From academic competencies …

Public health (PH) organizations in different parts of the world (such as North America\textsuperscript{1,2}) have recently been seeking to define competencies relevant to PH practice. The Association of Schools of PH in the European Region (ASPHER) has initiated a programme to produce a European PH competency framework.\textsuperscript{3,4} ASPHER invited all member schools to participate in brainstorming workshops which yielded a provisional list of competencies.\textsuperscript{5} These were discussed and supplemented with more competencies at two European conferences (at Aarhus University, Denmark, in April 2008, and at Ecole des Hautes Etudes de Santé Publique (EHESP), Paris, France, in October 2008), with the participation of representatives of national health systems as well as of schools of PH (SsPH); the conferences aimed at further development of the lists based on continuing dialogue between SsPH and PH stakeholders.

Typically, competencies are general descriptions of the knowledge or skills needed by an individual, or a group, to perform a specific activity in an organization. A European cross-country PH competency framework has many potential applications, including standard setting and curriculum development in PH education and training, benchmarking for completion of training and of specific roles, as well as an aid to job description construction. As well as promoting a structured and systematic approach to personal professional development, such a framework could be used to identify needs for PH capacity building, and to facilitate professional collaboration and mobility, exchange of ideas and PH employment opportunities throughout Europe.

Moreover, the development process itself, aiming at agreed-upon lists of competencies for PH education, will need to be based on discussion of real-life PH challenges and PH responses to these in the context of the existing PH system. Thus, specially designed workshops, at which vigorous discussion of these issues is encouraged, are needed to connect the workforce with those who employ it and with those who train it.

… to their application in ‘practical’ applied service public health

To assess whether it is possible to validate suggested PH competencies, written by academic staff of SsPH, in the ‘practical’ PH world, two pilot workshop days were held in Maribor, Slovenia and in Lanarkshire, Scotland. The workshops were designed to assess selected parts of the European PH competency framework produced as a part of the competencies programme of ASPHER. A further aim was to assess the potential of a 1-day workshop model, designed to promote both communication on competencies, and the identification of gaps in a competency framework.

Before each workshop, the local organizers and participants were supplied with four PH-written scenarios, two of which focused on the prevention of childhood obesity, and two on the prevention and amelioration of alcohol abuse. Participants and organizers were asked to produce empirical documentation concerning their own local situations in relation to these common PH problems.

There was good attendance at all the workshops. Participants included a wide range of the local PH workforce, from the most senior to the most junior. After brief presentations describing the concept of PH competencies and the ASPHER European competency project, followed by brief presentations on the local manifestations of the PH scenarios to be discussed, and on solutions currently being implemented, most of the time was spent in group discussion on the relevance and usefulness of a selection of example competencies.

Participants’ comments

Comments about the competencies examined included one that the wording was often not sufficiently clear for practical application, or that in some instances it contained ‘academic jargon’. Some competencies needed to be split into more focused, separate competencies. Other complex competencies were either too specific to be applicable to the daily work of the general PH workforce, or simply too general to offer opportunities for realistic and practical interpretation for particular circumstances.

In these two first programme phases, competencies were classified by theme and as according to whether they were either intellectual (knowledge, understanding) or practical (skills), but they were not categorized in other ways (e.g. by educational level). Following the two phases of collection and compilation, the competencies currently range from generic to very specific. It was suggested by workshop participants that competencies should be generic to allow use by the widest
range of PH workforces. However, there were comments in both Scotland and Slovenia that some of the competencies are currently too vague to be meaningful, and are too open to different interpretations. Some of the competencies attempted to counter this by including a long list of examples, but this was thought to be too inappropriate, as such a list could be considered too prescriptive. It was suggested that, in order to provide more meaning for those using the framework, each competency should be linked to at least one specific example showing how it might be applied.

**Developing a European competency framework together**

These results from two different countries suggest that workshops with local PH workforces can be used to generate valuable information regarding the validity, precision, applicability and acceptability of a European cross-country PH competency framework, especially if these workshops interact with other processes relevant to successful PH practice. Moreover, the comments about the competencies from Slovenia and Scotland actually show a high degree of concordance. In most cases where comments about specific competencies were recorded from both locations, the comments were essentially the same. In particular, there was agreement on the recommendations that specific complex competencies should be divided.

It is encouraging that PH workforces from across Europe concur with each other about what competencies are relevant to specific areas of PH work, and how such competencies can be assessed practically in the workplace. It should not be surprising that PH workforces seem to agree more with each other (than with SsPH) about how competencies should be worded and structured. Moreover, one of the main messages that came out strongly from the workshops was the need for any competency framework to be directly relevant to, and constructed with direct links to, concrete PH work for target populations in the context of their particular health service systems.

Achieving consensus about the types and number of competencies listed is one of the main challenges for the next phase. Many competencies seem to have multiple components that are in reality a series of separate competencies. These indeed need to be broken down properly into such separate competencies, so they can be assessed individually. Duplication should be avoided after cross-country discussions, involving full respect first for differences between national and professional cultures, and second for demonstrable variations in population health and in health system development. Moreover, future competency frameworks should be compiled to aid the objective selection of competencies for specific PH tasks or projects, with grading of competencies appropriate to workforce ‘levels of employment’.

The continued use of local workshops, as described here, to test and refine the competency framework will enhance communication between SsPH and the PH workforce, and should encourage its future use through shared ownership of the final product.

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**References**


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