Mandate SSPH+ «Continuing education in Public Health in Switzerland»

Rolf Heusser
Mandate «Continuing education in Public Health in Switzerland»

1. Executive Summary

The Swiss School of Public Health (SSPH+) is working on different levels towards its future structure and organisation. This short report is the product of a mandate focussing on continuing education in public health assigned to Rolf Heusser in April 2010. The goal of this mandate is threefold:

- To assess the current situation in continuing education in public health in Switzerland (view of experts working in the Swiss public health field);
- To compare the actual situation of public health continuing education in Switzerland to public health continuing education practices in other European countries, as well as, in the US and in Canada;
- To draft a possible future model for the organisation of public health continuing education in Switzerland, including the needed political framework.

To assess prevailing views on the current state of continuing education, a short list of questions has been sent by e-mail to 32 experts in Switzerland and internationally to 14 experts representing eight countries or international organisations. Additionally, telephone or face-to-face interviews were conducted with the same experts, and documents, mostly accessible on the internet (websites of institutions), were analysed and integrated in the findings. Till end of October 25 experts from Switzerland and nine international experts have handed in their questionnaire.

Generally, it can be stated that continuing education in the public health field is a reflection of the transdisciplinary and transversal content of public health. Many respondents’ statements concern the permanently changing challenges of professional profiles and exigencies, leading to growing importance and weight of continuing education and a concept of lifelong learning labelled as «quaternary education sector» in Switzerland.

- As a transversal field of knowledge and practice, public health is genuinely in need of a common understanding and techniques enabling professionals to work in pluri-disciplinary teams and transdisciplinary projects. In Switzerland – and in many other countries – public health is typically not a field of undergraduate academic or professional training, but instead builds on pre-existent disciplinary training.

In Switzerland, continuing education in public health is perceived as heterogeneous and disperse. Even for people working in the field, it is quite difficult to have an overview. Educational offers and programs are generally of high quality, but formal quality assurance is lacking and would be welcomed by the experts interviewed. The experts differ over who should organise the continuing education in public health in the future and also have a range of opinions about how it should be organised (e.g. mandatory vs. free choice; structured vs. unstructured; general vs. target group oriented). On the other hand, the respondent experts are generally in favour of a learning outcomes orientation. Some experts think that continuing education and postgraduate training are two completely different subjects, which should not be intertwined. Although, for most respondents, more links should be established between the two. Most of the experts

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think that continuing education should be awarded with credit points\textsuperscript{2} and certified. Financing should come from mixed sources according to the interviewed experts. From the interviews with experts in Switzerland and in accord with international examples, the following conclusions can be drawn:

\begin{table}[h]
\begin{tabular}{|l|}
\hline
\textbf{Conclusions} \\
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\textbullet{} In Switzerland, for the public health workforce, no organized continuous education system exists. There is a lack of transparency in educational offers, and the learner faces a fragmented array of choices of unequal quality, as well as, a lack of user friendly systems for course registration and course support. \\
\textbullet{} Continuous education in public health should be structured. Recommendations for regulations should be verbalized and incentives for participation should be established. \\
\textbullet{} On a medium term, a concerted action by all public health continuing education providers could increase the quality of public health as a whole field of knowledge and practice without spending additional funds. \\
\textbullet{} To develop a sound and accepted continuous education system, a significant amount of time and funds is a necessary and important investment. \\
\textbullet{} The SSPH+ could have a leading role in such an initiative, but strong cooperation with different partners (practice, professional bodies, federal and cantonal offices, academia and applied sciences) will be required. A new «Fachgruppe Fortbildung» might be established. \\
\textbullet{} Such an initiative would require a political effort to set the stage and establish stakeholders on an equal footing. \\
\textbullet{} It should be a combined approach, including a top-down (political decisions) and a bottom-up strategy (cooperation of providers and practice). \\
\textbullet{} The continuing education system should be based on a catalogue of predefined learning outcomes for public health professionals. International best practices exist, and they have to be adapted to Swiss needs and specificities. \\
\textbullet{} The system should assure high quality courses and services. For this purpose a formal quality assurance (QA) system must be secured (internal QA and eventually external QA). \\
\textbullet{} A white list of recognized courses and services shall be established and published on an internet platform. An online registration system might be established. \\
\textbullet{} A closer link should be established between postgraduate and continuous education in public health in Switzerland. \\
\textbullet{} Funding for continuing education should come from mixed financial sources (participants, employers, federal and cantonal sources). \\
\textbullet{} It is important that all linguistic parts of Switzerland agree on the future model of public health continuing education. \\
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\end{tabular}
\end{table}

\textsuperscript{2} Consistent with the European Credit Transfer System, ECTS.
2. Mandate
This mandate consists of (1) a description of existing organised offers in public health continuing education in Switzerland; (2) an overview of existing possibilities of continuing education in public health in some selected countries; and (3) an analysis of the European development in the field of «Life-long learning for Public Health Professionals» (especially results of «ASPHER Working Group on Innovation and Good Practice in Public Health Education»). Propositions concerning the future of public health continuing education in Switzerland can be formulated based on the preceding information.

This mandate touches essential questions about the future of the SSPH+ and its role in continuing education in public health in general. Therefore, conclusions should be viewed in the wider context of the ongoing SSPH+ governing board investigations into an optimal solution for the school’s future. Parallel investigations concern the evaluation and improvement of the collaboration of the existing MAS and PhD programmes and the benefits and risks of an intensified cooperation between universities and universities of applied sciences.

3. Approach
After an extensive analysis of electronically available sources, a list of questions focussing on the current situation of continuing education in Switzerland and a possible model for the future organisation has been sent electronically to 32 experts working in Switzerland. These experts come from universities and universities of applied sciences, from professional associations in the field of public health, from federal and cantonal public administrations, and from the private sector (insurances). Twenty-five experts have handed in their answers either electronically or accompanied by a face-to-face or telephonic interview.

The questionnaire has been slightly adapted for the international experts in different countries; it was sent to 14 experts in eight countries. By end of October, the answers of 25 of the Swiss experts and 9 answers from international experts were at our disposal.

4. General situation of continuing education in public health
The practice of public health is changing constantly: the focus of the early 20th century was on communicable disease prevention, occupational and environmental health, reproductive health, chronic disease prevention and injury prevention. Genetics, prevention of violence and handling and disposal of hazardous waste are examples of the ever-widening range of issues, which impact the health of the public at the end of the 20th century and the first decade of the 21st, along with re-emerging concerns for communicable diseases.

In light of the rapidly changing public health landscape, it is increasingly important that public health professionals are kept up to date on new information and relevant topics through lifelong learning. An example of a successful and organized continuing education format is the one set up for medical doctors. It is generally accepted that undergraduate medical education is only the first step in a process of lifelong learning (LLL) for physicians. LLL involves participation in continuing medical education (CME),

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4 See annex I.
5 See annex II.
keeping physicians up-to-date on clinical developments and medical knowledge. The broader concept of continuing professional development (CPD) includes CME, along with the development of personal, social and managerial skills. Peer reviews, external evaluation and practice inspection are more demanding methods, which may have the outcome of recertification or relicensure, although this is rarely the case in Europe. The term, ‘revalidation’ was coined by the General Medical Council (GMC) in the UK; it was defined as an «evaluation of a medical practitioner’s fitness to practise». This definition focuses on assessment, but it is recognised that the process leading up to revalidation should be formative and encourage professional development, as well as, identify those unfit to practice. Revalidation is one element within a larger system that has three objectives: a) to provide a system of professional accountability, b) to ensure that basic standards do not fall below acceptable standards; c) to promote continuing improvements in the quality of care.

A study of experiences in New Zealand, Canada and the UK has divided models for assessing continuing competence into two broad categories:

1) Learning model => Employed in most European countries, sometimes combined with other models, seeking to improve clinical competence, but not identifying poorly performing physicians.

2) Assessment model => emphasizing performance as well as competence, therefore closer to the concept of revalidation. Assessment tools have been adapted from those in undergraduate and vocational education. It includes, for example, the interview, record reviews, and peer ratings, patient satisfaction questionnaires, observing patient encounters.

In the US, a shift from public health to personal health services (which take up to 40% of the public health agencies funds) can be observed. In Switzerland, public health has never been really strong. In both cases there are deficiencies (now) in key competency areas of community-based practice, such as community health assessment, community health planning, and environmental health.

The public health workforce is now expected to be competent in behavioural sciences, community mobilization, health communications, policy development, and other areas for which many are unprepared by either educational preparation or work experience. Most public health workers have not been trained to deal with the challenges they will be facing in the 21st century.

The public health workforce is found in different settings, such as the (private) personal health services industry, educational institutions, official public health agencies, community-based organisations and the public sector. This group of workers is less defined by where they work than by what they do: to provide essential public health services to communities throughout the nation. In the US, there are a range of occupations active in public health; it would be interesting for such figures to be established for Switzerland as well.

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There are four types of assessment, but models a) and b) are not applied anywhere in Europe.

a) Responsive: assessment only on receipt of a complaint => cannot identify all those who are performing poorly

b) Periodic assessment for all => routine full assessment of all domains of competence

c) Screening assessment for all => evaluations are made against a set of specific criteria; assessment aims to identify broader incompetence by focusing on certain quality indicators => this model has been adopted in Austria, France, Hungary, Ireland, the Netherlands, Slovenia and UK

d) Screening a high-risk group: involves identifying a high-risk group for intensive scrutiny => difficult for the risk of contravening privacy and human rights laws. Norway requires renewal of licenses of physicians aged over 75 and Slovakia and Switzerland of physicians over 70.

7 Percentage of local health departments having at least one full-time employee in the listed job classification:
CDC/ATSDR\textsuperscript{8} defines the pieces of infrastructure or preparedness in three categories:

1. The people who work in the field of public health.
2. The information and communication systems that help us collect and disseminate accurate data.
3. The organizations at the state and local level that are on the front lines of public health.

**Competency needs** of public health workforce can be divided in three broad categories:

1. Basic competency: fundamental understanding of what public health is, what it does and how it achieves its mission.
2. Cross cutting (core) competencies: general knowledge, skill, and ability in areas which enable performance of one or more essential services (e.g. epidemiology, policy development, health communications, community needs assessment and mobilization, behavioural sciences, cost-effectiveness).
3. Technical competencies: technical knowledge, skills and abilities needed for a defined program area (e.g. control of infectious disease, chronic disease prevention). These technical competencies often build upon basic and core competencies and represent unique application of skills to a particular health problem or issue (e.g. emergency response to an act of bio terrorism).

**Major barriers** to achieving a competent 21st century public health workforce are identified by CDC, and an adaptation of these barriers to the situation in Switzerland could be of major interest and influence for the future strategy of public health continuing education in Switzerland. These are the barriers identified by CDC:

1. In contrast to other professions, an updated inventory of the workforce does not exist. Planning is hampered by a lack of knowledge of the population in need of training and continuing education. A standard nomenclature on occupational title and organizational setting has not been used to enumerate the public health workforce. Information from which to forecast personnel needs or related training requirements is limited.
2. National consensus does not exist on the basic and cross cutting competencies or curricula/content elements needed in public health.
3. There is no integrated delivery system for LLL. The learner faces a fragmented array of choices using different technologies, perhaps of unequal quality or value, and often the lack of user-friendly systems for registration, course support and feedback.
5. Uniform approach and commitment to evaluation are absent, whether the object of evaluation is the individual, programme/curricula or the system itself.

| 89% nurses | 66% administrators | 42% sanitarians | 36% environmental health specialists | 32% dieticians/nutritionists | 27% public information specialists/health educators |

\textsuperscript{8} Unpublished paper from 2000: CDC/ATSDR Strategic Plan for Public Health Workforce Development; Toward a lifelong learning system for public health practitioners.
6. Financing of workforce training and continuing education is hampered by the absence of a coherent policy framework and strategies for funding these activities.

CDC/ATSDR recommend **major strategies** for achieving a competent public health workforce:

Strategy 1: monitor workforce composition and forecast needs
Strategy 2: identify competencies and develop related content/curriculum
Strategy 3: design an integrated learning system. The structural system should have three elements:
- An online «shopping guide» and registration system
- Delivery of training, continuing education and/or other workforce development programs and
- Feedback on and documentation of individual competency.

Operationally, the system has three levels: local, state, and national; each with varying roles and responsibilities.

State health agencies, in collaboration with schools of public health, other academic institutions, and health care delivery organizations should be responsible for the ongoing assessment of needs, coordination and support of workforce development programs, assurance of quality, and evaluation of competency.

State (or multi-state) regional learning centres should be established to serve every state.

National leadership must be assured to provide for standards and policy development, research, and availability of quality learning experiences.

Strategy 4: Provide incentives to assure competency.
Strategy 5: Conduct evaluation and research.
Strategy 6: Assure financial support.

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Figure 1: Major strategies to achieve a competent public health force

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9 As stated by CDC/ATSDR.
In accordance with the challenges and opportunities in public health described above, the Association of Schools of Public Health (ASPH) has identified core competencies for the Master of Public Health degree in graduate schools and programmes of public health as well in 2006.\textsuperscript{10} There are 12 core domains and 119 competencies that can serve as a resource for faculty and students for enhancing the quality and accountability of graduate public health education and training. The catalogue was developed using the Delphi method.

There are 5 core competencies:
1. Biostatistics
2. Epidemiology
3. Social and Behavioural Sciences
4. Health Policy & Management
5. Environmental Health Sciences

and 7 interdisciplinary/crosscutting competencies:
6. Communication & Informatics
7. Diversity & Culture
8. Leadership
9. Professionalism
10. Programme Planning
11. Public Health Biology
12. Systems Thinking.

In the year 2010, a project has been launched within ASPHER with the mission to propose public health performance standards for all education levels of the Bologna system and to translate them into training and teaching modules for undergraduate, graduate and postgraduate education in public health. The vision is to achieve a harmonized education and lifelong learning for public health in Europe. The work is based on a catalogue of public health core competencies that is currently being elaborated and tested by more than 100 scientists and other public health stakeholder representatives from all parts of Europe. The work has been started in 2007 with a collection of empirical data (what is taught at schools of public health), followed by a variety of in depth workshops. The competencies have been grouped into the following six domains: Methods in public health; Social environment and health; Physical, chemical and biological environment and health; Health policy, organisation, management and economics; Health promotion and prevention, and cross-disciplinary themes including strategy making, ethics etc. The aim is to establish a list of competencies at Bachelor, Master, PhD and postgraduate Master level, flexible enough to reflect population health and health systems dynamics. While the collection of all relevant information was the focus of the first phase of the project (2007-2008) the next phase (2009/10) aims to fine-tune the competencies and discuss them with public workforce members in all regions of Europe. The ultimate goal is to identify and define those competencies that are appropriate to real life public health challenges.

The work of ASPHER is influenced by other international lists of public health competencies, such as the UK Public Health Skills and Career Framework\(^ {11}\) and the competency model applied by the Association of Schools of Public Health in the US (ASPH).\(^ {12}\) These examples have been discussed at the first and second European Conference on core competencies for public health education, held in Aarhus (DK) and in Paris (FR) in 2008.

ASPHER’s initiative to reach consensus on the public health competencies to be taught at European schools of public health is crucial and might serve as an important benchmark and reference system for the establishment of similar catalogues in Switzerland. Promoting and protecting health in today’s European societies poses formidable challenges and covers a broad range of issues. Designing educational programmes for the many public health professionals can have profound influence on which direction health development in individual countries – and in Europe as a whole – will go.

To promote change and innovation in medical education, the World Federation of Medical Education (WFME) has published international standards for medical training.\(^ {13}\) These standards are aimed at stimulating national organisations and institutions to formulate plans for quality assurance and quality enhancement, thereby safeguarding good practices in medicine. Such WFME quality standards have subsequently been published for basic, postgraduate and finally also for continuous medical education. The latter term has been changed into the term «continuous professional development» (CPD) to reflect the wide context in which lifelong learning of medical doctors is taking place. CPD designates study periods after completion of basic or postgraduate medical training, which extend throughout each doctor’s professional working life thereafter. In many countries (such as US, UK, CH, etc.), attestation of proper lifelong learning has become linked with the re-certification of medical professionals. Motivation for a good CPD, from the perspective of the individual doctor, derives from three main sources a) the professional drive to provide optimal care for the patients, b) the obligation to honour the demands of the society (accountability) and c) the need to preserve job satisfaction.

In many countries major institutes for CPD in medical training exist, some are privately run, some are governmentally run, and some have other forms of organisation such as councils or academies. They often also provide systematic postgraduate training in addition to the CPD programmes.

The CPD standards of the WFME form an excellent basis and frame of reference for CPD providers in different countries. Due to the generic format the WFME standards, a transfer to CPD systems in neighbouring disciplines such as public health is imaginable. If Switzerland would like to establish a structured CPD system for public health professionals, the stated quality criteria could serve as important instruments for the preparatory process.

11 Public Health Skills and career Framework: Multidisciplinary/multi-agency/multi-professional. London: Public Health resource unit, 2008. This initiative of the Government's department of health is describing the core public health skills of 9 levels of public health workforce (from volunteer worker to director) in the following 4 core areas: Surveillance and assessment of population’s health; Assessing evidence of effectiveness; Policy and strategy development; Leadership and collaborative working.


The WFME standards for CPD encompass the following domains:

1. Statement of mission and intended outcomes of CPD
2. Learning methods
3. Planning and documentation
4. Working conditions and motivation of the target audience and their influence of CPD
5. CPD providers
6. Educational context and resources
7. Evaluation of methods and competencies
8. Management and continuous renewal

It is noteworthy that specific quality criteria applying to CPD providers – respectively for their products (point 5 in list) – can be derived from the national accreditation systems (e.g. quality standards for study programmes of the OAQ). Such quality criteria are set up according to international rules. They normally would encompass the following requirements for CPD courses:

- clear and published aims and objectives of the CPD offering
- having set up intended learning outcomes and means to assess achieved learning outcomes
- high quality of teaching staff and/or of underlying institution
- adequate admission criteria for participants and services for participants
- content, didactics and assessments adequate in relation to objectives of offerings
- substantiality of offerings, resources (human and financial)
- having internal quality assurance mechanisms in place and feedback loops
- clarity of information about offering/communication.
a) Country examples:

**Canada:**
For the public health professionals, e.g. Community Medicine Specialists, the Royal College of Surgeon and Physicians of Canada has developed the CanMEDs Framework which guides these specialists and others through the development of their competencies not only during their studies but also later in their career.\(^{14}\)
There is no mandatory aspect to lifelong learning for other public health practitioners. However the Agency hosts two competency based development programs for Epidemiologists and one for Physicians. Please note that these programs are internal to PHAC and that they therefore do not entitle participants to any kind of recognition outside of the Agency (no academic credits).

The EC Development Program (ECDP) allows the Public Health Agency of Canada to recruit junior MPH graduates and to train them over 12 to 18 months through informal and formal learning to become senior epidemiologists for the Agency.\(^{15}\)
The Canadian Field Epidemiology Program is similar to the European EPIET. It targets trained epidemiologists with a minimum of experience (sometimes ECDP graduates) and physicians who have an interest in field epidemiology. The program relies on 2-year assignments with a detailed training program.\(^{16}\)

The Physician at PHAC Development Programme which is currently being piloted is a competency based development program for physicians interested in public health. It relies on a series of 6 to 8 assignments at different locations within PHAC.\(^{17}\)

Training programmes are also offered by professional organizations for different categories of public health practitioners such as the Canadian Public Health Association or the Community Health Nurses of Canada.\(^{18}\)

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\(^{17}\) Since this is still a pilot, there is as to date no official information available on that program. PHAC is hoping to use that program to attract and retain physicians who would like to work for the Agency.

United States of America:
1. A system of structured continuous education does exist for the general public health workforce – albeit without being very popular.
2. It is organized by the National Board of Public Health Examiners.
3. Its main purpose is to maintain skills and professional competencies and to maintain certification if relevant.
4. The system is rather voluntary and unstructured, targeted to specific audiences and more face-to-face learning than distance learning.
5. It is based on learning outcomes (see above).
6. Postgraduate education programmes and continuous education are interlinked; some graduate programmes (but not all) offer continuing education.
7. External quality control (accreditation, evaluation, audits) is established.
8. Course attendance is certified with credit points and certificates.
9. The system is financed by participants, public sector and special grants.
10. Strengths of the system: wide variety of courses and providers, coverage of a lot of topics. Distance learning is increasing.
11. Weaknesses: little need to have a CPH certificate. Inadequate financial incentives (see above).
12. Recommendations for improvement: Implementation of a system accredited by a national professional association, workplaces should require certification.
**United Kingdom:**

1. A system of structured continuous education does exist for the general public health workforce.
2. Requirements are set nationally by the Faculty of Public Health; courses are arranged by regional National Health Service (NHS) deaneries, by universities, by the Faculty of Public Health itself, etc.
3. Its main purpose is to maintain modern standards of practice for all public health professionals. A minimum of 50 hours/year is mandatory for all service and academic public health professionals. The system is called CPD programme (Continuing Professional Development).
4. The system is mandatory and rather unstructured, targeted to specific audiences; there is face-to-face learning as well as distance learning.
5. It is more input driven than based on learning outcomes. The Faculty has a list of competencies, as used in public health training.
6. Postgraduate education programmes and continuous education are interlinked; some graduate programmes (but not all) offer continuing education.
7. External quality control (accreditation, evaluation, audits) is established.
8. Course attendance is certified with credit points and certificates.
9. The system is paid for by NHS employers (public money).
10. Strengths of the system: mandatory for all; fully financed, therefore no excuse for non-compliance. There are punctual assessments of the Faculty of Public Health every year to see if public health professionals have completed their «duties». The structured continuous professional programme is also open to non-medics. Participants keep a logbook based on self-declaration/self-certification. There is a white list of courses recognized for continuous education.
11. Weaknesses: more work should be done based on learning outcomes.
12. Recommendations for improvement: as above; minimum requirement should be lifted from 50 to 100 hours annually (as it is planned).
5. Current situation of continuing education in public health in Switzerland

Currently, most positions in public health in Switzerland are still held by persons lacking formal education in public health.\(^1^9\) In theory, two of the three types of higher education institutions («Universitäten» and «Fachhochschulen») could be the providers of public health continuing education, as they are both mandated to engage in this field. Academic offers in continuing education should complete the skills and competencies of Bachelor- and Master-studies and allow for a disciplinary specialisation or an «additional accentuation» of the personal profile in other fields of science. The focus on practice at the universities of applied sciences enhances their offers in continuing education responding to new needs for qualification from the job market. These offers are aimed at additional professional qualifications or at new professional tasks.\(^2^0\) In view of these school type profiles, public health as a whole would be at least equally well attributed to the universities of applied sciences.

Looking at continuing education in general, one becomes aware that many of the problems present in public health continuing education are also problems of continuing education in general: continuing education in Switzerland is generally:

- very heterogeneous (in different aspects, e.g. financing or regarding legal aspects)
- lacking legal basis, hampering transparency and quality of offers as well as certification
- lacking coordination, e.g. concerning the efficacy of funds or in organising transversal themes.\(^2^1\)

In the same paper, the tasks of a new federal policy for continuing education are drafted. The system of continuing education should become more coherent and efficient and the whole space of education should become more coherent. It is also mentioned that some groups of people do not have enough access to continuing education. This may not be the most important problem in the public health field, but it may hold true that not all professional fields interested in and touched by public health are included closely enough in the existing offers.

Currently, continuing education in public health in Switzerland is not structured. Offers include:

- Workshops organised by the SSPH+
- Congresses
- Open modules in postgraduate programmes in the universities and universities of applied sciences
- Workshops, discussions, information events etc. organised by Institutes of Social and Preventive Medicine and other organisations
- Courses organised by other providers\(^2^2\)

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\(^{1^9}\) See position paper «The Future of Public Health in Switzerland: Setting the Agenda for a Swiss School», November 2009.


\(^{2^2}\) From 1994 to 2000, the Swiss Society for Public Health offered courses in different domains like methodology, communication, Public Health research and implementation in to the practice, actual health research results. Till 1997, this programme was coordinated at the coordination center for public health (the latter coordination center of the MPH-programme of the institutes of social and preventive medicine of Basel, Berne and Zurich), later by the Swiss Society for Public Health (today Public Health Schweiz).
Characteristics of current system

The current system of continuing education in Switzerland is characterized by the interviewed Swiss experts as follows:

- It is a very heterogeneous system.
- Different providers: universities (of applied sciences), university/cantonal hospitals, professional associations.
- University/academic bias.
- There are two linguistic regions.
- The system is growing.
- Nobody has a complete overview.

Strengths and Weaknesses

<table>
<thead>
<tr>
<th>Strengths of the current system:</th>
<th>Weaknesses of the current system:</th>
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<tbody>
<tr>
<td>• As broad as public health.</td>
<td>• Overview difficult.</td>
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<tr>
<td>• Generally good quality.</td>
<td>• Short, fragmented modules: no</td>
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<td>• Different offers from different providers, individual combinations possible.</td>
<td>common professional «identity» can be fostered.</td>
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<td>• Quality frame is lacking.</td>
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<td>• Cooperation between linguistic</td>
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<td>regions is not sufficient.</td>
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<td>• Offers are not practice oriented.</td>
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<td>• Not well organised.</td>
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<td>• No flexibility.</td>
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<td></td>
<td>• «Self-reproductive» (no inclusion of new people, ideas, concepts, «self-sufficient»)</td>
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<td>• Lack of portfolios/competence lists</td>
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6. Target state of continuing education in public health: what experts say

In this section, statements of the Swiss experts concerning future developments of continuing education in public health in Switzerland are condensed. As we used a qualitative approach, there is no quantitative weighting of the answers. Where all the experts gave the same answers, the statements are short; where there were different opinions, all are listed.

How to improve the system

<table>
<thead>
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<th>Recommendations to improve the system:</th>
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<tr>
<td><strong>Concepts</strong></td>
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<tr>
<td>• Adapt the system of continuing education used in medicine or by Pharmasuisse.</td>
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<td>• External organisation should bring together the academic and practical view of public health</td>
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<td><strong>Quality improvement</strong></td>
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<td>• External quality assurance system</td>
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<td>• Quality development</td>
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<td>• Accreditation</td>
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<td><strong>Services</strong></td>
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<td>• Improve structures</td>
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<td>• Collect all offers in an accessible platform</td>
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<td>• SSPH+ should publish a white list of good offers from different providers</td>
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<td><strong>Curricula development</strong></td>
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<td>• Enhance practical orientation</td>
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<td>• «Guiding line» between fragmented modules, but also from MPH-programmes to doctoral/PhD programmes</td>
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<td>• Install a new «Fachgruppe» on continuing education in Public Health Schweiz</td>
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Purpose of continuing system

The main purpose of continuing education in public health is to respond to the needs of the public health workforce. It should also raise awareness of the importance of public health and enhance a common, transversal professional consciousness. Also, an important task of continuing education is to give updates and new information to the public health workforce; special attention should be paid to management aspects. A distinction should be made between the academic PhD programmes aiming for very high level research academics and doctoral programmes for more strategic or policy oriented carriers.23

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23 Canada makes a distinction between PhDs in Public Health (researchers) and Doctors in Public Health (strategy/policy orientation).
# How to organise the system

## Form of continuing education in public health

<table>
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<th>Comparison</th>
<th>Description</th>
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| **Mandatory vs. free choice** | • All possible responses have been given: from a purely mandatory to a fully free system and also from «more mandatory» to «more, but not completely free choice options».
| **Structured vs. unstructured** | • Same: from completely structured to completely unstructured.
| **General vs. target group oriented** | • Here, there is a slight preference to the target group oriented offers.  
  • Instead of target group oriented were also mentioned theme oriented offers, e.g. gerontology.
| **Distance learning vs. face-to-face** | • Slight preference of face-to-face learning, although distance learning is also welcomed.  
  • Some issues have to be elaborated in a community-based approach; also there are needs to learn how to intervene in a social system, which is difficult to do via distance learning.
| **Input driven vs. based on learning outcomes** | • Preference is clearly with the learning outcomes, although general impression is that there is still a long way to go. |
### Organization of continuing education in public health

<table>
<thead>
<tr>
<th>Theme</th>
<th>Comments and specification</th>
</tr>
</thead>
</table>
| **Organiser** | - SSPH+ could be the leading house, should coordinate all offers  
- SSPH+ with partners from private (employers, insurances) and public sector (FOPH, cantons), educational institutions  
- Organiser must have access to all linguistic regions  
- Organiser must have access to all types of providers  
- There should be one institution with two (equal footed) directors for research and for practice oriented offers/education |
| **Interlinking or separation of continuous and postgraduate education** | - In this question, again there are different opinions.  
- Most opt for an interlinking of the system, especially the option to open modules from postgraduate programmes to a wider audience.  
- Some are not in favour of interlinking the systems. |
| **Quality control** | - Nearly all experts enhance the need for a formal quality assurance system, allowing the organiser of a coming «white list» to compare and classify the offers; a quality assurance system also helps to raise transparency.  
- There is also a high acceptance for formal accreditation measures.  
- Some experts are convinced that there is no need for an external quality control and think that the evaluation of the courses by the participants is sufficient. |
| **Certification** | - This is not a very «hot» issue. The respondents could live either with credit points or attendance confirmation.  
- The experts are also in favour of certificates and especially of a final certificate if a whole programme is completed. |
| **Financing** | - There is a strong preference for a mixed finance model paid mainly by participants (or their employers) and public money (especially for infrastructure); there is no focus on special grants or funds. |
7. Conclusion

The following conclusion is a first draft, based on the interviews with experts. Certain aspects of it could be looked at more in detail, or discussed again with a group of experts. Due to time restrictions, this is a first impression and quick overview on the data. At the end of the questionnaire, a possible new model for continuing education in public health was presented to the experts. Here are their comments and additions to the different aspects of the model. At the end, you will find some comments on the framework needed to realise such a scenario.

a) Draft of a future model of continuing education in public health in Switzerland

<table>
<thead>
<tr>
<th>Voluntary system</th>
<th>Organized by SSPH+ in cooperation with partners (e.g. Public Health Schweiz, FOPH, Conference of cantonal health directors, and more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments from experts:</td>
<td>• Viewed as realistic and pragmatic&lt;br&gt;• There should be more partners like institutions (e.g. hospitals)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Recommendations for a structured regulation of continuous education in public health verbalized (superordinate regulation of continuous education in public health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments from experts:</td>
<td>• Strong consensus concerning the need to structure continuing education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptation of recommendations</th>
<th>Use of this superordinate regulation of continuous education in public health by professional organisations to establish specific regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments from experts:</td>
<td>• Mixed comments, from strong consent to strong dissent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Based on a catalogue of predefined learning outcomes for continuous education in public health (established using international best practices, adapted to Swiss needs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments from experts:</td>
<td>• Strong consent to follow a learning outcomes oriented approach in the future&lt;br&gt;• International good practice examples exist, have to be adapted for Swiss needs in a concerted, participative action</td>
</tr>
<tr>
<td>Building on existing programmes</td>
<td>Based on existing offers (no development of a new programme)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Comments from experts:</td>
<td>• The existing offer is generally viewed as of good quality, though not structured or coordinated&lt;br&gt;• Some experts think that this can only be decided when there is consensus about the core competencies and a list of learning outcomes for public health</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>Mechanisms of quality assurance are built in the system of continuous education in public health; predefined quality criteria have to be met for the recognition of the module («white list» of courses and modules will be established by organisers)</td>
</tr>
<tr>
<td>Comments from experts:</td>
<td>• Strong consensus from experts: quality assurance helps gaining transparency&lt;br&gt;• Helps to improve quality in the whole field of public health and therefore enhances a generally higher estimation of public health views&lt;br&gt;• A few experts consider formal quality assurance as bureaucratic burden and opt for evaluation of the offers by participants as only quality assurance measure&lt;br&gt;• Quality assurance could also be extended/alimented by elements of self certification and self evaluation by participants, e.g. by keeping a logbook</td>
</tr>
<tr>
<td>Certification</td>
<td>Course certificates are handed out, including a notification of ECTS credit points. After fulfilment of the compulsory continuous education (e.g. 40 hours/yr attested courses) as stated in the regulation, it can be attested with a specific certificate by the assigned organisation</td>
</tr>
<tr>
<td>Comments from experts:</td>
<td>• Strong consensus for handing out a certificate and adapting the European credit point system (ECTS)&lt;br&gt;• Certification could also be extended/alimented by elements of self certification and self evaluation by participants, e.g. by keeping a logbook</td>
</tr>
<tr>
<td>Services</td>
<td>All the recognized offers are compiled on a platform on the internet; the platform is generated by participants and providers of continuous education courses in public health and is controlled and maintained by the organisers</td>
</tr>
<tr>
<td>Comments from experts:</td>
<td>• Strong consensus&lt;br&gt;• Quality assurance helps to compile a «white list» following transparent criteria</td>
</tr>
<tr>
<td><strong>Interlinking of postgraduate and continuing education</strong></td>
<td>Close link between postgraduate and continuous education in public health (postgraduate offers are available for continuous education; credit points earned in continuous education can be attributed to postgraduate courses etc.)</td>
</tr>
</tbody>
</table>
| Comments from experts: | • Wide acceptance  
• Few experts view the two systems as independent and think they should be kept separated |
| **Compatibility** | Compatibility with other programmes of continuous education in the health sector in Switzerland is assured (e.g. with continuous education programme of FMH) |
| Comments from experts: | • Strong consensus  
• Compatibility with more economically oriented offers (e.g. Gestion et économie de la santé, UniL, UniBE) is also important  
• Whole «landscape» of public health relevant programmes and courses has to be screened with the instruments of a core competence list and quality criteria |
| **Funding** | Courses are financed by participants; structural financial support by FOPH (e.g. infrastructure for organization, internet platform, quality assurance) |
| Comments from experts: | • Strong consensus for a mixed funding and the general distinction of participants funded courses vs. public funds for infrastructural work  
• Some tend to include the private sector (employers) in an early stage in the funding of offers, arguing that they will be the winners of an improved and more coherently organised continuing education in public health  
• Others argue that it is not the FOPH who should have the leading role, but e.g. the cantons (as university «owners») |
Further comments by experts:

- It is a fact that there are still too many persons lacking a public health perspective in public administration, and this holds especially true if you look at the higher levels in hierarchy.
- Cantonal administrations in big cantons are important public health employers and actors, but still not much in focus.
- Fostering a strong and shared view of public health would be an improvement for all persons and organisations working in public health. A system of internships could enhance such a coherent view.
- The development of a project as drafted above needs considerable resources in the form of time and manpower; in contrast, it will help to save money and at the same time improve the quality of offers and public health workforce in the long run.
- To develop a solid project backed by the public health workforce, actors have to be treated equally. This implies some political decisions on the top-top level.

b) Project organisation and procedure

In view of the above mentioned comments by our experts who know both the Swiss situation and public health in general very well, it is important to follow some rules in future activities:

- As this is a huge project touching different levels and interacting with a plethora of actors, a stepwise procedure should be envisaged.
- A business plan should be developed and the SSPH+ should set up a coherent project organisation, including mandates for external, independent organisations; the role of the SSPH+ should be the coordination of the process and the controlling of the tasks assigned to different organisations and working groups.
- It will be very important to keep the overview and the thread of all the sub-projects, working groups, taskforces etc.
- It will be also very important to communicate in an open and supportive way, to facilitate the exchange between different actors and to coordinate all the activities.
- This process can be accelerated and improved by combining a bottom up\textsuperscript{24} with a top down\textsuperscript{25} approach.
- This will also help to foster the sustainability of reached goals.

Rolf Heusser
Zurich, 31. October 2010

\textsuperscript{24} Working groups etc.
\textsuperscript{25} Preparation of cooperation contracts; adoption of competence list etc.
Annex I
Aktueller Stand Fortbildung in Public Health

Fragebogen

Beantwortet von:

Datum:

Vorgehen: Bitte schreiben Sie Ihre Antworten und Kommentare direkt zum jeweiligen Punkt.
☐ können mit der Taste x markiert werden: ☒. Speichern Sie bitte den ausgefüllten Fragebogen ab und senden Sie ihn an heussergretler@bluewin.ch zurück. Besten Dank!

1. Wie charakterisieren Sie das bisher existierende Fortbildungssystem in Public Health (PH) in der Schweiz und wie schätzen Sie es ein?
   a. Charakteristika:
   b. Stärken und Schwächen des bisherigen Systems:
   c. Ihre Empfehlungen zur Verbesserung:

2. Was sollte Ihrer Meinung nach der Hauptzweck der PH Fortbildung sein?

3. Sollte die Schweiz ein verpflichtendes, strukturiertes Fortbildungssystem für Public Health Berufsleute einführen (wie bisher bei Ärztefortbildung üblich)?

   ☐ ja
   ☐ nein
   ☐ weiss nicht

   Bemerkungen:

4. Wer sollte die Fortbildung in PH in der Schweiz organisieren?

5. Wie sollte das System der PH Fortbildung in Zukunft organisiert sein?

   freiwillig x-------------------------------------x verpflichtend
   strukturiert x-------------------------------------x unstrukturiert
   (Programm) x-------------------------------------x (freie Wahl)
   allgemein x-------------------------------------x zielgruppen-orientiert
   Fernstudium x-------------------------------------x Face to face
   Inputorientiert x-------------------------------------x basierend auf Learning outcomes

   ☐ Falls basierend auf Learning outcomes: welche Listen von PH Kompetenzen könnten als Referenzinstrumente verwendet werden?
6. Sollte es zwischen der Weiterbildung und der Fortbildung in PH in der Schweiz eine Verbindung geben?
   - nein, es handelt es sich um zwei unterschiedliche Themen
   - ja, die beiden Systeme sollten verbunden werden und zwar in folgender Weise:

7. Wie kann die (gute) Qualität von Fortbildungsangeboten in PH in der Schweiz garantiert werden?
   - es braucht keine spezielle externe Q-kontrolle (Marktmechanismen und interne Kontrollen genügend)
   - Einführung von formellen externen Q-kontrollmechanismen empfohlen

8. Wie sollte die Teilnahme an PH-Fortbildungsveranstaltungen zertifiziert werden? (mehrere Antworten möglich)
   - mit Kreditpunkten
   - mit Teilnahmebestätigungen
   - mit einem Schlusszertifikat wenn vordefinierte Programmanforderungen erfüllt sind
   - anderes:

9. Wie sollte das PH-Fortbildungssystem in der Schweiz finanziert werden? (mehrere Antworten möglich)
   - selbstfinanziert (Teilnehmerbeiträge)
   - durch öffentliche Mittel subventioniert
   - durch spezielle Geldmittel (Stiftungen, Fonds) finanziert
   - anderes:
10. Können Sie folgende Ideen für ein PH-Fortbildungssystem in der Schweiz kommentieren?

**Entwurf für ein Public Health Fortbildungssystem in der Schweiz**

a. Freiwilliges System

b. Organisiert von SSPH+ in Zusammenarbeit mit Partnern (z.B. SGPG, BAG, GDK u.a.)

c. Empfehlungen für eine strukturierte PH-Fortbildung formuliert (im Sinne einer übergeordneten Fortbildungsordnung)

d. Nutzung dieser übergeordneten Fortbildungsordnung durch Fachorganisationen zur Erstellung von spezifischen Fortbildungsreglementen

e. Basierend auf einem Katalog von vordefinierten Learning outcomes für PH-Fortbildung (zu erstellen auf der Basis von internationalen *best practices*, auf schweizerische Bedürfnisse angepasst)

f. Basierend auf bestehenden Angeboten (keine neue Programmentwicklung)

g. Qualitätssichernde Mechanismen werden im PH-Fortbildungssystem eingebaut; vordefinierte Qualitätskriterien für Kurse müssen für Anerkennung der Kurse erfüllt sein („weiße Liste“ von Kursen wird von Organisatoren erstellt)

h. Kursbestätigungen werden abgegeben, mit Angabe der erworbenen ECTS Punkten

i. Erfüllen der Fortbildungspflicht nach Massgabe der Fortbildungsordnung (z.B. 40 Stunden attestierte PH Fortbildung pro Jahr) kann von durchführender Organisation mit einem spezifischen Zertifikat attestiert werden.

j. Internet-Plattform mit allen anerkannten Kursangeboten wird erstellt; die Plattform wird von Programmteilnehmenden und Kursanbietern generiert und von den Organisatoren kontrolliert und unterhalten

k. Enge Verbindung zwischen PH-Weiterbildung und PH-Fortbildungsangeboten (Module der WB sind offen für die Fortbildung, Anerkennung von FB-Kreditpunkten für die Weiterbildung möglich)

l. Kompatibilität mit anderen Fortbildungsprogrammen im Gesundheitssektor in der Schweiz ist sichergestellt (z.B. mit FMH-Fortbildungsprogramm)

m. Finanzierung: Kurskosten teilnehmerfinanziert; Strukturfinanzierung durch BAG (z.B. Organisations-Infrastruktur, Internet-Plattform, Qualitätsskontrolle)

Ihre Kommentare zum Vorschlag als Ganzes oder zu einzelnen Punkten:

Herzlichen Dank für die Mithilfe!

Rolf Heusser, Oktober 2010
Annex II

Continuous education in Public Health: List of questions to determine current state

Name:
Organisation:
Country/State:
Date:

Please write your comments and answers directly into this questionnaire. You can mark the boxes with the „x“: ☒. Please return the document to heussergretler@bluewin.ch. Thank you very much for your kind cooperation!

1. **Does a system of structured continuous education (Life Long Learning LLL) for Public Health (PH) exist in your country/state?**
   - [ ] no
   - [ ] yes, it exists for the general public health workforce
   - [ ] yes, it exists for specific target audiences in public health (please specify)

2. **Who is organizing LLL in Public Health in your country/state?**

3. **What is the main purpose of this system/the LLL programme?**

4. **How is the system organized?**

   - voluntary
   - structured format
   - (predetermined programme)
   - one size fits all
   - distance learning
   - input driven

   - mandatory
   - unstructured format (free choice)
   - targeted to specified audiences
   - face to face
   - based on learning outcomes
   - (e.g. catalogues of learning outcomes)

If the LLL system in public health is learning outcome driven: based on which catalogue of competences?

5. **What is the link between postgraduate education programmes and lifelong learning in PH?**
   - [ ] no link at all, these are two separate issues
   - [ ] yes, the systems are interlinked
   - If yes: how?

6. **How is the quality of the continuous education guaranteed? (several answers possible)**
   - [ ] market mechanisms as regulatory factor
   - [ ] internal quality control mechanisms of providers
   - [ ] external quality control mechanisms (accreditation, evaluation, audit, etc.)
   - [ ] other:
7. How is attendance of courses certified (several answers possible)?
   - Credit points
   - Certificate of course attendance
   - Final certificate if predefined programme requirements are met
   - other:

8. How is the system financed? (several answers possible)
   - self-financed by participants
   - supported by public money
   - special grants
   - other:

9. What are the experiences with the existing system of LLL in public health in your country/state?
   a. Strengths of existing system:
   b. Weaknesses of existing system:
   c. Recommendations for improvement:

10. Who could give further answers to these questions?
    a. Reference persons:
    b. Links/literature:

Thank you very much for your support!

Rolf Heusser

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