Recent developments in public health education accreditation

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Summary: In 2011, ASPHER established the Agency for Public Health Education Accreditation (APHEA). This represented the culmination of nearly a quarter of a century of activities dating back to 1988 in developing and assuring quality in public health education in Europe. This article provides a brief history of APHEA, outlines current activities, and explores the experiences of some of those who have participated in the process to date.

Keywords: APHEA, Public Health Education, Public Health Accreditation, Public Health Quality Assurance

Introduction

The Association of Schools of Public Health in the European Region (ASPHER) established the Agency for Public Health Education Accreditation (APHEA) in 2011. The foundation of the agency is a result of many years of international collaboration which began with ASPHER's partnership with the World Health Organization (WHO) in 1988 and the application of the WHO "Health for All" targets throughout the European region.(1) This activity led to the establishment of the ASPHER Public health Education European Review (PEER) process in 1994 as a means to establish a common European standard in education and training and the recognition of professional qualifications.(2) In 2000, ASPHER joined forces with Foundation Mérieux to further develop the PEER criteria towards a system of accreditation(3), which was ratified by the ASPHER Deans and Directors in 2001. These developments took place at the same time that ASPHER and the Open Society Institute began using the PEER process as a framework for establishing and developing 22 Schools and programmes of public health in the Central and Eastern European region.(4)

With the aid of European funds, an accreditation task force was then instigated by ASPHER in 2002 to pursue accreditation.(5) In 2009, ASPHER, along with several European stakeholder partners including EUPHA, EPHA, EHMA and EuroHealthNet made the final push towards the development of an agency which was launched in 2011. The initial focus was on the accreditation of Masters level programmes in public health. Following a two-year review of their processes, APHEA opted for the development of systems reflective of the earlier central principals of the PEER review encompassing course, programme and institutions.

In 2015, APHEA adopted a global remit. This was in responses to calls from schools, programmes and courses outside Europe wishing to obtain international accreditation but unable to do so through any other organisation. The agency also began to initiate accreditation standards for PhD and Bachelors degrees. Unlike the vast majority of accreditation agencies, APHEA's history is rooted in a formative, improvement-led, approach, which places equal emphasis on quality assurance and quality improvement. This approach seeks to recommend activities based around an appreciation of

the specific context of each course, programme or school as well as their own ambitions for improvement.

At present, APHEA offers accreditation for public health, short courses, Masters programmes and schools, as well as validation of programme curricula. In the following sections we provide a summary of the experiences to date from courses, programmes, institutions and from those who have participated as reviewers.

A perfect way to make a more united community

Professor Laurent Chambaud describes his experience of undertaking institutional accreditation with APHEA.

EHESP School of Public Health in Rennes, France was keen to enter into an external institutional accreditation process. We first made some contacts with the US accreditation body (CEPH), but decided to enter the APHEA process for three main reasons: firstly it is a European institution and I do believe that Europe needs to develop such quality assurance systems on its own; we also could find a more diverse reality of what are schools of public health in Europe than the situation in the US. For instance, our school is both an academic and a professional institution, and this diversity has to be taken into account. So in entering APHEA accreditation I was expecting a more flexible process than with the US one (but this is compatible with a very detailed and demanding review and analysis). Finally, and it is important to highlight, the accreditation's fees are much less expensive and this will allow even small schools of public health to enter the process.

At the end of the process we are very satisfied. Of course because we went through the accreditation criteria and we are now able and proud to promote this label at the national and international level. But this satisfaction is also with the process itself. With internal and external evaluation and, through very fruitful discussion with the experts coming from different countries and backgrounds, we had the opportunity to address the main issues of our School, and also to start an internal process to make a number of improvements. Moreover, we feel that this accreditation process is a perfect way to make a more united community: faculty members, students and administrative staff.

I think that it is important for our Schools in Europe to be part of this accreditation process. We have to find our own way to develop quality assurance for public health training and research in Europe. This is a condition for strengthening our network and to adapt our criteria to national and local contexts. Our originality will be to support a solid, unique process dealing with a rich diversity of situations.

Why small schools should be accredited too

In 2002, the first Austrian postgraduate Masters programme in public health started at the Medical University of Graz and in 2004 it became a member of ASPHER. With two full-time equivalent staff it was – and still is – one of the smallest schools in the European network. In 2015, they decided to go through the APHEA process of Curriculum Validation. Dr Martin Sprenger comments:

What seems to be a routine act for bigger schools looks completely different when resources are very scarce. However, for us, the return on investment was high and therefore we want to share some experiences that are especially relevant for small programmes.

First, in small schools most of the time and energy is dedicated to operative tasks, especially programme organisation. The application process forced us to conceptualise our programme in great detail, something we hadn't done for a long time. The self-evaluation handbook provided a comprehensive and helpful checklist, especially to find those blind spots that are

usually overlooked. At the end we were happy with the result, but what really matters and makes a difference is the process.

Second, for a small school any professional feedback is welcome. On one hand, it provided some appreciation that shows us that we are doing a good job. On the other hand, it gave us the kind of constructive criticism that we needed to get better.

Third, small schools are largely funded through tuition fees and permanently threaten to vanish if recruiting of students is not successful. Therefore, a widely accepted Curriculum Validation is an important quality feature in the postgraduate education market. Additionally it is that kind of award that counts in university settings.

By motivating and helping small schools of public health to go through the Curriculum Validation process, APHEA could help to diminish some of the existing inequalities among ASPHER members.

Bringing a European perspective into our classrooms

Jeannette de Boer describes the experience of NSPOH in the Netherlands. The school has a variety of education programmes in public and occupational health and offers many modules for Continuous Professional Education to various professionals in the field of public and occupational health. There are around 170 short modules yearly, 60% of which are core training modules for public health. She states:

Within the country, we are already experienced in the accreditation process for Dutch (medical) professionals. The question was why we would need also a European accreditation. What could be the benefits for the school, our participants and Europe?

In 2015 the NSPOH decided to apply for curriculum validation and to offer two specific training modules for accreditation. In 2016 we started the application for institutional accreditation. Being accredited by a new system gives you many things to think about. It means a lot of work, critical self-reflection and a lot of discussion, but the whole process really is rewarding. First, we learned through conversation with our participants and our stakeholders that there was a lot of interest in European accreditation from their perspective, since it reflects that our modules can meet the international standards of education in Public Health. Second, through this European accreditation we could bring a European perspective into our classrooms. This will be an improvement for our participants and for other European professionals. The next step is to deliver some modules to international participants. The third positive aspect of the process is that teaching staff is more and more aware of the European perspective of training in public health. After being accredited, the staff was feeling proud to have met the criteria and they want to share Dutch knowledge and the training opportunities with our European colleagues!

External scrutiny and international recognition

The MSc Public Health programme run by the University of the West of England (UWE) in Bristol, United Kingdom received Curriculum Validation by APHEA in 2014 and accreditation in 2015, following an intensive four month scrutiny process. Dr Nick de Vigianni was the Programme Leader at that time, and reports that:

The programme team were proud to represent the faculty as the second university in the UK to achieve accreditation with APHEA, and the fourth in Europe. The experience enabled the faculty to reflect upon the programme's quality and fitness for purpose, especially in terms of

its internationalisation agenda in seeking to respond to the needs of a diverse and expanding international student population.

A key outcome for the programme was to have independent and objective critique from international peers. It enabled the programme to be scrutinised beyond the level of conventional periodic curriculum review (a standard quality process within the UK higher education system), especially in providing intensive scrutiny of the curriculum, the learning experience and of the broader University infrastructure. Since Validation and accreditation, the programme has continued to develop and flourish, following the valuable guidance from APHEA on extending and enriching the international public health offer from UWE Bristol. UWE continues to attract students to its Public Health programme from low and middle income countries in Africa, Asia and the Middle East, as well as supporting UK-based public health professionals, and in 2016 UWE was invited by Villa College in the Maldives to develop a franchise agreement to deliver the APHEA accredited MSc Public Health at Villa College.

In conclusion, the APHEA experience was valuable in enabling the UWE programme to attain external scrutiny and international recognition, whilst providing the academic team with insight into areas for further development and innovation.

A unique opportunity to discuss public health training challenges in depth

The accreditation process relies on the quality of scrutiny and engagement of its reviews. As an experienced reviewer, Professor Ramune Kalediene reflects on the experiences and benefits that she has perceived from being involved in this process.

Acting as a reviewer of public health training programmes is an exciting and challenging process. Involvement in this field for over a decade allowed me to get acquainted with a considerable variety of programmes across the many different regions of Europe and beyond.

The pattern of training programmes in public health depends greatly on the cultural, social, economic and political context. Many of the challenges which were observed during the site visits were very familiar to me as a long serving Dean of the School of Public Health in Lithuania, where we have been exposed to the continuous reforms in the health sector, changes in governments and facing considerable economic challenges. Coming from a highly dynamic context myself, I admired and took into account the ways the schools used to successfully pass through the process of continuous development and quality improvement. Most importantly, the review process is a learning process in itself not only for the schools which are undergoing the review or accreditation procedure, but also for the reviewers.

Another extremely valuable aspect of this process is being involved in a multicultural team of the reviewers, coming from different regions and cultures. Working in the team during the review process provides a unique opportunity to deeply discuss public health training challenges and search for common solutions. Each review adds to the existing experience of the reviewer and enables them to accumulate competences and good practices, which later could be shared with their own and other schools, advising them on quality improvement and further development. I am sure that the school review process is a process of lessons learned together and contributes to overall improvement of public health competences across Europe.

Conclusion

APHEA has developed a robust process of quality assurance of public health education in Europe and beyond. Participation in the process has the potential to offer benefits to participating organisations

of varying sizes, in terms of stimulating internal review and reflection, and in offering the opportunity for external critical review. It can provide a "badge" of quality of the programme within the host institutions and the wider public health community both nationally and internationally. Through its work, APHEA is helping to build a worldwide community of public health educators sharing good practice and expertise. The focus on development and the identification of areas of good practice adds value to the processes. The future offers significant opportunities to extend this model internationally, and to support the development of established and emerging public health courses in low and middle income countries.

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