

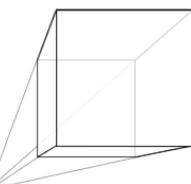
Perspectives:

Public Health Workforce Development in Slovenia and Wider

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Introduction	43
The Public Health Workforce	44
International Networking in Public Health Training	46
Public Health – the Challenge of Diversifying its Workforce	46
Introduction of Competency-Based Education Approach to Specialty Training in Public Health Medicine in Slovenia	47
Public Health in Different Study Programmes in Slovenia	48
School of Public Health as a Part of Healthcare System	49
A Reflection on Public Health Through the Prism of Communication	50
Public Health Private Chat, Small Countries Big Problems	52
Conclusions	54



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Introduction

History of modern society is riddled with public health breakthroughs. Advances based on the notion of prevention of disease and promotion of good health allowed for better living conditions, safe transportation, diverse and nourishing diets, and numerous other standards of developed societies most of us take for granted.

In retrospect, we praise much of those advances as prototypical public health measures. Did ingenious minds behind those actions perceive themselves as public health pioneers? One might even argue that they needn't identify as such (1). John Snow, Louis Pasteur and Robert Koch transformed the world through their work and for that they only had to subscribe to the ideal of public health - not to the profession. They were inventors that spawned a health revolution. But times have changed. We are faced with globalised world, global warming and regular political tantrums with possibly perilous consequences (2). Nations of the world are putting health high on the agenda with concerted actions such as Millennium Development Goals and Sustainable Development Goals (3). Further advancement of public health demands a different toolset and approaches from those of past eras. This holds true for public health practice on international as well as on a national or even local level (4). Modern challenges of public health require a workforce with capacities to address and overcome them (5,6). Public health practitioners of today and tomorrow need to be leaders as much as scientists and inventors (7). Development of such a workforce is the common theme of following reflections provided by a group of professionals with deep insight into education and training practices in public health.

The collection of reflections starts with an overview of current status and recent initiatives in public health workforce development in the European region written by **Robert Otok**, **Katarzyna Czabanowska**, and **John Middleton** who are all active in Association of Schools of Public Health in the European Region, a key independent European organisation dedicated to strengthening the role of public health by improving education and training of public health professionals for both practice and research. **Alberto Mateo**, president of the European Network of Medical Residents in Public Health, further reflects on the topic of international cooperation and on importance of internationally harmonised curricula in public health education. Afterwards authors focus on analysing and reflecting on public health workforce development in Slovenia. **Tit Albreht** from National Institute of Public Health addresses the challenge of diversification of public health workforce in Slovenia. In his commentary, he stresses the importance of standard education as well as continuous professional development. Recognising the importance of having a modern and comprehensive public health educational programme for medical residents, **Lijana Zaletel Kragelj** from Faculty of Medicine at University of Ljubljana provides us with a summary of the transformation of Slovenian public health specialty training programme from its conception and offers us with a glimpse of what we can expect in near future. **Ivan Eržen** from National Institute of Public Health completes the overview of graduate and postgraduate programmes which offer public health topics in their curriculums. Acknowledging the limitations of current landscape of educational opportunities in public health he points out the need for a school of public health which has yet to be established in Slovenia. In the following commentary, **Marjan Premik**, one of the main protagonists of establishment of school of public health in Slovenia, introduces arguments for school of public health as an integral part of health care system. Putting the emphasis on the wider public health workforce, **Mitja Vrdelja** from National Institute of Public Health, gives his view on working in public health in Slovenia from a communications expert perspective and complements reflections on workforce developments from previous authors with challenges that could be solved with appropriate education and training of public health workforce. Current Perspectives are rounded up with a playful note by a discussion I had with **Damir Ivanković**, a former public health resident from Croatia who is presently a researcher at the Academic Medical Center in Amsterdam. Since both of us are a young public health professionals from relatively small countries we take a look at benefits and drawbacks of starting a career in such an environment.

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The Public Health Workforce

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Public Health today faces complex problems, which must be confronted by a well-trained, diversely-skilled, and sustainable public health workforce (PHW) (1-3). Given the wide-ranging contexts within which public health professionals must function and the need for the redesign of public health structures and processes, achieving these ends may require a re-conceptualization of professional training and support mechanisms (4). The PHW is multi-disciplinary and multi-professional in character (5), encompassing a core PHW that identifies with a primary public health role and a wider PHW including health professionals and others who impact on population health (6,7). Diversity is the strength of the PHW, but also a source of its weakness due to variable training, lack of clear career paths, and difficulties in organization, advocacy and workforce development (8, 9).

To meet public health challenges, emphasis will need to be put on professional education, recruitment and retention of staff, and continued professional development (CPD). Currently, even up to two-thirds of those delivering public health services lack formal public health training (10), while a large number of public health graduates are unable to find work in public health roles. Moreover, public health career opportunities in much of Europe are limited with low salaries and few incentives for CPD (9,11-13). As a result, it is difficult to attract and retain younger professionals to public health, leading to a rapidly ageing workforce (14).

Recruiting public health workers will require development of a clear professional identity for its core personnel while allowing the wider PHW to recognize their role in public health and gain needed competencies (15). This must be underpinned by defined professional profiles and job descriptions (16), making it crucial to work with employers to meet their training expectations and ensure career opportunities (17, 18). As well, systems for certification and registration are needed to assure the PHW has attained the skills needed to carry out Essential Public Health Operations (EPHOs) (19).

Professional associations such as ASPHER play an important advocacy role for the PHW (20). In recognition of the need for concerted action, the EU

Health Policy Platform adopted the ASPHER-led Joint Statement on Public Health Workforce Development and Professionalisation calling for collaborative engagement for change (21). Concurrently, the WHO Regional Office for Europe launched the Coalition of Partners (CoP) to support the implementation of the European Action Plan for Public Health Services and Capacities Strengthening, with one of the key objectives to see the PHW recognized as a profession (22). In partnership with ASPHER, EUPHA, IANPHI and many other experts and professional groups, the CoP is developing:

- A Competencies Framework for the PHW to enable standardization and consistent understanding of the skills required to deliver EPHOs;
- A Handbook for Managing Public Health Professional Credentialing and Accreditation Systems to serve as a reference tool for education and health authorities, and professional bodies to establish and strengthen credentialing and accreditation systems.
- A Road Map towards Professionalisation of the PHW to support countries and public health professionals to further professionalize the PHW in the form of recommendations and steps that can be taken in a variety of health systems and cultures.

Future initiatives must recognize the diverse and interdisciplinary nature of the PHW, implementing and building upon the tools and policies introduced by ASPHER, WHO Europe and others. Professional recognition will bolster the PHW to meet intractable public health challenges while raising its profile for public health professionals and workers, the population, governments and policymakers.

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International Networking in Public Health Training

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It is 62 years since Winston Churchill declared that "From Stettin in the Baltic to Trieste in the Adriatic an iron curtain has descended across the Continent". The reality was, though, that hard borders have existed across both sides of the continent until very recently. Our generation (the so-called millennials) are the first ones who don't conceive bringing the passport when travelling from Spain to Sweden, from Brussels to Slovenia. For those who dedicate their lives to public health, the importance of living in a continent without borders is even greater, as we understand that communicable diseases such as Tuberculosis or Ebola do not stop at those fictional boundaries. Equally, we are aware that tackling unhealthy lifestyles and socioeconomic inequalities in the global context in which we live can only be successful if it is coordinated at the international level.

We have seen steps forward in the right direction, in this sense. Work mobility, European programmes (a good example is ECDC's EPIET (1)) and international organisations (e.g. EUPHA (2)) help young professionals to learn about public health and to work with other colleagues across Europe. There are tools and opportunities for those with a European mindset to work and be involved in European public health (3,4). Yet, there is still a long way to go.

For public health to be a specialty with European vocation, effective professionalization of our workforce should be a priority. There is substantial heterogeneity in public health training across Europe, with some countries not having yet a structured

training. Even in those countries where a formal programme exists, there is an important lack of training in European public health skills. If young professionals are unaware of the impact of European laws, directives and organisations on health, it is not possible to have a workforce ready to deal with the challenges of tomorrow. The answer to this problem is twofold: first, it is important that national organisations work together to homogenise training programmes and to professionalise the public health workforce across Europe. Secondly, knowledge about European health organisations and about the European determinants of health must be embedded in national public health training programmes. We know that this is easier said than done, but as the proverb says: "where there is a will, there is a way".

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Public Health – the Challenge of Diversifying its Workforce

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Public health is a recent discipline and science, often referred to as both art and science. These definitions and descriptions already imply that we cannot talk only about scientific capacity of professionals in the field. A public health professional also needs competencies, which encompass skills, where some of them belong to the complementary sciences.

Slovenia's public health workforce started with medical doctors trained in the USA and Canada. Later, doctors were quickly supplemented by nurses as inseparable members of the teams, especially in health education, health promotion and in

comprehensive population public health approaches on ground.

Public health has gradually moved away from the old postulates. Modern public health requires skills and competencies that cannot be acquired, developed and advanced by only one professional group. We need to build on strengthening multidisciplinary and multiprofessionalism in public health. This need does not imply that any of the existing professional groups needs to lose or give up on their specific input.

The main problem in Slovenia in raising the total public health workforce to a new level is the lack of a multi-level, multi-professional and multi-disciplinary

education, which would facilitate the incorporation of the entire range of professionals, which public health needs, into the existing workforce and enable seamless transitions. We can observe a rising interest in non-health study programmes through a range of topics covered in their first and second Bologna level degrees. There is an overall shortage of in-work courses and programmes, which would enable graduates of non-health programmes to obtain the basic knowledge of terminology and methodologies required in public health. At this point, this is too often left to the individual heads and supervisors.

An intense process is underway to reform and substantially restructure the specialty of public health medicine with the recommendations of UEMS (1) and ASPHER (2) and Bloom's competencies' (3) model. The process should significantly improve the current programme, which has not followed the conceptual changes occurring in the meantime ever since 2002 when the existing programme was adopted. This situation, together with the finalisation of the assessment process of the Essential Public Health Operations carried out by the WHO and the MoH,

should enable a more thorough reform of public health education and training and renew the concept of the modern public health professional. It is essential to sustain and modernise not only the standard educational programmes, but even more importantly to introduce an in-workplace system for introduction into public health methodology and practice and for its continuous development.

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Introduction of Competency-Based Education Approach to Specialty Training in Public Health Medicine in Slovenia

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Education of public health (PH) in Slovenia has been experiencing slow, but radical changes in the last two decades, which should enable introduction of the new PH concept in the country. This is true also for PH specialty (PHS) training for physicians/dentists.

The renewal of PHS training programme began early in the second millennium. In 2002, the epidemiology, social medicine and hygiene specialties were replaced by PHS (1). The programme, which is still valid, was designed in a modern way for the time being, but already at the beginning it was realized that a further transformation would be needed as soon as possible. Among the major problems are the imbalance in knowledge/skills set (with some new PH topics missing), an incomplete system of knowledge examination, and the approach not focused on the trainees' competencies.

The process of further transformation started soon, however, it turned out that it would be necessary to meet the conditions allowing the development of modern and high-quality PH training for all professionals in the PH field not only for physicians/dentists in Slovenia (2). The important prerequisite was setting-up the complete

knowledge/skills set necessary for quality operation in PH. In the South East Europe (SEE), a lot has been done in the frame of the Forum for PH in SEE (3). At the same time ASPHER - Association of Schools of PH in the European Region started to introduce the competency-based education approach (CBE) in the area of PH (4), as well as UEMS - Union Europeenne des Medecins Specialistes (5) in medical specialties training, including PHS (6). The CBE represents a major shift in education, as it builds both on knowledge/skills as well as on the attitude of the trainees (7,8). These were the main guidelines for further transformation of PHS in Slovenia. In practice, it started in 2007, when CBE was introduced in the part of the existing PHS training programme representing the knowledge/basic skills base - the one-year Postgraduate PH course. Its final revision was completed in 2016 (9). However, it was necessary to accomplish also the transformation of other programme parts.

In 2012, the first fully renewed program was prepared (10). It had some shortcomings (the CBE was not introduced, and the knowledge/skills were still not balanced enough), but it represented a good step forward. Unfortunately, the procedure was not

completed. It was stopped at the certification by the Slovenian Medical Association stage.

Afterwards, the process continued in the direction of harmonizing the PH knowledge/skills for the Slovenian territory, and the introduction of CBE. The new programme draft has been prepared in summer 2018 (11). It has retained the basic structure of the existing programme, however, with updated content. The trainees are guided through the training process by the targeted products requiring the use of modern PH methods. It anticipates a process and summative evaluation of knowledge/skills within/at the end of each part of the programme, as well as comprehensive final summative evaluation. The advantage is consideration of ASPHER/UEMS recommendations (4,6), including introduction of CBE, and balanced knowledge/skills. Additionally, it enables the transition between other programmes in the area of PH in Slovenia (e.g. PhD study in PH).

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Public Health in Different Study Programmes in Slovenia

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In Slovenia traditionally, besides medical and dental doctors, nurses and also sanitary engineers have been involved in the core public health team. The sanitary engineers in Slovenia and also in former Yugoslavia have long tradition of being involved in public health work. The educational programme for them was established already more than 50 years ago. The education curricula has reflected the specificity of interdisciplinary work in public health from the beginning. The emphasis was on engineering fields that were of utmost importance for introduction of sanitation measures needed in the second part of 20th century.

Nowadays the involvement of other professionals in the field of public health is much more complex - especially when it comes to the development and implementation of measures for achieving better health. As an answer to the need for extensive interdisciplinary cooperation there are many educational programmes in place that employ interdisciplinary approach such as:

- First and second educational degree of study programme sanitary engineers - Faculty of Health, University of Ljubljana;
- All three study degrees of study program Nursing Care at different public and private educational organisation in Ljubljana, Maribor, Novo mesto,

Slovenj Gradec, Celje, Murska Sobota, Jesenica and Izola;

- Food safety master degree at Faculty of Agriculture and Life Sciences - University of Maribor;
- Study programme at Environmental Protection College Velenje;
- Interdisciplinary doctoral programme in environmental protection - University of Ljubljana;
- Study programme at School of Environmental Sciences - University of Nova Gorica;
- Master and doctoral degree at Jožef Stefan International Postgraduate School;
- Postgraduate course in Public health (Faculty of Medicine, Ljubljana).

All these programs, which come in addition to public health at Medical Faculties in Ljubljana and Maribor, also include public health topics in their curriculum. In the vast majority of the study programs, basic knowledge in the field of public health is expected from the students. This represents a good fundament for further development of professional expertise when needed.

Over the past two decades, the public health in Slovenia has been rapidly developing - both in professional and research fields but also in the field of pedagogical activities. The number of habilitated teachers of public health has increased, which also

indicates a steadily growing need for training in this field. In Slovenia, public health teachers are interconnected to a high degree. The close cooperation of all teachers has led to a very positive development namely that work with students is very similar, both in terms of content and learning methods. In this way, the group of qualified public health staff is growing. For now, the main stakeholders, however, remain the same as they were before, the National Institute of Public Health, the Medical Faculty of Ljubljana and the Faculty of Health. Of course, the unification of content and learning methods would be at an even higher level if, like in most of developed countries, a public health school would be established. In this way, it would also be easier to achieve a higher degree of recognition of the public health profession among students and graduates of other study programs. Many of them will be involved in individual public health programs and activities as part of their professional tasks. Unfortunately, so far, there has been no support to such a way of ensuring adequate training of personnel who, in the context of their professional activity, work in the field of public health. Given that the field of public health is rapidly evolving and is gaining increasing visibility and confidence, I believe that the moment when the decision-makers will listen and provide appropriate support will show up quite soon.

School of Public Health as a Part of Healthcare System

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Healthcare system is defined as a system of organisations, institutions and resources that provide services in order to improve the health of the population (1, 2). Proper management of such a system requires adequate knowledge, apprehension, policies, vision, regulations etc. All of which is pertinent to governance of human and physical capital as well as to sufficient funding of diverse health services. Complexity of healthcare system demands skilled and competent public health professionals who are able to use various demographic, epidemiological, sociological, ecological, economical, organisational and other health-related indicators to provide policy recommendations for political and managerial decisions that are taken on different levels of societal and professional structures.

Lack of comprehensive strategies for health promotion, insufficient funding of health care programmes and unresponsiveness of health care system to sound expectations of the population

cannot be resolved by »reforms« practiced in recent years, where new heads of healthcare institutions, lacking comprehension of delicate, professionally demanding and unprofitable domain of public healthcare were appointed every so often. Unfortunately, expert recommendations for rectification of such deficiencies were overlooked in domestic politics.

There are numerous measures that need to be implemented for long-term development of healthcare system in Slovenia. Assessment, appraisal, and evaluation and evidence-informed strategical development of current system are measures that were too often neglected. Most countries in EU and elsewhere in the world have schools of public health in which they train professionals with different backgrounds (medicine, economy, sociology, law etc.). Such professionals are able to participate in the healthcare system with harmonised and coherent approach. Only with sufficient number of said

professionals, who also originate from fields other than medicine and who are active in different levels and segments of healthcare, can we expect to enrich the discussion, establish interdisciplinarity and elevate quality of decision-making in the system of healthcare.

Slovenia is one of the few countries that still has no school of public health (occasional postgraduate courses cannot be counted as a valid substitute), even though there were initiatives and technical plans prepared for its establishment years ago (3). The role of school of public health is to provide perpetual, systematic and quality basic and complementary training on a theoretically and methodologically demanding field of healthcare, which lies on the crossroads of various scientific disciplines (natural sciences, sociology, humanism, organisational studies etc.). Simultaneously, school of public health can act as a forum for democratic debate where different viewpoints can be opposed and discussed. Research, education and expertise obtained from schools of public health are, in developed societies, an important

prerequisite of acceptable, efficient, and sustainable development of healthcare system. It is also important to highlight that the government is accountable for the health of the population and it is therefore a responsibility of the government to work towards establishing a school of public health in our country. Considering relatively small expenses and large expected benefits, establishment of a school of public health is certainly justified (3). Delaying such measures obscures the further development of healthcare system in Slovenia.

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A Reflection on Public Health Through the Prism of Communication

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World Health Organization (WHO) builds the effectiveness of public health field on ten fundamental postulates. Communication or, more precisely Advocacy communication and social mobilisation for health, is identified as the ninth of the Essential Public Health Operations (EPHOs) - as it is formally named (1).

If we look at the status of health communication from academic and practical point of view, we can determine that it is a multidisciplinary, interdisciplinary and even transdisciplinary field, which combines many sciences, not only medicine and communication; however, in the organization of scientific work, it was established as a branch of communication (2). Therefore, the question arises: How is it in Slovenia? Is the field of communication, which arises from social sciences, appropriately placed in the field of public health with its roots deep in the field of medicine? Are thus the communication experts (and other nonmedical profiles), working in the field of public health, appropriately placed and positioned in this field? The answer is neither simple, nor clear.

The lay eye of a Slovenian resident can detect that Slovenian healthcare has more and more diseases and thus more and more problems. Consequently, the faith in healthcare system is declining, which can be seen in the newest researches (3). It is completely logical that all of this is reflected in the field of communication, where the trust is fundamental for reaching the (communication) objectives. The current challenges for the normalization and establishment of

the possibility for successful health communication in Slovenia could include the following: the preparation of a national health communication strategy with key success factors in different fields and levels; the definition of communication standards and management of crisis communication in health; and systemic and systematic education, research and training of all people working in the field of healthcare (4). It is understandable that all of this is difficult to achieve at once, but it is a gradual build-up and introduction of order in this field, which could (may) bring us the excellence in health communication.

For the success and complete excellence in communication, we need to (thoroughly) know the environment in which we (public health) operate. Today, more than ever, we need to be aware that we are living in hypermodern times and hypermodern societies, which are extremely mediatized (5). Media is everywhere. Outside and inside. Everywhere. This is a great opportunity for public health, which brings down fences and builds bridges. And this is also one of the fundamental tasks of communication. It brings together various stakeholders, institutions, professions and even countries. Cooperation and integration is in its foundations. However, it could also be a trap, if public health experts do not cooperate close enough, if they rather compete with each other and build the importance of their own profession based on the devaluation of other professions, which also work complementary and successfully in the field of public health.

Communication can only be successful in the field of public health, if we are willing to cooperate and, if we are properly trained and equipped with all the data. From the standpoint of an individual and of an organization. Effective communication requires supportive environment from within and from outside of the organization. It needs support from different professions and profiles in healthcare, and also from management and decision-makers. The support is essential.

When we asked ourselves whether the field of communication is even appropriately placed in the field of public health, we have learned that in Slovenia it is not (yet). The support often comes only on declarative level and not in a concrete form of providing complete infrastructure, research and resources, which are essential for communication (as well as the entire field of public health) to achieve set objectives. However, steps have been made in the right direction. Nonetheless, the path ahead is still long. The communication as well is (often) a long-distance run.

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Public Health Private Chat, Small Countries Big Problems

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FRIDAY

Hey, Damir! 20:01 ✓✓

Matej! What's up? 20:01

You know what I was thinking about? 20:01 ✓✓

I think it might be something inappropriate :) but do tell me! 20:01

I know you're leaving for Amsterdam soon and I wanted to bounce some ideas on being a young public health pro in a small country.. 20:02 ✓✓

like Slovenia or Croatia 20:02 ✓✓

Something that keeps me awake... 20:02 ✓✓

Haha.
Wow. Well, that's an interesting topic.
I think there are some advantages but also some drawbacks to that.
But first tell me, why does this topic interest you so much... 20:02

Well that is my/our reality and let's kind of analyse it and see how to make the best out of it 😊 20:03 ✓✓

For example - I am slowly finishing my residency and I recently realised I know pretty much all the public health professionals already. Well.. at least to some degree. 20:04 ✓✓

I know what you mean.
I knowing pretty much everyone a good or a bad thing? 20:04

It's obviously quite nice to know who works with what and who to turn to when you have a specific question. 20:05 ✓✓

That's true.
Buuuu since there's not a lot of professionals with expertise on a specific area, there is not a lot of changes in interesting / serious positions, right? 20:06

Yes... true in some cases. 20:07 ✓✓

1 But then you can always wait for someone to retire 😊 20:07 ✓✓

While there's retirement, there's hope! 😎
Well there are always bigger (and richer) countries with more vacant positions hungry for ambitious young professionals...
...like the two of us 🤝 20:08

They also pay you better in there, don't they? 😊 20:09 ✓✓

Definitively. You get paid double or triple for literally doing the same work.
But sometimes it's not just the money.
What about postgraduate education? Surely a PhD (or even "just" a MSc) at LSHTM sounds more exciting than a PhD at University of Ljubljana or Zagreb? 20:11

2 3

I suppose. That is also true for grad schools, if we're at it.. 20:11 ✓✓

Yep...
You've got me going now! 🌊
I also find it interesting that even though there is quite a lot of PH professionals working abroad, only a few work at international organisations... 20:12

That IS a pity indeed. Imagine all the mentoring and top secret information our expats could deliver! 20:13 ✓✓

SUNDAY

Sorry, I stopped replying on Friday. Not a party-animal I used to be, I fell asleep. And yesterday I had to pack.

Just landed. I got scared thinking that this meant all luggage got lost 🤖

11:20



But it's here 🙏

11:20

so "gelost" means NOTlost? 😊

11:21 ✓✓

Obviously 🙄 Will have to work on my Dutch...

11:22

But it was quite a wait... a busy airport!

11:22

If you flew to Slovenia you would know the language + ours is definitely not a busy airport. That's a win for a small country! 😊

11:24 ✓✓

...and you can drive around the country to all the meetings in a just an hour or two. In Germany or the UK that would not be possible 🇩🇪

11:26

Yup.. living in a small country has its perks 😊

11:26 ✓✓

We're back at that topic again 📖

Last week I attended a kick-off meeting for a Joint Action called Discharge. It was really really nice!

So I would say that you get involved in interesting projects quicker if coming from a country with smaller numbers of professionals. And sometimes these projects are also keen on piloting country-level interventions in small countries like ours. Which is a great (learning) opportunity, I think.

11:28

Definitely!! And that is also true for fellowships and other things where there is country quota..

11:29 ✓✓

I need to get going.. today is hiking day 🏔️ guess that's enough pros and cons for now 😊

11:32 ✓✓

Let's pick up that discussion in person next time you are wandering in the neighbourhood!

11:32 ✓✓

Hiking for you; unpacking for me... also... not sure about hiking in the Netherlands. Possibly another + for small countries :)

11:33

Sure thing. Talk soon!

11:33

Cheers.

11:33



11:33 ✓✓

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Conclusions

Contributions in current Perspectives offered an insight into challenges public health workforce is facing in Slovenia and abroad, and presented recent initiatives in development of public health workforce. Authors from Slovenia provided an excellent overview of present situation of public health education and development locally. It is crystal clear that public health workforce development is a topic of high importance. Professionals and academics working in public health acknowledge the importance of quality graduate, postgraduate as well as continued in-work education as essential building blocks of effective public health work.

Public health is a demanding field of work where responsibility usually outweighs the reward. Without a doubt, there is great sense of personal achievement after a successful project or an intervention. But what about professional identity, decent salaries, continuous professional education and clear career paths? Those are some of the factors that are rarely fulfilled in public health. There are workarounds and exceptions, but none guarantee for a sustainable public health workforce. Contributing authors recognised the challenges and enormous value in overcoming them for many facets of public health. They proposed solutions to problems we are facing. For Slovenia, school of public health, continued professional development, and competency-based specialty training were identified as necessary additions to existing educational and training infrastructure. Supported by international organisations, large steps can be taken towards competent, multi-disciplinary and sustainable workforce in public health.

Threats to such future were identified as well. One that has already halted progress in the past was lack of political commitment. Possibly related is slow pace of changes in public health education that we've witnessed in Slovenia. Authors also warned about dangers of silo mentality within public health workforce. Retention of qualified public health workers – especially those with leadership capabilities – is possibly the biggest threat. Public health leaders are needed to push (and pull) professional capacities and workforce development forward. Granted, most of the invited authors are medical doctors who received specialty training in public health, hence presenting predominantly a view of core public health workforce. But it is arguable that very similar sentiment would echo from writings of wider public health workforce.

Throughout the reflections, some questions have emerged. Not all of them have a clear cut answer and some of them are more provocative than they are insightful. Almost all of them are applicable in the national and international context, and they all hopefully provide some food for thought to conclude Perspectives on such a complex topic.

Prerequisites for effective public health work:

If substantial portion of public health workers lacks formal public health training, does it mean it is not really vital for effective public health work?

Looking for a silver bullet:

Many of current problems that public health workforce is facing are complex. Is targeting sources of those problems the best approach? Are there more efficient ways to overcome the challenges?

Building a public health ivory tower:

Will clear public health professional identity act as a barrier, slowing down the diffusion of new skills and knowledge from other professions?

Political commitment for public health development:

Are we engaging with all the stakeholders when it comes to putting public health development high on the agenda – associates and adversaries alike? Are we allocating our engagement efforts correctly?

Changing paradigms in professional education:

Are we simultaneously ahead of time with learning in the flow of (public health) work while lagging behind without a school of public health in Slovenia?

Practical issues in public health development:

How long will it take before we see the benefits of work invested in public health professionalisation? Can we expect professional identification, clear career paths and higher salary at the end of this process?

With those questions we turn to you, dear readers, and invite your contributions on the topic.

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