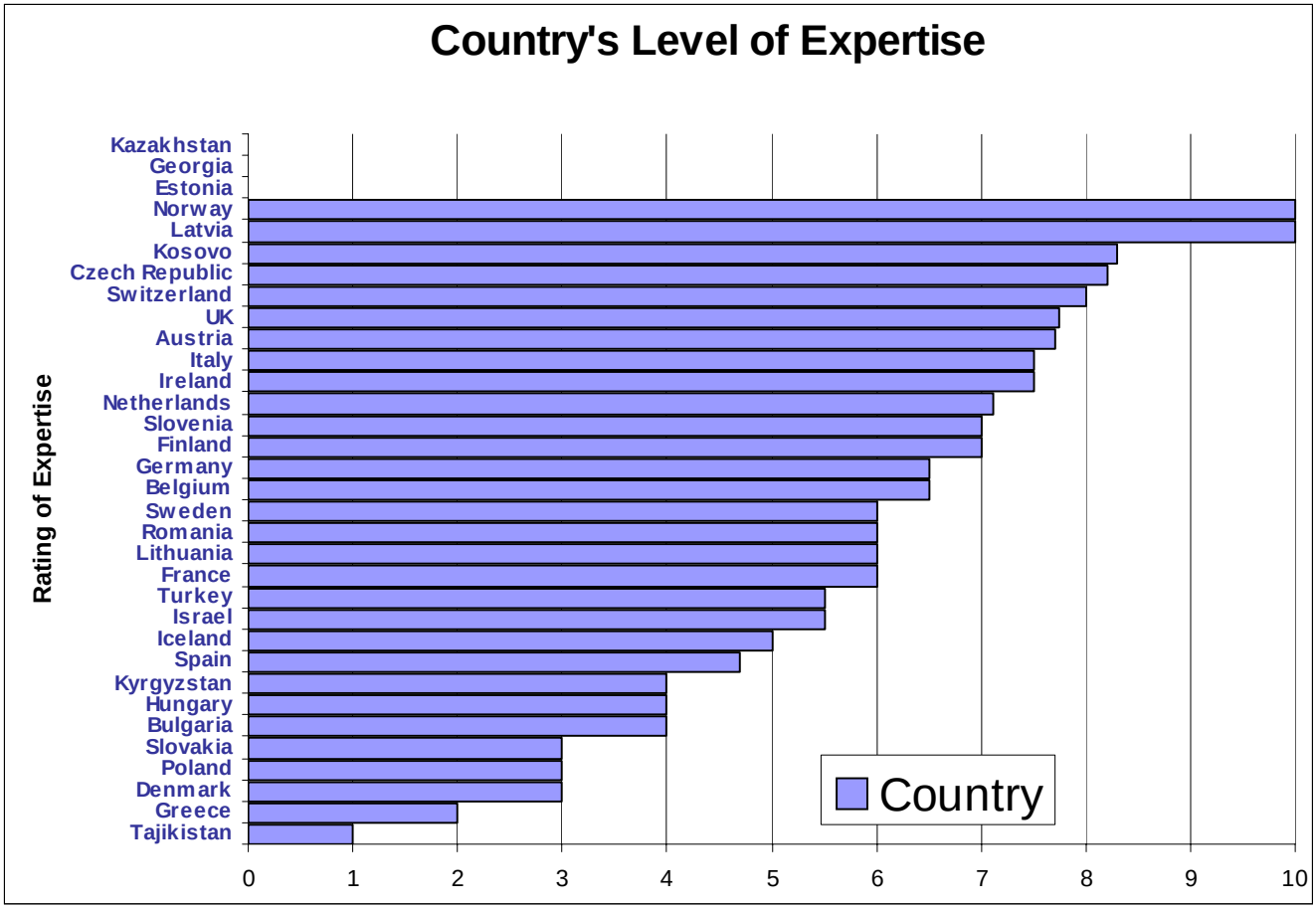
Country	Academics	Policy	Prof. Orgs.	Total
Austria	4		2	6
Belgium	2			2
Bulgaria	1			1
Czech Repulic		4		4
Denmark	2			2
Estonia		1		1
Finland	1	1		2
France	2	1		3
Georgia			1	1
Germany	2			2
Greece	1			1
Hungary	1			1
Iceland		1		1
Ireland	2			2
Israel		2		2
Italy	3	1		4
Kazakhstan	1			1
Kosovo	1	2		3
Kyrgyzstan		1		1
Latvia		1		1
Lithuania	1	1		2
Netherlands	1	1	1	3
Norway	2			2
Poland	2			2
Romania			1	1
Slovakia	1			1
Slovenia			1	1
Spain	2	8		10

Sweden	1			1
Switzerland			1	1
Tajikistan		1		1
Turkey	2			2
UK-England	6			6
UKScotland	1			1
UKWales	1			1
33 countries	40	17	6	76 respondents

4.2 Countries General Data

Regarding the subjective self assessment of countries' level of expertise in health promotion, a median response of 6.5 (Inter-Quartile Range = 4-7) on a scale of 10 points (1-10) was obtained.

See the detailed results in Graph 1 below (labels indicate respondent's nationality). When there were more than one respondent per country, the average rating of respondents were used. Countries with no data have a value of 0.



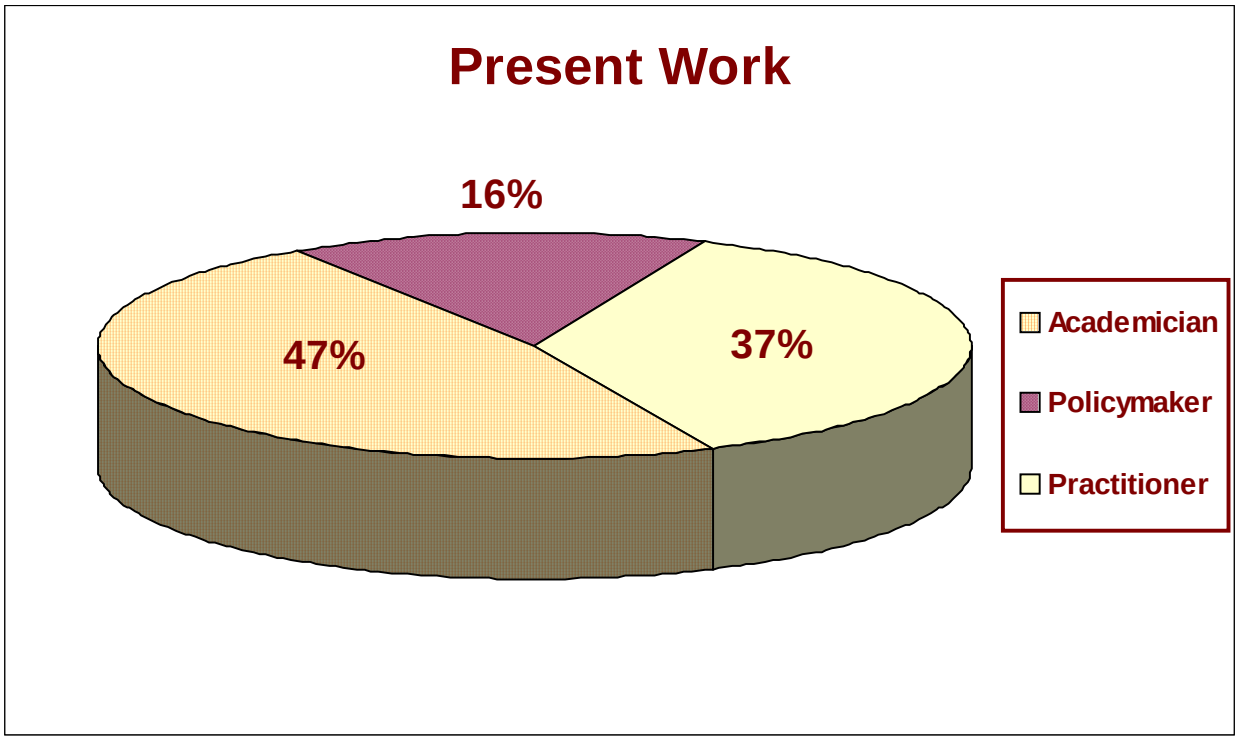
Graph 1: Country's self-assessed level of expertise

Two respondents from other than english speaking countries expressed doubts regarding their understanding of this question. Examining the results from across the various countries would also indicate a possible misinterpretation of question l (see Questionnaire, Appendix 3, item 1.12): for example, data from countries which report high scores (Latvia, France, Kosovo, Czech, Switzerland) provide information in the questionnaire which is contradictory with the mark given to this item. On the other hand, contradiction in the opposite direction was detected in other countries (like Spain and Hungary), which would be expected to report higher ratings based on the data collected in other parts of the questionnaire.

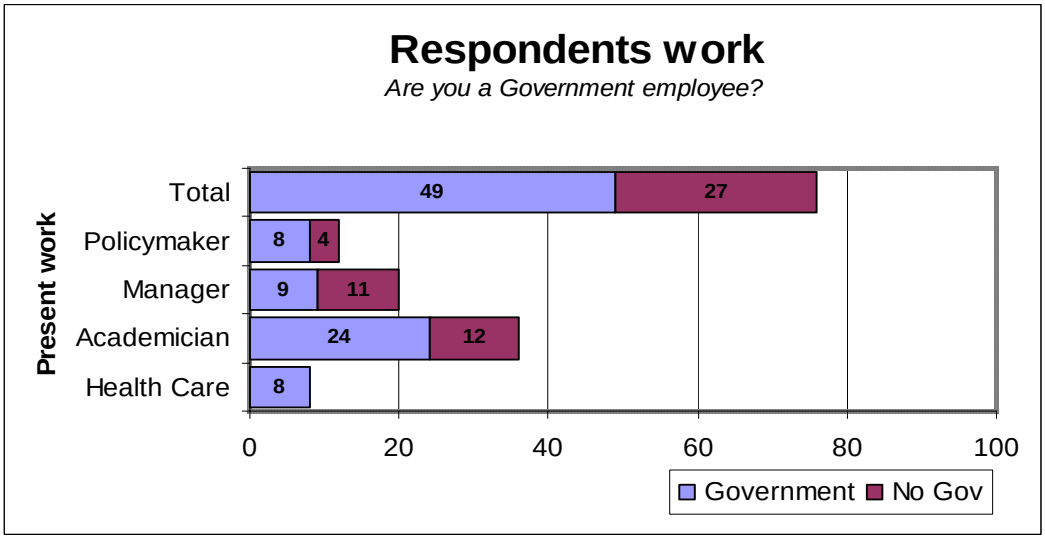
It may be that some respondents interpreted the question as referring to their personal level of expertise, instead of that the country.
In view of this, the results from this questyion need to be interpreted cautiously.

4.3 Respondents' Profile

The respondents' present workplace distribution is displayed below in Graph 2
Almost half of the respondents were academics. The 'practitioner' category is formed by healthcare professionals (8) which is 10.5 % and managers (20) which make up 26.5% of the total respondents.

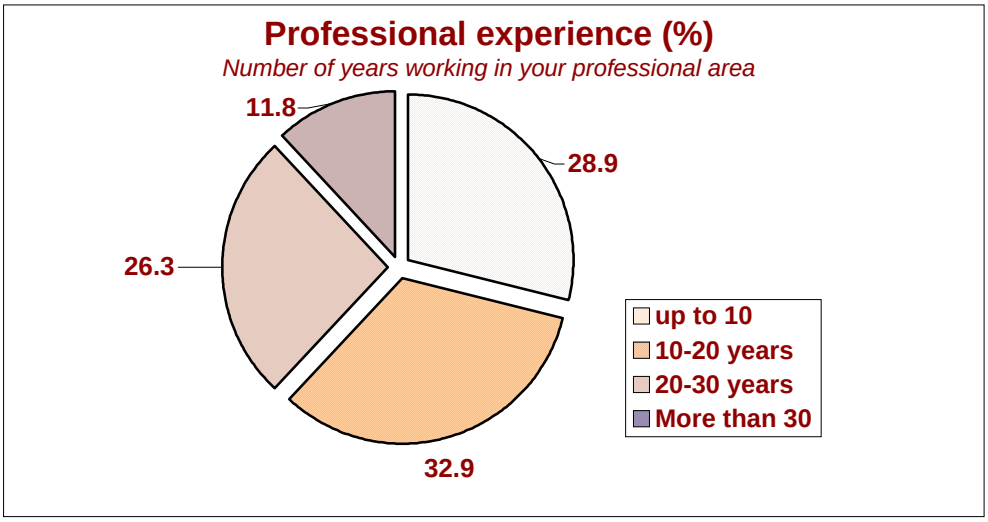


64.0 % (49) of respondents were government employees. Managers were more usually non governmental workers and health care professionals were all governmental staff.



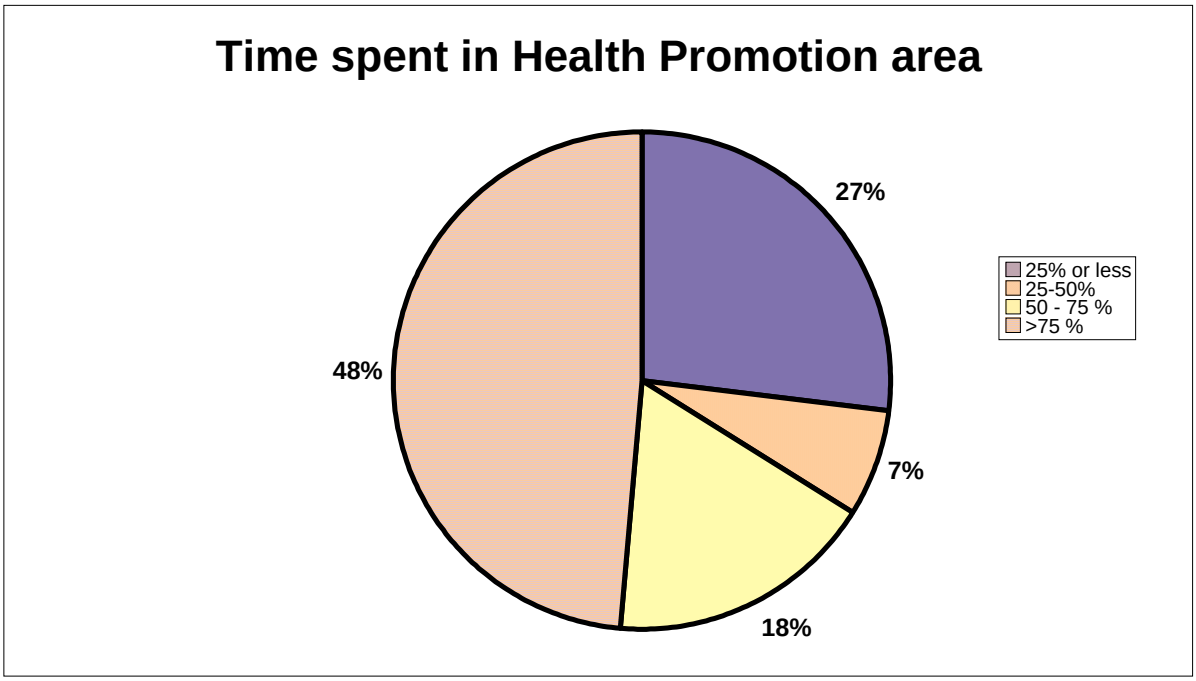
Graph 3: Government Employees

The majority of respondents had lengthy experience in HP: approximately 40% were very experienced professionals (more than twenty years dedicated to their professional areas), another 33% had medium level experience (between 10 and 20 years), and the rest had less than 10 years of experience in the area (see Graph 4).



Graph 4: Professional Experience

Almost half of the respondents reported that they dedicate 75 % or more of their worktime to health promotion.



Graph 5: Time Spent in Health Promotion

4.4 Training

Specific training in HP was reported by 72.4 % of respondents (55), who stated that specific training is currently provided in their countries. Some 68.4 % (52) of respondents declare that there are also courses where training in Health Promotion forms a part of the course, e.g. as a module or a specific subject.

4.5 Accreditation and Registration

4.5.1 Accreditation standards were reported by eight countries:

Czech Republik (National level)
Estonia (National level)
France (Nat)
Hungary (Nat)
Netherlands (N)
Slovak Republic (N, only for Health Education)
Spain (Regional level)
Tajikistan (N)

Accreditation standards were reported as being in development in teh following countires:
Italy
Latvia
Spain (health education)
United Kingdom
Turkey.

It was reported that there are organisations providing accreditation in health promotion in the following countires:
Austria
Spai,
Finland
Poland
Slovenia
Italy

United Kingdom, where no national standards are established yet.

A quick overview of the organisations reported as accreditation providers can be found below:

- Ministry or state department : 20 (usually Ministry of Health or MoEducation)
- Professional Organisation: 10 (e.g. Estonian Union for Health Promotion)
- Academic institution or Scientific Body: 6 (e.g. NVPG in Netherlands)
- No information available: 40

A total of 11 respondents reported some form of registration system in existence. Two of the countries reported that health promotion voluntary registers are in place:

- "Voluntary Register of Public Health Specialists" in the UK.
- "Sistema de Información en Promoción y Educación para la Salud" (Health Promotion and Education Information System) in Spain.

Lists of graduates from academic institutions were reported from Slovakia and autonomous regions in Spain (Madrid, Andalucía, Catalunya).

The presence of registration systems by country is shown in Table 4 below.

4.5.2 Professional Registration

Table 4: Experiences of Professional Registration

Country	How Long	Organisation which provides it	Reference/Doc
Netherlands	3-5 years	NVPG	www.nvpg.net
Estonia	< 1 year	Estonian Union for Health Promotion	Professional standards Official Doc
Slovak Republic	No data	Slovak Medical University in Bratislava	List of Graduates in www.szu.sk All web information in Czech language
France	1-3 years	No reference	--
Kosovo	3-5 years	No reference	--
Kyrgyzstan	> 5 years	No reference	--
Spain Madrid	1-3 years	Regional Direction on Training and Research (Agencia "Pedro Laín Entralgo")	http://www.madrid.org/lainentralgo/ Also accreditation doc in Spanish
Spain National	1-3 years	Voluntary register by Ministry of Health (in development)	http://sipes.msc.es/ Also doc in spanish
Spain National	> 5 years	National School of Public Health	List of graduates www.isciii.es (see Escuela Nacional de Sanidad)
United Kingdom	1-3 years	UKVRPHS (Voluntary register for public health specialities)	www.publichealthregister.org.uk

4.6 Competencies and Professional Standards

Some 33 respondents (from 16 countries) reported there is some ongoing work on professional competencias in their country and 23 respondents (from 12 countries) reported that there is some ongoing work in relation to professional standards.

Table 5: Countries reporting ongoing works on Competencias and Professional Standards in Health Promotion

Competencies	**Professional standards**
France *	
Ireland (doc in development)	Germany *
Kyrgyzstan*	Latvia (doc in Latvian, sent to MoE for approval, not found)
Romania*	
Switzerland*	
Austria (doc not found)	
Czech (doc in Czech, not found)	
Estonia (comprehensive doc in English)	
Israel (doc not found)	
Italy (doc in Italian)	
Kazakhstan*	
Kosovo (general draft in english)	
Netherlands (doc in Dutch)	
Slovenia*	
Spain (public health framework, doc in Spanish)	
United Kingdom (public health framework)	

Countries marked with * have not provided any documentary reference.

4.7 Professional Pathways

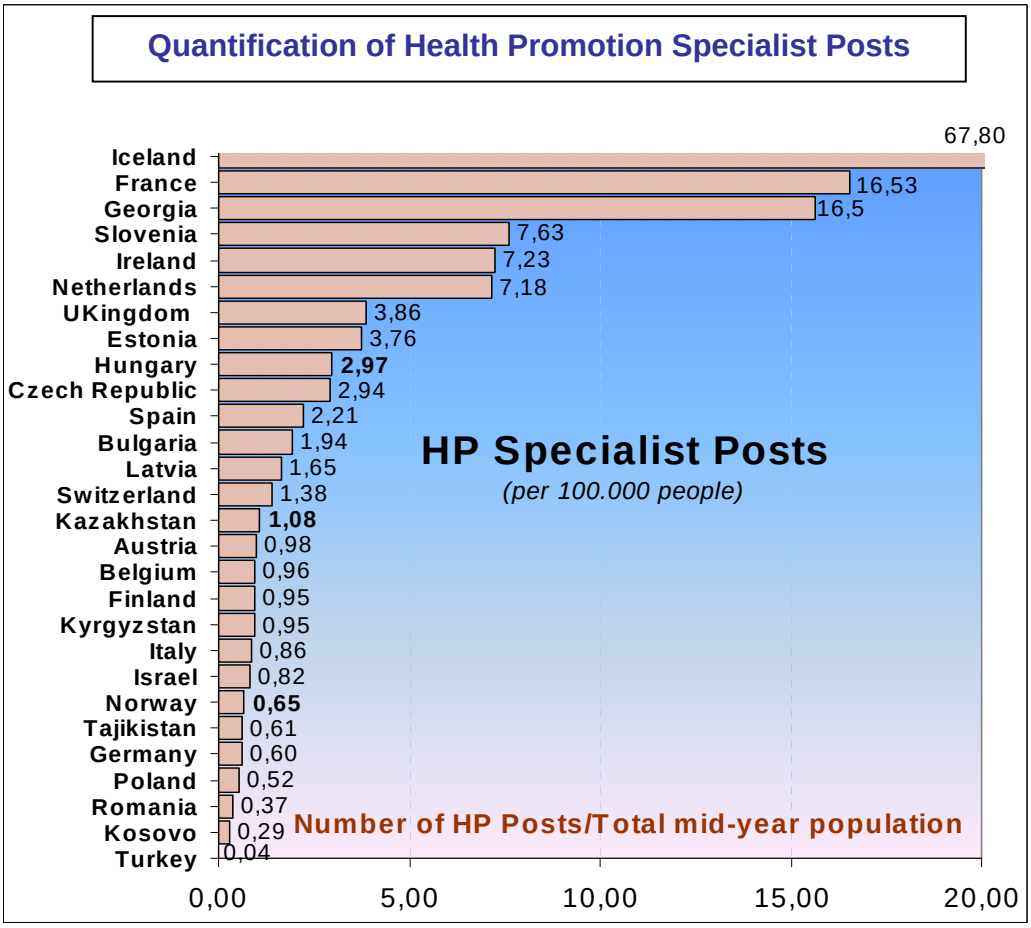
In relation to the existence of dedicated posts with a title of "health promotion", 58 positive answers (from 26 different countries) were obtained. Only these six countries declare not having HP specialist posts:
Czech Republik, Georgia, Lithuania, Slovak Republik, Sweden and Turkey.

The quantification of posts dedicated to HP (50% worktime for HP area, despite the post denomination) has been hard to assess. Only 27 countries have given any figure. And among this group, some have indicated that it was a completely subjective estimate, while others have added a question mark at the end of their response. For these reasons one needs to be cautious in reading the results.

Based on the data gathered, the numbers of HP specialist posts reported have been related to the general population figures for each country (see Graph 6 below).

In relation to the location of HP Posts within the country level structures (see question 4.5 in the questionnaire, Appendix 3), the majority of respondents answered it as a yes/no question, instead of rating them in decreasing number of frequency. Also different rating systems were applied among those who filled with numbers (some repeated numbers while other did not do it; some marked all fields as required while others didn't). For this reason no analysis was performed on this question. Apart from these exceptions, in the rest of items there was a high level of consistency among respondents.

Graph 6: HP specialist posts by population figures in each country

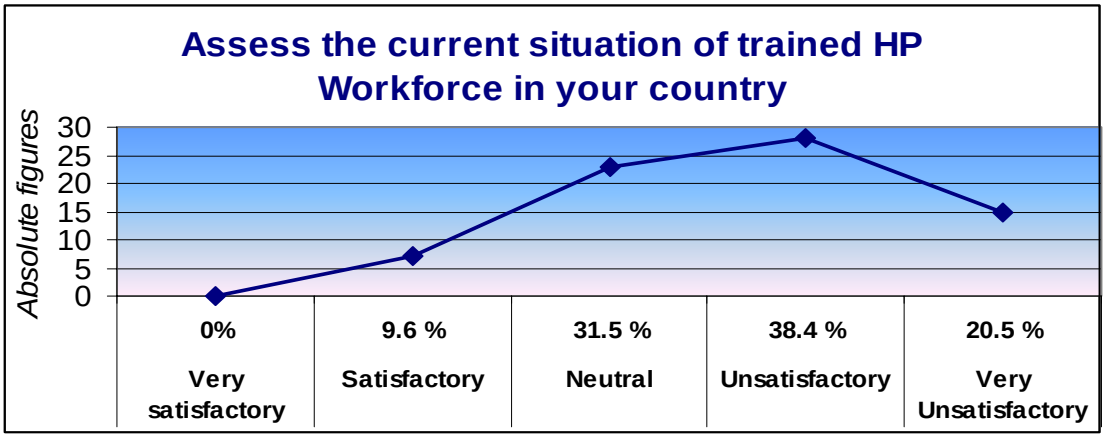


To be eligible for a Health Promotion specialist post, HP training is required (more or less strictly) in up to 26 countries from the 33 surveyed.

Only two countries have reported the necessity to be accredited before entering the HP work market: Czech Republik and the Netherlands; some of the United Kingdom and Spain´s respondents also expressed the view that accreditation is becoming increasingly important, but that there was not yet consensus about accreditation as a formal requirement.

The following three countries reported that they required not only accreditation but also professional registration: the Netherlands, Czech Republik and Tajikistan.

The subjective evaluation of the country's current situation regarding the trained health promotion workforce tended to be mainly rated as 'unsatisfactory' across the different countries (more than 58 % declared themselves to be unsatisfied or very unsatisfied with the current situation)



Graph 7: Satisfaction with HP Workforce

4.8 Qualitative Results – Country Profiles

The set of indicators (see Table 7) used to build a country profile were scored based on the scales explained previously (see methodology chapter, pages 15-16).

Table 7: Set of indicators

TRAINING
ACCREDITATION
REGISTRATION
HP POSTS
COMPETENCIES/P Std
LINK PH
SPEED DEVELOPMENT

4.8.1 Country Profile Graphs

The set of indicators have been represented by means of a multidimensional graph for each country called a spider graph. This way of presenting the overall results can be useful in comparing the current situation across the different countries. Once more, we have to be extremely cautious in interpreting the results as the data sources are very variable, sometimes insufficient and frequently subjective. For a number of countries in order to assess some of the indicators (especially "link to public health" and "speed of development") a subjective eleven on the part of the researcher is clearly present.

Despite this, as a first exercise, the indicators give a general overview of the situation across countires thus fulfilling the scoping study's objectives. The present work can be considered as a draft for discussion which ought to be improved in the future. More accurate data could give essential information that would increase the reliability of these findings. Also, the ranking/rating definitions could be reviewed by the Sub-Committee in order to obtain greater precision and facilitate the marking process.

The graphs relating to those countries which gathered enough data to get all the indicators marked are displayed in Appendix 5.

Following a review of the spider grapas, which draws a country profile, we can make some considerations:
to achieve a certain level of development in a given indicator it is not necessarily linked to a parallel evolution in the others; different country contexts are probably related to the different level of developments observed.

Probably the ideal is to progress in all areas concurrently, but the historical and socio-political context in each country, as well as the cultural subtexts that operate at the organisational and personal levels, are likely to determine the evolution of health promotion and the development of professional pathways in the different countries.

Multiple combinations of marks can be found, and several progressions can be observevd with a different order of indicator development, i.e. Norway reports having done the maximum in the area of training, but is weaker in relation to the other areas, while Estonia reports a well organised accreditation and registration system, and a recently approved "Health Promotion Professional Standard", but the training area is still largely undeveloped.

It would therefore, appear that there are different levels of development across the different areas within countries and that the successful development of health promotion accreditation and training is progressing at an uneven pace both within and between countries.

4.8.2 Opinions about the Study
A number of respondents welcomed the study, which they described as "an important step", "good initiative", "perfect idea"; also as "stimulating for motivation on this type of work", "a means of improving quality of health promoters in all levels", "a useful tool for comparison, sharing experience and mapping needs", "a good study coming at a critical time for Health Promotion in Europe".
More than 10 respondents requested the study's results with a view to collaborating on thsi work.

There were also many useful comments regarding unclear aspects of the questionnaire, which rasies concerns regarding interpretation of certain ítems and hence the reliability of the emerging data, as discussed earlier.

5 CONCLUSIONS

This survey has produced an interesting set of findings, which were obtained from a reasonably comprehensive coverage of 2/3 of the European Region. This result is especially relevant due to the nature the email survey used to collect the data.

The majority of countries have provided one or two questionnaires, with the exceptions of Spain (10), United Kingdom (8), Austria (6), Italy and Czech Republic (4) over three respondents. Some countries prepared their answers among several key contacts. There was a majority of academics among the sample of respondents with some representatives from the policy and practice areas.

Despite important limitations in the methodology, this survey has been able to provide a general overview of the current level of development of health promotion accreditation and professional standards across the EURO-WHO Region. The scoping study has been welcomed by the respondents with a level of support, interest and will to collaborate being detected.

Health promotion training is experiencing a general development across Europe, albeit at different rates of progress. In some of the countries the situation has stalled or is reported as being in retreat. Further development of higher education programmes is a detected need.

As the provision of professional accreditation systems is not widespread (only eight countries have put in place accreditation standards), the professional registers are quite new (with the exception of The Netherlands) and are also scarce (only 3 more: the relatively new from Estonia, Spain and the UK), it would make sense that future planned developments by IUHPE/EURO

would build on the experience acheived to date by those countries who have developed and are operating systems succecssfully.

The same can be said concerning the development of professional competencies and standards for health promotion: only seven countries reported working on competencies and four have developed professional standards. In relation to both areas, a number of countries report that they are in the process of developing this work, so it is likely that there would be a good base of support for future developments in the region.

The estimation of the number of Health Promotion posts across the various countries is problematic for reasons outlined earlier, so further research is needed to obtain a more accurate picture of the trained health promotion workforce in Europe. It would appear, however, from the results that there are very few countries requiring formal registration for access to a Health Promoter specialist post.

There are clearly different rates of progress and development reported across the different countries surveyed. However, it is also clear that there is a base of experience to build on in further developing accreditation and professional standards at a pan-European level. Existing systems, standards and structures operating at the country level need to be reviewed in order to determine the most effective European- wide opeartional mechanism that can build on, and support, country level organisational and professional development systems.

BIBLIOGRAPHY - REFERENCES

1. The Jakarta Declaration on Health Promotion in the 21st Century. WHO Geneva 1997.
2. Ottawa Charter for Health Promotion. World Health Organisation, Geneva 1986.
3. Review of competencies for Australian health promotion. Shilton T et al. Prom & Edu 2003;vol X, 4: 163-173.
4. Professional Pathways of Health Promotion in the UK: Crystal ball gazing. Scriven A. Paper delivered at the thematic Seminar Professional Pathways of Health Promotion in the UK and Germany, University of Magdeburg 2004.
5. Tools for the identification and description of competencies. Angela Stoof, Open University of The Netherlands, Heerlen 2005 (ISSBN 90-358-2219-6)
6. "Las competencias profesionales en Salud Publica", Documento de trabajo, Consensus document of the Spanish Society of Public Health and Health Management (SESPAS) and the Spanish Society of Epidemiology (SEE). Valencia 2003
7. United Kingdom's system on competencies for Health professionals. www.SkillsforHealth.org.uk
8. Core competencies in Public Health: summary of work to date and long-term management plan. Ontario Public Health Association, 2004.
9. Requisites for accreditation, policies and procedures for renewal and recertification Oct 2003. National Commission for Health Education Credentialing, United States of America (downloaded from website www.nchec.org)
10. "Costruire un profilo di competenze per gli operatori della Promozione della Salute". DoRS-Piemonte Region, Preventative Medicina and Hygiene Specialist School-Siena University, Public Health Department-Torino University. 2005
11. A review of the use and future of Health Promotion Competencies for Aotearoa-New Zealand. Health Promotion Forum of New Zealand 2004.
12. Professional and Academic Standards Working group - Final report. Chairman: Colomer, Concha. European Masters for Health Promotion –EUMAHP Oct 2003.
13. Architects Registration Bill. Special Report of the Select Committee on the Architects (registration) Bill together with the proceedings of the Committee, minutes of evidence, appendices and index. Chairman: Kinloch-Cooke, Sir Clement. Jul 1927. BOPCRIS Library of the Congress, United Kingdom.

14. Departmental Committee on the Dentists Act 1878. Blizard; Bowen; Dolamore; Fitzroy; Knutsford, Lord; Lowe; Newman; Newsholme; Tomes. Chairman: Acland. Feb 1919. BOPCRIS Library of the Congress, United Kingdom.

15. Report of the Committee on Veterinary Practice by Unregistered Persons. Chairman: Chancellor, J.R. March 1945. BOPCRIS Library of the Congress, United Kingdom.

16. Competence Requirements for Audit Professionals. Proposed International Education Standard for Professional Accountants. International Federation of Accountants. April 2005

17. Report of the Committee on Qualifications of Planners. Chairman: Schuster, G. Sept 1950. BOPCRIS Library of the Congress, United Kingdom.

18. History, Mission and Organisation of the American Board of Medical Specialities. (downloaded from www.abms.org)

19. Board Certification and physician quality. Horowitz SD, Miller SH and Miles PV. Med Edu 2004;38:10-11

20. Renewing board certification. Steinbrook R. N Egl J Med 2005;353;19: 1994-1997.

21. It takes training to win the numbers game. McLaughlin, Anna. European Voice, vol 11, no 19, 19.05.05

22. Health Promotion and Education Information System, Spain (SIPES): www.msc.es/sipes . Informative Leaflet.

23. DIRECTIVE 2005/36/EC of the European Parliament and of the Council, of 7th September 2005, on the recognition of professional qualifications. Official Journal of the European Union, 30th of September 2005, L 255/22

24. Background, aims, code of practice, joint board members of the United Kingdom Voluntary Register of Public Health Specialists (UKVRPHS 2006, downloaded from the website www.publichealthregister.org.uk)

25. Recognition of professional qualifications – public deliberation. Press release of 2583rd Council Meeting, May 2004. Council of the European Union.

26. Regulation and licensing of physicians in the WHO European region. Garcia-Barbero M, Rowe A. Division of Country Support. 2005 WHO Regional Office Europe.

27. Second meeting of the St Petersburg initiative for education in general practice and family medicine. Report on a WHO workshop. Ukraine Oct 1998.

28. European capacity for Health Promotion at the National level: Report from HP-Source.net. WHO Regional Office for Europe in 6th Global Conference on Health Promotion, August 2005.

29. Presentation of the IUHPE Sub-Committee on Training, Accreditation and Professional Standards for Health Promotion.

30. World Health Statistics (EURO region) www.who.int -> 5. Basic Demographic and Socio-economic Indicators-> Total mid-year population (000) -> Total

ADDITIONAL REFERENCES

A global internet survey of health promotion training. Haglund BJA, MacDonald G. Euro J Pub Health 2000;10:304-306.

Scoping practice issues in the Australian mental health nursing workforce. Clinton M, Hazelton M. Austr & New Zealand J Ment Health Nursing 2000;9, 100-109

Research and development at the health and social care interface in primary care: a scoping exercise in one National Health Service region. Cooke J, Owen J, Wilson A. Health and Social Care in Community 2002;10(6):435-444

Using a scoping exercise to guide the development of a care homes learning network. Wild d, Fear T, Means R. Nursing Older People 2005; 17 (4):20-23.

How to do a scoping exercise: continuity of care. Ehrich K, Freeman G, Richards S, Robinson I, Shepperd S. Research Policy and Planning 2002; 20 (1):25-29.

Who is Maintaining certification in Internal Medicine and why?. A national survey 10 years after Initial Certification. Lipner R Bylsma W et al. Annals 2006 144:57-58

Appendices

Appendix 1: IUHPE/EURO-Subcommittee's Terms of Reference

IUHPE/EURO Subcommittee on Training,
Accreditation and Professional Standards

Terms of reference

To bring forward recommendations to the IUHPE/EURO Committee concerning the strategic development of professional standards, competencies and accreditation of Health Promotion academic and professional training in Europe

To work with the IUHPE Global Vice-President for Capacity Building, Education and training in developing this work

To advise on appropriate approaches and strategies for consolidating the recognition of Health Promotion as a professional field of practice in Europe

To examine appropriate frameworks for the development of professional standards for practice and training in Health Promotion within the overall context of Public Health in Europe

To build on existing work in identifying core competencies in Health Promotion that could inform and underpin quality training in European Health Promotion programmes

Review current and potential mechanisms for the accreditation of health promotion training throughout the European region.

Drawn up and approved at IUHPE/EURO regional meeting in June, 2005

Appendix 2: First round of consultation

The following 4 questions were asked by e-mail on January 2005:

1. Which is the level of provision of specialist training in health promotion?
2. Which is the current situation regarding accreditation of health promotion? Is there a formal registration or licensing system? And if so, who is responsible of this?
3. Is there any ongoing work at regional or national level, regarding professional competencies and/or professional standards?
4. What are the professional pathways in health promotion in your country regions?

Representatives from four countries responded: ESTONIA, GERMANY, ISRAEL AND SWEDEN. See an abstract of the responses below:

1.- TRAINING

Sweden hosts the Nordic School of Public Health (NHV hereafter), which is under the auspices of the Nordic Council of Ministers (acting for the governments of the five Nordic countries). NHV is a Nordic University providing courses at master's rank, doctoral studies and research within public health. NHV awards the following degrees:

- Course of Public Health Science (18,5 ECTS)
- Diploma in Public Health (60 ECTS)
- Master of Public Health (75 ECTS)
- Master of Science in Public Health (120 ECTS)
- Doctor of Public Health (240 ECTS)

NHV has now focused education and research within Public Health on two specific fields: Health Promotion and Health Management. NHV gave its first award in 1987.

In the rest of countries, HP training is beginning to exist separately (EUMAHP programmes and other postgraduate), however training in Health Promotion is usually included in Health Sciences, Public Health and Health Management programmes.

2.- ACCREDITATION

Estonian Union for Health Promotion collaborates with many stakeholders to elaborate Professional Standards. These were confirmed by Professional Council for Health care and Social Work (a part of Estonian Qualification Authority), on Dec 8th 2004. Attestation and award system is planned to carry out during 2005 (not updated).

In Sweden the NHV accredits everything concerning Health Promotion.

There is a document that might be informative about Israeli situation, a communication presented at the International Health Promotion Conference held in Melbourne, Australia, 2004. It outlines a study that examines and describes health promotion competencies in the context of workforce development.

3.- COMPETENCIES AND PROFESSIONAL STANDARDS

Israeli response refers a document about competencies, presented in Australia (IUHPE Conference Melbourne 2004), it seems that they have established a HP licensed profession. Unfortunately, the mentioned document is not available.

Germany has a HP Professional Organisation (national). Although is mostly linked to applied health sciences and public health, there are several professional organisations with diverse professional and academic backgrounds which are interested in Health Promotion activities.

Estonia and Sweden didn't provide any information about this.

4.- PROFESSIONAL PATHWAYS

Israel's document informs that there are over 100 full time HP practitioners, of who 1/3 are working in the MoH, 1/3 in Health Science Organisations and the other 1/3 in various different settings (NGOs, municipalities, local government, academia)

Israeli organisations engaged in HP activities: mostly the MoH, there are also 3 Dpt. in Ministry of Education. Israeli Defence Force and up to 12 NGOs are developing as well HP actions.

Germany has no established career for HP specialists , although 95 % of graduate continue working in HP

Estonia and Sweden didn't provide information about this.

Appendix 3: Questionnaire

Health Promotion in the WHO-EURO region

training, accreditation and professional pathways

scoping study 2005-06
QUESTIONNAIRE

National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

IUHPE www.iuhpe.org
International Union for Health Promotion and Education

December 12th 2005

Dear Respondent,

On behalf of the IUHPE/EURO Sub-Committee on Training and Accreditation in Health Promotion in Europe, we are conducting a scoping study to gain information on the current situation regarding health promotion training, accreditation and professional standards across countries in the European region. The findings from this study will help inform strategic developments concerning training and professional standards at IUHPE.
The aims of this study are to:

1. overview the level of provision of specialist training in health promotion e.g. postgraduate master's or higher level diploma degrees, across the European region
2. to determine the current situation regarding accreditation of health promotion within countries, such as the existence of formal registration or licensing systems
3. to overview ongoing work at national/regional level on professional competences and /or professional standards
4. to determine the existence of professional pathways in health promotion within countries

We are contacting health promotion experts across the policy, practice and academic areas in order to get as complete a picture as possible within and across countries. We would very much appreciate your input into this exercise by completing, as fully as possible, the attached e-mail survey questionnaire. The provision of any additional information on developments in your country would also be gratefully appreciated.
Please return by e-mail the attached questionnaire to Dr. Arantxa Santa-Maria Morales before the 20th March 2006, to the following addresses:
email: A.sm1@nuigalway.ie
or cenizash@yahoo.es
fax number 0035 391 750577, in case you have any problem with email.

If you have any further queries or require any additional information, please contact Dr. Arantxa Santa-Maria, who will be delighted to assist.

Thank you in advance for your time and assistance.
Yours sincerely,

Professor Margaret Barry
Chair of the IUHPE/EURO Sub-Committee on Training and Accreditation in Health Promotion

Dr Arantxa Santa-Maria Morales
Researcher

First of all the research team would like to thank you sincerely for your valuable contribution to this study. It attempts to get an overview of the current situation of health promotion profession in the several countries that configure the European WHO-region.

The present survey is structured in five parts:

First, related to general respondent data.
Second, is about the level of provision of specific training in HP.
Third, is about the accreditation and registration standards.
Fourth, related to the possible health promotion professional pathways.
Fifth, and very important, related to your personal view of the field and your contacts.

Close-ended tick questions are most of the questionnaire, so you will spend little time doing the majority of it.

General instructions to fill the questionnaire

Tick with "X" inside the brackets those boxes that best reflect the current situation in your country. If no option fits, please tick "other" box and explain the reason. Please write text inside the grey box when available, to do it you only have to click over the grey box, add the text in the "drop-down item" window and click "add" button before "ok".

The second page is a table to be filled in with as much relevant information as possible.

Some of the questions may be difficult or need an effort to be responded (consultation with national data source, for example), so please don't give up if you don't have data, go through the end!!!

For the research's aims the "No data available" or "don't know"-answers are as useful as the other options.

Please use additional space where required, and please indicate the question on any additional attachments.

Please, feel free to comment with any additional information related to the issues in this questionnaire.

Your country means the country in which you are working.

1. *RESPONDENT'S GENERAL DATA.*

1.1. Name (last, first):
1.2. Country:
1.3. E-mail address:
1.4. Telephone number:
1.5. Fax number:

1.6. Respondent's present work (tick one):

[ ] Practising health care professional
[ ] Academician
[ ] Manager/administrator
[ ] Policy maker
[ ] Other

1.7. Which organisation do you work for?:

1.8. Characterisation of current workplace/ job title:

1.9. Are you a government employee? Yes [ ] No [ ]

1.10. Professional qualifications:

1.11. Number of years in employment in your professional area:

1.12. Self-rating of your **country's expertise** level in the area of health promotion *(tick one from*
***1= low level**, to **10= highest level**):*
1[ ] 2[ ]3[ ]4[ ]5[ ]6[ ]7[ ]8[ ]9[ ] 10[ ]

1.13. % of work time spent in health promotion area:

1.14. If your work is more related to regional level, rather than the whole national level, please specify for which region: _____

2. *Specialized training in Health Promotion*

2.1. Are there Health Promotion specific courses and degrees in your country?

[ ] Yes, we have specific courses dedicated to Health Promotion
[ ] There are several courses on which Health Promotion is a module, a subject or a part
[ ] There aren't any specific training in Health Promotion
[ ] No information available
[ ] Other _____

2.2. Please indicate the level of provision of specialist training in Health Promotion **(please, tick all that apply in column #, and add any other supplementary information you have)**

Type of award	#	Duration of course	ECTS (if available)	Title of the course	Organisation which provides the training (please include web addresses when available)	How long has the course being running?
Course-Certificate						
Diploma						
Bachelor Degree						
Postgraduate Diploma						
Masters Degree						
PhD						

3. Current situation regarding accreditation and professional registration.
Is there a formal registration or licensing system? And if so, who is responsible for this?

3.1. Is there any official Health Promotion accreditation in your country?

[ ] Yes, accreditation standards are established at a:
[ ] National level
[ ] Regional level

[ ] Accreditation is provided by several organisations/different awards, but no standards are established yet
[ ] Accreditation standards are in development
[ ] No, there is no accreditation system *(please go to question **3.4** in case this is your answer)*
[ ] Don't know
[ ] Other

3.2. Which organisation is responsible for the accreditation? **Please specify organisation(s)**

[ ] State department or Ministry
[ ] Scientific body or Faculty
[ ] Academic institution
[ ] Professional organisation or association
[ ] Information not available at the moment
[ ] Don't know
[ ] Other

_____

3.3. Please, summarise the accreditation process *(please give references or attach documentation when available)*

3.4. Is there a formal registration or licensing system for specialists in Health Promotion?

[ ] Yes [ ] No [ ] Don't know [ ] Other

3.5. If yes, which organisation administers this?

_____
_____
___

3.6. How long has the register existed?

[ ] There is no register available
[ ] Less than a year [ ] 1-3 years [ ] 3-5 years [ ] 5-10 years

3.7. Is there any documentation regarding the registration process? *(if yes, please attach or give the reference)*

[ ] Yes. Reference
_____
[ ] No [ ] Document is being developed [ ] Other

3.8. Is there any ongoing work at regional or national level regarding professional competences? *(please attach relevant documents or give the reference)*

[ ] Yes. Reference _____

[ ] No [ ] Don't know [ ] Other _____

3.9. Is there any ongoing work at regional or national level regarding professional standards? *(please attach any relevant documents or give the reference)*

[ ] Yes. Reference _____

[ ] No [ ] Don't know [ ] Other _____

4. Professional pathways for "health promoters".

We can consider a workplace as a "specialist health promotion post" for those people who dedicate at least 50% of their work time to health promotion tasks or functions. We will also consider "trained specialists in Health Promotion" as those who have a specific training in Health Promotion (see part 1 of the questionnaire).

4.1. In your country, do you have dedicated posts with a title of "health promotion"?

[ ] Yes [ ] No [ ] Don't know [ ] Other

4.2. For those with a dedicated/"specialist health promotion post", is there a requirement to:

4.2.1. Have a specialist training (Bachelor, Master, etc)[ ] Yes [ ] No [ ] Don't know

4.2.2. Be accredited by a national or regional body [ ] Yes [ ] No [ ] Don't know

4.2.3. Have to be registered [ ] Yes [ ] No [ ] Don't know

4.2.4. Information not available [ ] Yes [ ] No [ ] Don't know

4.2.5. Other [ ] Yes [ ] No [ ] Don't know

4.3. How many people are employed in "specialist Health Promotion posts" currently in your country?(please estimate a number)

_____

4.4. Please could you evaluate the current situation regarding the trained Health Promotion workforce in your country? **(that is, are there enough professionals with qualified training amongst those dedicated to Health Promotion?. Please tick one from** 1= Very satisfactory**, to** 5= Very unsatisfactory**):**

1[ ] 2[ ] 3[ ] 4[ ] 5[ ]

4.5. *In which of the following sectors are "trained specialists" in Health Promotion most likely to be located? Where would be more "trained specialists" in Health Promotion working at the present moment?***(please number them in decreasing order of importance,** 1 **being** the most frequent place**)**

[ ] Government (Policy making/Technical support)

[ ] National
[ ] Regional
[ ] Local

[ ] NGOs and community projects
[ ] Research Institutes/Academic Centres (Universities, etc)
[ ] Health Services
[ ] Schools and all other educational services
[ ] Social Services
[ ] No data available
[ ] Other (please, specify)
_____

5. **Personal evaluation of the state of the field.**
Please use additional space where required, and please indicate the question on any additional attachments.

5.1. What, in your opinion, are the **five key recent advances** in your country in health promotion accreditation standards and professional pathways?. Please, include the approximate date (max 300 words).

5.2. What, in your opinion are **five main barriers/obstacles/issues that stand in the way of achieving**, in your country, accreditation standards and registration system on health promotion? (max 300 words).

5.3. List up to **five persons** who you believe are important for further development of health promotion in your country [with email address or contact details when possible]. Please, explain why you consider these people to be key.

5.4. Please, indicate **any other person whose views would be useful to have on the issues explored in this questionnaire** [with email address or contact details when possible].

5.5. Please, give us your opinion about this scoping study and this questionnaire.

5.6. Any other comment or feedback.

Thank you very much for your cooperation

Appendix 4: List of respondents

	Country	Current work place/job title	Professional qualifications	Organisation
1	Poland	Associate Professor	MD, PhD, MPH	Medical University of Warsaw
2	Netherlands	Professor	PhD	University Maastricht
3	Georgia	Chairman	Physician Laboratory, biologist and ecologist	Georgian Health Promotion and Education Foundation
4	Slovak Republic	research and teaching assistant	PhD degree in Public Health	Trnava University
5	Sweden	Senior lecturer	Nurse, PhD	University of Kristianstad
6	Finland	teacher, Reseacher, Senior Lecturer	medical students in the Univ Helsinki ????	University of Helsinki
7	Wales – UK	Senior Lecturer – Health Promotion	MSc RN RM RHV RNT	University of Wales, Swansea
8	Finland	Development manager	M.Sc. (psychology)	The Finnish Centre for Health Promotion
9	Italy	MD, PhD	Medical Doctor, Specialization in Hygiene and Public Health, PhD in Health Education	University of Perugia
10	Estonia	Policy/strategy building	PhD. Candidate in Health Promotion	Ministry of Social Affairs
11	Poland	assistant professor	PhD (physical ed.)	University School of Physical Education in Wroclaw
12	Germany	Referatsleiter “Qualifizierung, Fortbildung”	Sociology	Federal Centre for Health Education (BZgA)
13	Iceland	Dept. Director, Projects	Biologist	Public health Institute Iceland
14	Flanders (Belgium)	Professor	MA in social sciences; Doctor in Medical Sciences	Ghent University
15	Tajikistan	Domestic consultant of accreditation and licensing	Public health	Government
16	Spain	Senior Lecturer Health Pr	MPs, PhD Sociology	Complutense Univ & Lain Entralgo Training Agency of Madrid
17	Netherlands	senior policy advisor preventive care (health promotion, public mental health, health policy)	course health promotion student MPH	GGD Nederland, association of municipal public health services
18	Bulgaria	Vice Dean	Professor in Social Medicine and	Faculty of Public Health

19	Norway	Associate Professor	PhD	University of Bergen
20	Turkey	Faculty/ Associated Prof	MD, PhD on Public Health	Ankara University / Faculty of Health Education
21	Austria	Economics Department Health Systems Res	Economist	Johannes Kepler University Linz
22	UK-England	Director IHDRC (International Health Development Research Centre)	?	Faculty of Health- University of Brighton
23	Hungary	professor of biostatistics and health informatics	PhD	Faculty of Medicine, Faculty of Health Sciences University of Pécs
24	Belgium	university	researcher	School of public health
25	Italy	Director	M D, Specialist Public Health	DoRS Regione Piemonte Regional Center of Documentation for Health Promotion
26	Italy	Full Professor of Public Health	Biology Scientist	University of Siena (Tuscany)
27	Italy	Full Professor in Clinical Epidemiology	M.D. Specialist Hygiene/ Preventive Medicine	University of Torino
28	Spain	Health Promotion Specialist	MD, MPH, M Psychotherapy	Public Health Institute of Madrid Madrid Government
29	Spain	Preventive medicine hospital Staff	MD, MPH	University Clinic Hospital from Valladolid
30	Ireland	Senior Lecturer	MB BCh BAO BA MSc PhD HDip DCH FFPHMI MFHPM MRCPI (Paediatrics)	U. College Dublin
31	Israel	Director, Department of Health Education and Promotion	MPH and Certified Health Education Specialist (USA)	Clait Health Service Organization
32	Norway	Professor	PhD	Bergen University
33	UK-Scotland	Reader in Health Promotion	BA, MSc, PhD	Edinburgh University
34	France	Senior Professor	Master of Sci, Medical doct, Pub Health doct, Educ	University of Franche-Comté (France)
35	UK-England	Senior Lecturer in Health Promotion; Course Leader MSc Health Promotion and Public Health	MEd BA CertEd FRSH	Brunel University
36	Denmark	Associate Professor	PhD, habilitation in Public	University of Southern Denmark

			Health	
37	Lithuania	Director (and assistent in Vilnius University)	MD, M Public Health	National Centre for Health Promotion and Education
38	Spain	Senior Lecturer, Vice-President of Social Policy, Environmental Quality and Healthy University	MD PhD in Public health and Epidemiology	University Rey Juan Carlos Madrid
39	Greece	Professor Social Medicine, Director of MSc HP & Edu, Medical School-University Athens	MD, PhD	University of Athens, Medical School
40	Austria	Organisation postgraduate programme in Public Health	Social Worker, Master of Public Health	Medical University of Graz, self employed health consultant
41	Austria	Organisation postgraduate programme in Public Health	General Practitioner, Master Public Health	Medical University of Graz, self employed health consultant
42	Austria	professor, departmental coordinator of international programs	Ph.D. in history	FH Joanneum University of Applied Sciences, Department of Health Management in Tourism
43	Denmark	University / Associate Professor	Dr.P.H., M.P.H.	Univeristy of Southern Denmark
44	Switzerland	Head Training	University degree in psychology	Health Promotion Switzerland
45	Czech Republic	Dep. for Health Promotion and Nutrition	MD, PhD	National Institute of Public Health
46	Czech Republic	Doctor, head of the Nat Ref Centre of HP & disease prev	Charles University in Prague Master's degree in Medicine, M.D.	National Institute of Public Health
47	Czech Republic	Psychologist, head of Dept. of Psychology. Assoc. Prof.	Charles University in Prague – Master's degree in Psychology, Ph.D., Assoc. Prof.	National Institute of Public Health
48	Lithuania	Senior researcher	PhD	Kaunas University of Medicine, Institute of Cardiology
49	UK-England	University/ Professor	M.B.,B.S., MSc Health Education and Health Promotion	Leeds Metropolitan University
50	France	Assistant Professor	MD PhD	Aix-Marseille 1 University
51	Czech Republic	Chief Public Health Authority	MD PhD	Ministry of Health Czech Republic

52	Spain-Canarias	Tecnico Superior Promoción de la salud	Médico Especialista en Medicina preventiva y Salud Pública	Gobierno de Canarias. Consejería de Sanidad
53	TURKEY	Associate professor in Health Education Department	Ph D in Public Health – Health Education	Ankara University, Faculty of Health Education
54	Germany	Professor in Health Promotion	M. D.	University of Applied Sciences
55	UK-England	Senior Lecturer	BSc, Msc, PhD	Liverpool John Moores University
56	UK-England	retired Senior Lecturer in HP former Course Organiser: MSc (HPromotion Sciences)	MB ChB, DPH, PhD, FFPH	London School of Hygiene & Tropical Medicine (retired)
57	France	Project manager	PhD in social sciences	INPES (National Institute for Prevention and Health Education)
58	Austria	Health promotion officer	Psychologist, currently attending the Public Health Master's Programme, Medical University Graz	Austrian Health Promotion Foundation
59	Austria	Health Promotion Officer / Specialist	Masters degree in communication and political science, currently doing an MBA (finishing in summer 2006)	Austrian Health Promotion Foundation (FGÖ)
60	Netherlands	Implementation consultant	sociologist	ZonMw- national research and development council
61	Israel	Direcor of Dpt Health Promotion	M PH	Ministry of Health
62	Slovenia	President	RN, BSc	SUHPE (Slovenian Union for Health Promotion and Education)
63	UK-England	Dr	MA MSc PhD CPsychol	University of Nottingham
64	Kosovo, (UNMIK)	Director of Social Medicine Department	Specialist of public health	National Institute of Public Health of Kosova
65	Spain - Madrid	Nurse Primary Care	Nurse Degree	SERMAS (regional Health Authority)
66	Romania	public health consultancy/ Senior Program A	MD, PhD	JSI Research and Training Institute

67	Kazakhstan	Head of the Department of Health Promotion	Ph.D., M.D. Associated Professor	Kazakhstan School of Public Health of the MOH
68	Extremadura	Jefe de Servicio de Coordinación Sanitaria	Médico. Máster en Salud Pública. Experto Universitario en Promoción y Educación para la Salud. Diplomado en Sanidad. Más de 7.000 horas de formación postgrado acreditada. Docente	Consejería de Sanidad y Consumo (Servicio de Coordinación Sanitaria). Junta de Extremadura.
69	Kyrgyz Republic	Director	Cardiology & Preventive Medicine	Republican Centre fro Health Promotion
70	Kosovo	Head of Section for Health education and pr	Faculty of medicine	Department of Youth/Minsitry of CYS
71	Madrid	Nurse Primary Care	Nurse Degree	SERMAS (regional Health Authority)
72	Madrid	Family and Community Physician in a Primary Care Team	MD , Master Public Health and Health Administration Diploma	SERMAS (regional Health Authority)
73	Madrid	Nurse Primary Care	Nurse Degree	SERMAS (regional Health Authority)
74	Kosova	Prof of Public Health; Chief of Mother and Child Unit	PhD specialist social medicine	National Institute of Public Health/ Medical Faculty
75	Ireland	Head of Department of Health Promotion	PhD	National University of Ireland, Galway
76	Latvia	Director	Master Public Administration	Health Promotion State Agency

Appendix 5: Country Profile - Spider Graphs

The original excel graphs are found in Spider Graphs2.xls sheet 2
And also in PDF format in Spider Graphs2.pdf