SHORT REPORT

Shaping and authorising a public health profession

Katarzyna Czabanowska[1,2], Ulrich Laaser[3,4], Louise Stjernberg[5]

[1] Department of International Health, School for Public Health and Primary Care (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands;

[2] Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Krakow, Poland;

[3] Faculty of Health Sciences, University of Bielefeld, Germany;

[4] Centre School of Public Health, Faculty of Medicine, University of Belgrade, Serbia;

[5] Department of Health, Blekinge Institute of Technology, Karlskrona, Sweden.

Corresponding author: Prof. Ulrich Laaser, Faculty of Health Sciences, University of Bielefeld;
Address: POB 10 01 31, D-33501 Bielefeld, Germany; Email: ulrich.laaser@uni-bielefeld.de

Abstract

The aim of this short report is to stimulate a discussion on the state of a public health profession in Europe and actions which need to be taken to authorise public health professionals based on their competencies. While regulated professions such as medical doctors, nurses, lawyers, and architects can enjoy the benefits of the 2005/36/EC Directive amended by 2013/55/EU Directive on the recognition of professional qualifications, public health professionals are left out from these influential (elite) professions.

Firstly, we use the profession traits theory as a framework in arguing whether public health can be a legitimate profession in itself; secondly, we explain who public health professionals are and what usually is required for shaping the public health profession; and thirdly, we attempt to sketch the road to the authorisation or licensing of public health professionals. Finally, we propose some recommendations.

Keywords: profession, professionalization, public health, recognition of professional qualifications.

Introduction

There are many professionals within the European Union (EU) that are still waiting for the recognition of their qualifications. Contrary to regulated professions such as doctors, nurses, midwives, pharmacists and architects, the public health (PH) profession being so multidisciplinary and system-dependent is still not clearly defined in the European states, which hinders professional mobility, rights to an automatic recognition and integration of public health professionals in the single market. The survey carried out by The Association of the Schools of Public Health in the European Region (ASPHER) identified a profound need to develop clear-cut professional qualification models which would allow for the certification and licensing of the profession (1).

The aim of this short communication is to stimulate debate on the state of a public health profession in Europe and measures and actions which need to be taken to authorise public health professionals based on their competencies.

The EU Directives

The EU introduced the Directive 2005/36/EC (2) and adopted Directive 2013/55/EU (3) on the modernisation of Directive 2005/36/EC on the recognition of professional qualifications on the 20th of November 2013. This document was an attempt to provide a basic legislative framework of the recognition of qualifications. However, there are still many issues left unresolved by the directive. The directive 2005/36/EC was formulated to facilitate the mobility of professionals within the EU (4). Depending on the national legislation and the profession in question, the document provides three different legal approaches to the recognition of a qualification. Foster (2012) explained that the automatic recognition is the first possible procedure that is restricted to a limited number of regulated professions (5). In this case, the host country should recognize automatically the qualification. A second approach is the mutual recognition of qualification that is meant for the recognition of a "general system" profession. This procedure works on a case-by-case basis. In general, it establishes that an individual should undergo compensatory measures only when the education or the minimum required years of practice diverge drastically from the receiving country's regulation. Finally, the third approach is for individuals who establish themselves in another Member State (MS) by working or providing a service on a temporary or occasional basis (5,6). The legislation might allow them to work without a prior recognition from the receiving country. However, article 7 of the directive is representing a restriction to this model (4). The article states that if there is a considerable difference between the individual's qualification and/or the training required by the MS in particular in a profession having public health or safety implications, a prior check or compensation measures may be maintained (7). There are many controversial aspects within the directive: it is excluding a part of professionals from the mutual recognition by creating an inequality between the regulated and the unregulated professionals. Moreover, the insecurity for the recognition of the qualification of non-regulated professionals, especially in the health sector, will contribute to a decline in the number of applications for this field (8). Consequently, for a discipline such as public health there may be a shortage of labour force in the following years. These issues need to be solved to determine the needs of the job market.

However, fortunately, the Amendment to the 2005/36/EC Directive article 16(a) states that:

"The mobility of healthcare professionals should also be considered within the broader context of the European workforce for health" (2), thus, leaving room for public health professionals to be considered. Therefore, there is a call for action directed to the public health community to shape the public health profession.

Shaping a profession
Different countries have their specific way of looking at public health, and shaping this profession is complex as public health is a very heterogeneous interdisciplinary composite with many different fields involved. However, the leadership should be provided by a highly trained *professional workforce*, specialised in the core areas of public health and *formally recognized* as a defined profession based on academic degrees. Our focus is not on the role of medical staff covering also public health aspects in their work environment, neither on non-health professions adding to the assurance and advancement of public health.

In order to discuss the shaping of a public health profession, a significant question relates to the extent that public health profession exhibits the characteristics of a profession. There are many sociological theories which describe the concept of a profession, the professional, and professionalization. While the precise content of these models varies, there are several characteristics that distinguish the professions from other occupations. The most commonly cited traits (9) include:

i.   skills based on abstract knowledge which is certified/licensed and credentialed;
ii. provision of training and education, usually associated with a university;
iii. certification based on competency testing;
iv. formal organization, professional integration;
v.   adherence to a code of conduct;
vi. altruistic service.

Firstly, we will use these traits as a framework in arguing whether public health can be a legitimate profession in itself; secondly, we will explain who public health professionals are and what usually is required for shaping a public health profession; and thirdly, we will attempt to sketch the road to the authorisation or licensing of PH professionals. Finally, we will propose some recommendations and stimulate the debate with open questions.

Public health as a profession
Applying the trait framework to a public health profession, one can immediately observe that the first three characteristics are fulfilled. Although public health is a multidisciplinary field, it encompasses abstract knowledge which can be reflected in public health competencies (ASPHER) when it relates to science, and in the Essential Public Health Operations (EPHO) when it relates to the art. Both can serve as a strong base for licensing and certification of educational and practice qualifications. Public health education is provided by higher educational establishments in the form of Bachelor and Master programmes with specialisation in public health, or a PhD in public health (referring to the three cycles of the Bologna system). Public health programmes are in the majority of cases competency-based and, if not, their reform has been encouraged by the ASPHER Competency Project Initiative (10,11). Concerning the formal organisation and professional integration, contrary to what we observe in regulated professions such as medical doctors, nurses, midwives, lawyers, and architects, public health professionals do not have a specific organisation or chamber which would safeguard their rights and privileges. With respect to the specific code of conduct which would apply to the whole profession, we do not have many examples to follow (12,13). Finally, considering an altruistic service as something what distinguishes public health professionals from other professions, we may state that the whole ethos of public health is based on altruistic principles of serving and protecting for the benefit of public and individual health.

Based on this short inventory we are able to prove that public health can be considered a profession if we put some effort in formalising and strengthening its professional integration.

Who are public health professionals?

Unlike the medical profession, defining public health professionals is more elusive. For example, Beaglehole and Dal Poz define the public health workforce as *"a diverse workforce whose prime responsibility is the provision of core public health activities, irrespective of their organizational base"* (14), highlighting that public health workforce can be located both inside and outside the health sector (15). Whitfield provides a theoretical conceptualization of public health activities and the related workforce. According to this concept, the public health workforce can be divided into three groups: i) "public health specialists"; ii) "people indirectly involved in public health activities through their work"; and iii) "people who should be aware of public health implications in their professional life" (16).

Distinguishing between these three categories of the public health workforce emphasizes the multidisciplinary and diverse character of public health itself. Despite many differences among countries, public health professionals in Europe often are physicians and have a medical public health/social medicine specialization, although there has been a shift towards more multidisciplinary teams since the 1990s and 2000s, with Finland, Ireland and the United Kingdom among the first countries in Europe in which professionals with different backgrounds were educated in public health (14). However, the multi-professionalism of the future public health profession is not represented in many European countries.

For the purpose of this paper the public health workforce – whether actual or potential – consists of three main categories:

i. *Public health professionals* – professionals with sufficient public health competences at master level for public health services and/or doctor of philosophy (PhD) for public health research. A bachelor degree can be considered as an entrance level, leading to a master in public health (MPH)/PhD degree, independent of working in- or outside the health system, or: in- or outside the public health services.

ii. *Health professionals* – health staff with more restricted public health competences and functions in- or outside organised public health services; their main education would basically be a medical or other health-related programme with limited public health aspects – e.g., health promotion, or screening.

iii. *Other staff with job functions bearing on the population's health.* Examples would be teachers or policemen. We focus here on the first group, the public health professionals, which include:

   a. *General public health professionals* – individuals with a bachelor or master degree in public health. Thus, they can be younger persons with no previous professional experience. They hold the academic degree, but not necessarily a licence for a profession. The content of the education provided by the university programmes shapes *general public health professionals.* Needless to say, it should follow the ASPHER competency lists (10,11).

   b. *Public health specialists*, i.e. general public health professionals who have added special competences to their general public health education and training from the areas such as: epidemiology, management and administration, health promotion, environmental health, public health genomics, or global public health which go beyond a selected specific track covered during their MPH programme, or ideally accomplished a PhD.

What is usually required for shaping a profession?

Firstly, there are specific legal and regulatory steps which need to be taken in order for the profession to get a legitimate recognition. Therefore, a specific national public health legislation should be granted to national public health councils or their equivalents, giving them the regulatory authority to protect the public's health and including provisions on: a)

public health positions, especially those related to leadership posts; b) second (MPH) and third (PhD) cycle academic degrees, and; c) an independent national public health chamber with the mandate to safeguard the right to enter and execute the profession, certify and license [including the mandatory minimum credits from accredited Continuing Education (CE)]. The support of WHO-INT is needed here to provide a model Public Health Law as well as the support of CE to allow for mutual recognition of academic degrees, certification, and licensing in order to enhance mobility. Formal professional certification is a national prerogative. Although some attempts have been made in some EU countries e.g. The UK Qualification Register (17), these are highly country-specific and do not necessarily fit the diverse PH systems in Europe.

Secondly, formalized CE programmes (including an official statement on required credits), accredited at the national level by either a separate administration or a professional chamber should be made available for public health professional development. Agency for public health education accreditation should provide the quality criteria for CE and offer to accredit the national accreditation procedures.

Thirdly, systematic development and adaptation of the existing public health competency models to meet the needs of continuing professional development, professional appraisal, and development of public health job profiles, should constitute the ongoing improvement process. This should be followed by the translation of the competency profiles to public health operations, thus, creating various competency-based job descriptions fitting possible EU public health qualification schemes.

Finally, the cooperation between all sectors of education, training, and the world of work is needed to improve sectoral identification and anticipation of skill and competence needs.

Potential conclusions and recommendations

Based on our analysis we see a potential in mobilizing the efforts of the public health professional community to build on the strengths and achievements of the profession so that it can join the elite of regulated professions. We strongly believe that no effort should be spared in identifying the possibilities in the EU regulatory documents and exerting influence on changing their content so that they are more inclusive in view of the Common European Market. Above all, we should make sure that the public health profession fulfils all the necessary criteria to be considered a regulated profession and is supported by a strong formal organization at the national and European level. Therefore, we recommend the following:

i.   Strong lobbying of the professional public health community at the EU level to support the introduction of adequate legislation.
ii. Implementation of the Professional Qualification Directive with broader mention of the recognition of public health professional qualifications.
iii. Advocating for Public Health Laws to establish the requirements for leadership positions (see WHO database planned).
iv. Assuring that national qualifications are recognized EU-wide and beyond (European-wide recognition required for enhanced professional mobility).
v.   Developing clear differentiating criteria related to academic (Bologna cycles) and professional certification and re-licensing based on continuous professional development credits.
vi. Provision of certification and licensing for all public health professionals.
vii. Acceptance of the national responsibility for certification and licensing.
viii. Advocating for the establishment of Professional Public Health Self-Government (Chamber) at the national level.

Acknowledgement

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