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Academic Public Health Training

Strategic Issues in Lithuania

Project: Institutional Strengthening of the State Public Health Centre in Lithuania

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Target 18: Developing human resources for health

"By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health.

All these "public health workers" are a vital resource for health. They should receive and values education and information about experiences and issues, in order that they can contribute to the perception of health as appositive public message throughout society, and they should play an important role in developing and carrying out multisectoral policies and programs for health improvement."

"Health 21: the health for all policy framework for the WHO European Region". WHO, 1999

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"The idea of a common Europe and the integration of nations in the European Community makes it necessary to discuss a common strategy for teaching public health and health promotion in these countries"

ASPHER, 1998

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"The training of public health care specialists is based on WHO regional health policy and strategy principles and the training curricula should be harmonised with EU requirements and standards"

National Strategy for Public Health, draft version. Lithuania, 2000

Executive Summary and Recommendations

Executive Summary

The objectives of the paper "Academic Public Health Training; strategic issues in Lithuania" are:
1. To identify and analyse strategic issues related to the current organisation of academic public health training in Lithuania, also taking into account the European harmonisation process;
2. To stimulate debate on key strategic issues among key stakeholders in Lithuania, such as Universities, the Ministry of Health of the Republic of Lithuania and others, and to develop an agenda for further action.

To identify and to analyse the most important strategic issues concerning academic public health education in Lithuania, four major parameters were chosen:
1. The public health regulatory and institutional environment in Lithuania;
2. The supply of academic public health education curricula in Lithuania;
3. Labour market characteristics and training needs of public health professionals;
4. The European integration dimension to public health and public health education.

To stimulate debate on these issues, the document was sent for comments to all Universities, the Ministry of Health and the Ministry of Education of Lithuania, and important other stake-holders.

The assessment of strategic issues related to the regulatory and institutional framework indicates that the panels are moving in the Lithuanian public health (training) sector and that important initiatives have already taken place. However, a variety of obstacles impede efficient and effective implementation of the integrated training process on public health. Core public health laws are not adopted yet. The statement about the need to educate and to re-qualify specialists in public health can be found in the National Health Programme 1997-2010. However, thus far the Government has not been able to provide a future vision or guidance on both the amount and professional qualifications of academically trained workers needed in various fields of the Lithuanian Public Health. In the absence of this, consensus on academic specialities is absent while Universities de facto have to set the country's public health standards and norms in quantitative and qualitative terms. Also, the boundaries between the profession and training of public health professions and professional training vis-à-vis (para-)medical professionals and their training are unclear.

The Decree No 624 for the first time acknowledges the role of the Ministry of Health in the assessment of public health professional qualifications and specialities. It also provides for professional qualifications in 5 specialities which can be qualified as 'academic public health specialities' (hygiene doctor, hygiene laboratory doctor, doctor epidemiologist, doctor parazytologist and doctor microbiologist). In addition, the assistant positions to these specialties are mentioned, as well as certain 'para-medical professions': ergotherapist, kineziotherapist, oral hygienist and cosmetician). Unfortunately, these public health specialities do only partly comply with the draft

"List of specialities, subspecialties in public health and list of public health specialists" which is being prepared by the Ministry of Health. The Decree ignores the modern public health professions. The draft "List" in itself is debatable in the light of developments in Lithuanian academies and Europe-wide regulatory and training developments. In our view, too many specialities are selected (MPH is already a speciality: public health specialist!!), the document is an attempt to establish one public health route in the country (BPH – MPH – specialities) which is outside the academic reality of the country (e.g. the existence of health scientist in Klaipeda). In addition, there is some contrast between Decree 624 and the abolishment of certain residencies (specialities) at Vilnius University in Y2000 (those of environmental hygiene, radiation hygiene, nutrition hygiene, epidemiology, parazytology and occupational hygiene).

In recent years, different training initiatives have been taken which underline the necessity to build up capacity in the public health care system to contribute to the reform process in the Lithuanian public health. Impressive efforts are being made by the academic society in Lithuania to stimulate the development of a new public health paradigm in Lithuania and to expand their training and research activities towards previously underdeveloped academic areas in the country such as public health management and health promotion.

The content of the undergraduate public health curricula is to quite some degree medically-hygienic oriented in all three Universities. The Universities are the first to acknowledge this. In Kaunas (and Klaipeda as well) this is perceived as temporary as gradual changes are being made to bring the curricula in line with the new public health concept as adopted by both institutions. Vilnius thus far has kept the medically-hygiene concept of public health, which is also reflected in the curricula.

In Vilnius a review of the Bachelor's and Master's curricula seems needed in the short term given that there is only a marginal difference between public health Bachelor's and Master's degree programs in the public health curricula, between public health and medical undergraduate training while also the EC-Law will have a future impact. Unfortunately, the abolishment of some hygienic residencies at Vilnius University in Y2000 has not yet been accompanied by a revision of the public health master program, for example, by integrating some of the practical residency subjects (particularly of 'core' public health fields of environmental health, nutrition hygiene, epidemiology and occupational health) into the Master's curriculum, and adding some new subjects. Without accompanying measures, the 'quality' of graduates will unnecessarily be under pressure.

Importantly, the routes to become a social medicine specialist in Lithuania (through the national residency program) are not in compliance with EC Law (93/16/EEC) which states that the minimum required specialisation period for social medicine is 4 years after completion of 6 years graduate medical students while only persons who have obtained the MD qualification first can be registered as a medical specialist in social medicine.

With regard to the demand-side and labour market issues it needs to be firstly concluded that a good overall insight in the personnel-professional situation of the public health sector in Lithuania is absent. In addition, the training needs of current public health staff are large and largely unmet. Surveys indicate that there are imbalances between:

- quantitative and qualitative aspects related to the supply versus the need for both 'old' and 'new' trained public health professionals in the public health sector;
- quantitative and qualitative aspects related to the training needs of professionals versus the supply/accessibility of (post)graduate courses, particularly on issues of 'modern public health', e.g. management, public health monitoring, information systems and interventions, EU developments, etc.

Some of these imbalances are inherent to the 'transitory stage' of the public health sector and the public health training sector in Lithuania, particularly those related to the accessibility/supply of postgraduate training. However, the limited insight and understanding of the labour market is troubling, as is the absence of a mechanism to balance the supply of (under) graduate training with the need for starting public health professionals.

The influence of the European integration process on national public health sector developments is already substantial and growing. Through the aspect of harmonisation of requirements and qualifications of professionals Europe-wide, the impact on public health training is also increasing. Particularly important are the developments related to EC-Law and ASPHER.

Recommendations

- It is our strong recommendation to improve the communication and co-operation between the key actors on the national level on key strategic issues related to the organisation of academic public health education in Lithuania. We suggest that the Ministry of Health establishes and heads a Task Force, including also the Ministry of Education, representatives of the Universities and the State Public Health Centre and Service. The output of this process should be a new "List" and/or "Decree" (on specialities/specialists and requirements). The ASPHER European Higher Education Project "3-5-8" and the discussions on essential public health competency domains (see next recommendation) could offer guidance to re-assess new standards for public health training and professionals. When establishing this List it is also our recommendation to study and accredit those MPH (speciality) curricula and routes that are already provided in the Universities. The summary provided in section 3 of this report may serve as a good entry point. Also, it should be taken into account that the Anglo-Saxon model (BPH-MPH route) will be a dominant future education model also in the public health field, as indicated by ASPHER and the Ministers of Education in the so-called Bologna Declaration.

- In light of the European developments the basic public health competencies and qualifications at BPH and MPH level should be re-examined, as well as those of public health specialities. Public health in Lithuania is indeed perceived as an independent academic branch in

the country AND a specialised branch of medicine, which is perfectly reasonable given the international situation. When improving the quality and coherence of the 'independent public health speciality' it is suggested to introduce some 'unification' of the curricula at the Bachelor's programs around 'essential public health competencies' (to be further defined: see ASPHER recommendations). At the Master's and residency levels the Universities should be able to show their different identity and orientation by offering different (sub-)specialities and electives. For this discussion it is recommendable that the Universities offering public health education set up a Co-ordination Mechanism to discuss these essential elements related to the very nature of public health education. The consequences of the conclusions and recommendations of this working group on the current and future legal and regulatory framework should be considered as well.

- For the discussion on core competencies of public health: ASPHER identifies 5 core public health competencies: introduction to public health, healthcare management & administration, epidemiology & biostatistics, health education/ health promotion & behavioural science, and environment & health. In addition, important subjects are related to program and project management, occupational safety and health, nutrition and biomedical and laboratory sciences.

- It is recommendable to set-up a registration mechanism and, if needed, a licensing mechanism based and following on the directions chosen in the (to be defined) List of Public Health Specialities and Qualifications.

- Given the results of the small TNO-survey on labour and training market issues which gave some striking results regarding profile, the career intentions and perspectives of Health Care Administration residency-students of Vilnius University, it seems recommendable to conduct a larger-scale labour market research, identifying (trends in) public health positions, turnover rates and public health careers, quantitative and qualitative influx needed etc. In this context also the output of universities (BPH/MPH/Specialities) should be examined and analysed.

- On the fact that the most distinctive role of public health education lies in the preparation of public health professionals Sorensen & Bialek (1993) recommend two organising principles around the improvement of public health education, which are also very applicable to the Lithuanian situation. First, as already mentioned, the curriculum should be structured around competencies universally required of public health practitioners. Secondly, Schools of Public Health should establish broad co-operative agreements with major local, regional and state agencies. Professional competencies and practical experience can best be achieved by training public health professionals in community-based settings where they can learn as part of a team composed of various providers and managers. To strengthen the ties between institutions providing graduate education in public health and health promotion and public agencies, the same authors defines four critical needs: 1) practicum experience: all students should obtain practical public health experience as an integral part of their academic training;

2) collaboration and communication: all Schools of Public Health should develop technical assistance and research agendas/ Public health agencies should integrate faculty and students into their programs so that the gap between academic and practice may be bridged more effectively; 3) education and teaching methods: public health practitioners should be appointed at the faculty so that the teaching of public health practice may be integrated into the curriculum; 4) human and fiscal resources: in their view it is essential that the Government provides funding to realise these goals.

- The European harmonisation process has some major implications for public health training in Lithuania:
  1. At university-level, intellectual and research capacity needs to be developed to analyse the impact of 'Europe' on Lithuanian public health and to assist the Ministry of Health to evaluate the current public health system, policy and legislation;
  2. Because of its major impact, a basic understanding of 'European Public Health Law and Policy' will be essential for coming generations of public health students in Lithuania;
  3. Lithuania will need to align medical speciality diplomas related to public health with European Law, this includes a minimum of 4 years of training for some specialities (incl. all public health related specialities), and five years for most clinical specialities.

- It is recommendable to take a very close look at the current organisation of public health curricula and specialities at Vilnius University. In Vilnius a review of the Bachelor's and Master's curricula seems needed in the short term given that there is only a marginal difference between both programs and between public health and medical undergraduate training, and given the abolishment of several residencies. The European Education Program (3-5-8) might be an interesting model to look at, or the public health medicine model (or both!). The 'doctors directive' and the absence of EU-Law on non-physicians public health specialists might have important consequences for the organisation of academic public health training at Vilnius University in a number of ways:
  1. It implies that in order to be fully recognised as specialists in the areas of occupational medicine, microbiology-bacteriology and social medicine, students FIRST need an MD degree (and an MD degree only) and subsequent a speciality diploma and a minimum specialist training of 4 years. This has the important consequence that the route MPH and then doctor….. hygiene will NOT be recognised. Subsequently, admission of non-doctors to these courses should be reviewed.
  2. It implies that other 'public health' specialities, which are currently awarded by Vilnius University, are not seen as a speciality of medicine, e.g. health promotion, health ecology, radiation protection and laboratory medicine. What are they then: basic academic public health competencies or (branches of) public health specialities? If treated as basic public health competencies, it implies that most elements will need to be merged into existing BPH or MPH curricula. If treated as 'public health specialities' it means that admission of doctors and others to these long-term curricula/residencies (without BPH or MPH degree) should be re-examined.

- When reviewing the public health curricula it is suggested to review the organisation of the Faculty of Medicine as well. With the necessary reduction in clinical-medical subjects in the BPH and MPH programs it is advisable to make the current Public Health Department more independent of the Medical Departments, e.g. by establishing a School of Public Health at (the Medical Faculty of) Vilnius University. In addition, it is recommended to increase and intensify co-operation with other existing Faculties (cross-fertilisation), notably social sciences, economy, law etc.

- Finally, regarding the residency programme in health care administration at Vilnius University it would be recommendable NOT to require the completion of the obligatory clinical practice (duration one year) upon entrance, which seems abundant and inefficient use of resources.

Contents

1 Introduction

It is no question that the change of health problems all over Europe has led to a new discussion of the role of public health in our health systems. "Social and political inequalities, the demographic revolution, the health effects of vandalised environment and the burgeoning technological advances in medicine are generating unprecedented problems for health practitioners (O'Neill, 1983)". As an answer to these challenges new concepts of public health and health promotion have been developed during the past 25 years.

The training and education of public health professionals needs to take pace with changing needs and shifting paradigms. However, as a reflection of the differences in health and education systems in Europe both public concepts and education are usually national concepts, as is also the case in Lithuania nowadays. Only in the past decade a broader discussion has started about the harmonisation of (parts of the) public health concepts and training influenced by the forces of the European integration process.

Since its independence in 1991, Lithuania is gradually shifting its public health system from a comprehensive but hygiene-oriented and medically-dominated service towards a system which is also adapted to prevent the spread of non-communicable diseases and to promote good health and healthy behaviour among its citizens. In addition, impressive efforts are being made by some of the Universities to stimulate the development of a new public health paradigm in Lithuania and to gear their training and research activities towards previously underdeveloped academic areas in the country such as public health management and health promotion.

1.1 Background of the Assignment and Aim of the Report

Since January 2000, TNO Prevention and Health is implementing a 2-year Project on "Institutional Strengthening of the State Public Health Centre in Lithuania", sponsored by the Dutch Ministry of Foreign Affairs. One of the five core areas of the Project relates to the subject "Training". Initially, the Terms of Reference for the Project agreed between the Ministry of Health of Lithuania and the Dutch Government envisaged the "development of a unified public health curriculum" as one of the core objectives under the Project. For fundamental and practical reasons, this objective was considered unrealistic and even undesirable at this stage by TNO-PG and was therefore re-defined into "strengthening the supply of university-based public health curricula".

The objectives of the assignment on "Academic Public Health Training; strategic issues in Lithuania" are:

- To identify and analyse strategic issues related to the current organisation of academic public health training in Lithuania, also taking into account the European harmonisation process.

- To stimulate debate on key strategic issues among key stakeholders in Lithuania, such as Universities, the Ministry of Health of the Republic of Lithuania and others, and to develop an agenda for further action.

The document is not a blueprint strategic plan including targets and clear-cut solutions and approaches. Rather, it should be perceived as a discussion document aiming to stimulate debate on key areas of interest to further development of academic public health education in Lithuania.

1.2 Strategic Issues

The following issues were identified as key strategic parameters related to the development of academic public health education in Lithuania:

1. The public health regulatory and institutional environment in Lithuania;
2. The supply of academic public health education in Lithuania;
3. Labour market characteristics and training needs of public health professionals;
4. The European integration dimension to public health and public health education.

1.3 Methodology

For the assessment of the above mentioned strategic issues, following methods were used:

- Analysis of relevant documents: laws and other legislative documents, policy documents, (scientific) reports, curriculum of different Universities and other appropriate (inter)national literature;
- Discussions with representatives of universities, the Ministry of Health of Lithuania (MoH), the State Public Health Center (SPHC) and alumnae of Universities;
- A survey among past and current residency students of the Vilnius 'health care administration' residency;
- Analysis of the web-information of the 'Association of Schools of Public Health in the European Region' (ASPHER: http://www.ensp.fr/aspher) and the European Public Health Association (EUPHA: http://www.nivel.nl/eupha).

1.4 Structure of the Report

The structure of the report is built around the four strategic issues presented in 1.2. After the introduction, section 2 identifies and analyses the current legislative, policy and institutional framework surrounding public health education in Lithuania. Section 3 provides an overview and a review of the present supply of public health training (bachelor's and master's degrees, residencies and vocational). Section 4 gives some remarks about the labour market for public health professionals, among others by means of describing the results of a survey done in the course of this project. This section also describes training needs and demands based on results of different

surveys. In section 5 the European dimension and requirements on public health training are described and elaborated. The conclusions and recommendations of the report are presented in section 6. The report ends with a literature review (section 7).

2 Assessment of the Regulatory Framework

The definitions of public health used in the major (draft) Laws clearly point to the leading role of the Government and the organised community to protect and promote the public's health through public (sector) measures, including education and training of staff.

1. "Public Health Care – the complexity of organisational, legal, economical, technical, social and medical measures, which assist to implement the prevention of diseases and traumas, to preserve public health and to strengthen it" – stated in the Lithuanian Law of Health Care System (1998).

2. "Public Health – the health state of the public and the ability of the public to control effectively and to support the quality of the life improvement process" (states in the draft of National Strategy for Public Health, as well as, the draft of the Public Health Care Law of the Republic of Lithuania).

In this section an overview of the relevant existing legal and policy environment is presented. Comments are given which relate to the directions, the comprehensiveness and coherence of the contemporary regulatory framework.

2.1 Public Health Policy and Institutional Developments

The Lithuanian Public Health Surveillance system experienced many changes in the last decade of the 20th century. Since its independence in 1991, Lithuania is gradually shifting its public health system from a sanitary-epidemiologic service towards a modern public health surveillance system that includes health promotion, health protection, monitoring, health education and the planning of health care services.

As in many European countries, the Lithuanian public health service is isolated from the so-called personal health care service, although discussions are going on about the integration of primary health care activities into the public health surveillance. Most public health personnel were trained in the former system, mainly as hygienists and epidemiologists. Nowadays more and more newly trained people join the Lithuanian public health surveillance.

The following issues are key issues to institutional development:

- First National Conference on Health Policy in March, 1993;
- The Public Health Surveillance Service was established within the Ministry of Health in 1994, in order to replace the former sanitary-epidemiological system;
- Second National Conference on Health Policy in April, 1996;
- The Lithuanian health program (1997 – 2010) adopted in 1998. The main directions of public health policy are declared in the document;

- The National Health Board established in 1998. The Board provides annual report about the trends of the health of the population;
- The Public Health Care Service established in 1999;
- Third National Conference on Health Policy in September 2000. The Resolution of the Conference declares the new direction of the health care reform, mainly focused on the reorganisation of the public health surveillance.

The National Health Programme 1997-2010 states long term objectives (until 2010) and short term objectives (until 2005) and one of the latter mentioned is "To educate and re-qualify specialists in public health".

The Third National Conference on Health Policy approved the need to complete and to implement the Public Health Care Strategy document. The draft of the Strategy document states the importance to develop a legal base for Public Health professionals training, continuous training, and retraining. The need of improvement of vocational public health training was mentioned during the Third National Health Policy Conference as well.

2.2 Regulatory Framework related to Academic Public Health Education

Several Lithuanian public health legal acts (as Radioactive Protection Law, Products Safety Law, and Occupational Health Care Law) are already adopted and some of them are already implemented. However, there are still missing core laws in public health surveillance, such as Public Health Law and National Strategy for Public Health. A draft Public Health Law is currently being debated, reflecting different approaches to the concept of public health and to the directions of future development.

A few new laws (which are important for public health training) of training issues were adopted in summer 2000. These are as follows:

• Lithuanian Law on Higher Education No.VIII-1586, March 21, 2000, article 42: General Requirements for Study Programs:

"2. Undergraduate study programmes must be in compliance with the guidelines for a subject area approved by the Ministry. The guidelines for a subject area shall establish all general requirements of study programs of that area, general requirements for the formation of practical skill, basic qualification requirements for the academic and professional staff. Studies in residency shall be intended for persons, who have completed medical studies, to prepare for independent medical practice."

• Decree of the Lithuanian Government concerning the recognition of terms of reference for the evaluation (assessment) and recognition of vocational qualification, and the confirmation of the list of institutions executing the evaluation (assessment) and recognition of vocational qualifica-

tion, and the confirmation of the list of registered professions. No 624, June 1, 2000. The document came into force on June 8, 2000.

"2 art. The Government approves the assessment of vocational qualification, institutions executing this and the list of regulated professions. The Ministry of Health is declared as the competent institution for the assessment of the further listed professional qualifications[1]:

Hygiene doctor;	Assistant to hygiene doctor;
Hygiene laboratory doctor;	Hygiene laboratory assistant;
Doctor epidemiologist;	Assistant to doctor epidemiologist;
Doctor parazytologist;	Assistant to doctor parazytologist;
	Parazytology laboratory assistant;
Doctor microbiologist;	Microbiology laboratory assistant.

The above-mentioned newly adopted legal documents [Law on Higher Education No.VIII-1586, March 21, 2000 and the No 624, June 1, 2000 Decree of the Lithuanian Government] acknowledge for the first time that the Ministry of Health has a role to play to regulate the training process of health professionals. Until this year the Ministry of Health was not officially involved. Universities and other training institutions were able to train the amount of people and according to the standards chosen by them.

However, as can be seen the Decree No 624 only regulates the vocations of the 'old' public health system. As yet there is no consensus on the full list of public health specialists which training should be regulated by Law. The Ministry of Health is already more than four years working on the draft document "List of specialities, sub-specialities in public health and the list of specialists respectively to public health". The last draft (designed by the Ministry of Health in Y2000) of the list of public health specialties and vocational titles having the biomedical and public health university background is now as follows:

[1] Only titles of public health professions are picked-up from the document. In addition, the list contains also some professions which are perceived as para-medical professions in western countries but as public health professions in Lithuania (according to that document), e.g. ergotherapist, kineziotherapist, oral hygienist, cosmetician.

	Bachelor of Public Health	Public Health Assistant
	Master of Public Health	Public Health Senior Assistant
	SPECIALITY/ SUBSPECIALITY	Specialist
1	HEALTH PROMOTION (health education)	Doctor Educologist; Health Educologist
2	HEALTH CARE MANAGEMENT (public health management)	Health Care Manager
2.1	Health Statistics and Informatics	Doctor Statistician; Health Statistician
3	ENVIRONMENT AND HEALTH (health ecology)	Environmental Hygiene Doctor; Environmental Health Hygienist / Ecologist
4	GENERAL HYGIENE	Doctor of General Hygiene, Hygienist
	CHILDREN HEALTH (hygiene of children)	Doctor of Children Hygiene, Children Hygienist
6	OCCUPATIONAL HEALTH (occupational hygiene)	Doctor of Occupational Hygiene; Occupational Hygienist
7	NUTRITION AND HEALTH (hygiene of nutrition)	Doctor of Nutrition Hygiene; Nutrition Hygienist
8	RADIATION PROTECTION (hygiene of radiation)	Doctor of Radiation Hygiene, Radiation Hygienist
9	ORAL HYGIENE	Oral Hygienist
10	EPIDEMIOLOGY	Doctor Epidemiologist
11	MICROBIOLOGY[2]	Doctor Microbiologist
12	PARAZITOLOGY	Doctor Parazitologist
13	LABORATORY MEDICINE	Doctor of Hygiene Laboratory
14	KINEZIOLOGY	Kineziologist
15	SOCIAL WORK IN MEDICINE	Worker of Social Medicine

From the analysis of existing documents and from interviews with stakeholders, it can be concluded that a variety of obstacles impede efficient and effective implementation of the integrated training process on public health.

Core public health laws are not adopted yet. The statement about the need to educate and to requalify specialists in public health can be found in the National Health Programme 1997-2010. However, thus far subsequent Lithuanian Governments have not been able to provide a future vision or guidance on both the amount and professional qualifications of academically trained workers needed in various fields of the Lithuanian Public Health. In the absence of this, consensus on academic specialisations is absent while Universities de facto have to set the country's standards and norms in quantitative and qualitative terms.

The Decree No 624 provides the list of professional qualifications but does not encompass the profession of health care manager, nor health educologists, health statistician, environmental hygiene doctor or other professions listed in the draft of the Ministry of Health.

Although it is widely felt that the public health training has considerably changed since the early 90th, the draft list of specialities, sub-specialities and professions is still not adequate and consensus and understanding is lacking about public health professions, competencies and qualifications of professionals and the scope of the public health professions and professional training vis-a-vis (para-)medical professionals and their training.

[2] Bacteriology, virusology, micrology

3 Supply of Academic Public Health Education and Training

An inventory was carried out to identify the types of current public health care training programmes. In this section an overview is given of the (under)graduate and postgraduate training programmes provided by the several Universities, as well as a general review of the nature and content of the public health curricula.

3.1 Undergraduate and Graduate Programs.....

The Lithuanian public health curriculum is rather young compared to other health care curriculums at Lithuanian universities. There are three universities providing public health education in Lithuania. These are as follows: Kaunas Medical University (Faculty of Public Health), Vilnius University (Faculty of Medicine) and Klaipeda University (Faculty of Health Sciences). All three universities provide training for the Bachelor's degree, which last 4 years. Two of them (in Vilnius and Kaunas) provide studies for the Master's degree which last 2 years. Klaipeda University will start with the Master's programme from September 2001 onwards.

3.1.1 At Kaunas Medical University, Faculty of Public Health

The Faculty of Public Health, established in 1994, is the youngest Faculty at Kaunas University of Medicine. The Faculty has an annual enrolment of 30 students.

The curriculum of ***Bachelor's degree studies*** (especially during first two years) is mainly based on the curriculum for clinical medicine studies. Only the total amount of hours for subjects, such as anatomy, physiology, histology, pathology anatomy, pathology physiology and main clinical disciplines (as general surgery, propedeutics to internal medicine) is less compared to studies of clinical medicine. Students have to pass final tests in 44 obligatory and 9 optional subjects as well as to take examinations in 24 subjects and the state examination.
Afterwards, a student may choose a two-year course for the Master's degree or a one-year course of professional studies in one of the following fields:

- health care administration;
- health educology ;
- health ecology ;
- ergotherapy ;
- kinesiology;
- oral hygiene.

The ***Master program "Management of Public Health"***, provided by the Department of Social Medicine, was created in 1996. The studies last two years. Persons with various university educations can join this program. The curriculum consists of obligatory and elective subjects:

Obligatory subjects:

- Theory and practice of public health science;
- Management;
- Information systems;
- Human relations;
- Law, ethics and health;
- Applied finances;
- Management of change;
- Research work (Master thesis).

Elective subjects:

- Process of integration to Europe;
- Organisation, structure and strategy of nursing system;
- Planning and management of international and national programs;
- Environment and health;
- Management of human resources in state institutions;
- Theory of nursing and progress of practice.

In 1999 professors of Kaunas Medical University together with Finnish public health specialist published the first textbook for public health students "Theory and practice of modern public health science"(Kaunas, "Šviesa").

3.1.2 At Vilnius University, Medical Faculty

The Medical Faculty of Vilnius University used to have the "Sanitation, hygiene and epidemiology" curriculum (studies lasted 6 years) since 1962. Annually around 40 students could start these studies. The mentioned training was stopped for a few years (1991- 1993). In 1994 this type of training was re-introduced at the Medical Faculty. It was renamed into the "Public Health" Speciality since September 1998 although the content of the training programme remained largely the same. The studies are split into the Bachelor's degree studies (first 4 years) and the Master's degree studies (last 2 years). Approximately 30 students start the Bachelor's degree studies and approximately 15-20 students start the Master's degree studies every year.

"Public Health" speciality Bachelor's degree program. Most of the subjects taught are related with clinical medicine within first two years (the quantity of hours of these subjects is even higher than at Public Health Faculty of Kaunas University of Medicine). The other subjects are as follows: modern medical ethics, economy of health, general hygiene, radiation hygiene, profession hygiene, environmental hygiene, children hygiene, hygiene law, stomatology and mouth hygiene, food and nutrition hygiene, epidemiology of infectious and non infectious diseases.

Public Health speciality Master's degree program. The curriculum encompasses the same hygienic disciplines plus occupational hygiene, sociology of hygiene, occupational safety, ergonomics, deontology of doctor hygienist and scientifically research work. In addition, more clinical studies are included compared with bachelor studies: dermatovenerology; ear, nose, throats

diseases; obstetrics – gynaecology; eye diseases; oncology and genotoxicology. The Master degree program is rather broad. There are no more narrow specialisations into specific public health fields within the program.

3.1.3 At Klaipeda University, Faculty of Health Sciences

The Faculty of Health Sciences was established in 1999. The following curricula are designed:

- Bachelor's degree studies, which last 4 years, but the duration is shorter (2 years) for medical school graduates;
- Master's degree programmes in health educology; health ecology and health care management.

The Public Health Bachelor's degree program.
The BPH curriculum is less clinically oriented than the curricula at Kaunas and Vilnius. The curriculum is created rather interdisciplinary and multidisciplinary, oriented towards primary health care and existing regional problems. In addition, there are several theoretical clinical disciplines (e.g. anatomy and physiology, or pathological anatomy and pathological physiology) that are combined into a modular approach. There is a big choice of elective subjects (12 alternatives):

- Genetics;
- Medicine and health;
- Sexual hygiene and training of sexual culture;
- Healing qualities of plants;
- Toxicology;
- Cytology and histology;
- Mental health;
- Nutrition and public health;
- Geography and recreation;
- Sports and health;
- Communicative pedagogy and methodology of consultation;
- Principles of healthy life-style.

The Faculty of Health Sciences has a resource-capacity problem in many areas, incl. qualified teachers, teaching modules and training materials. To alleviate some, Klaipeda University has signed the co-operation agreement in public health training in 1999 with Kaunas Medical University. At present the Faculty of Health Sciences of Klaipeda University is working hard to complete the curriculum and to implement the new training methodology: problem based learning. Another goal of Klaipeda University is the introduction of distance Learning and tele-education at the Faculty of Health Sciences.

The first group of public health students consists of 24 adolescents who started in September 1999 and who are now in their second year (20 left).

Master's degree programs.

The Master's degree programs are being prepared at the moment. They are expected to start in 2001.

3.2 Postgraduate Studies: the National Programmes of Residencies in Public Health

The Center of Social Medicine of Vilnius University and the Department of Social Medicine of Public Health Faculty of Kaunas Medical University provide residency programs in social medicine and health care administration since 1993. It lasts two years and only alumnae of the medical universities can join this residency. The only difference (between Kaunas and Vilnius) in requirements upon entering the residency is that persons who obtain the diploma of Medical Doctor (after 6 years studies at University) are obliged to do the obligatory clinical practice (so called a primary clinical residency) in case they wish to study in the residency in Vilnius. This is not the case in Kaunas. Persons who obtain the diploma of Public Health Specialist (before 1998 the speciality was called Doctor Hygienist) can enter the residency right after the graduation from the University.

Importantly, the routes to become a social medicine specialist are not in compliance with EC Law (93/16/EEC) which states that the minimum required specialisation period for social medicine is 4 years after completion of 6 years graduate medical students while only persons who have obtained the MD qualification first can be registered as a medical specialist in social medicine.

There are 2 to 4 state-sponsored places in the "Health Care Administration" speciality of the residency at Vilnius University annually. The rest of places are sponsored privately (usually by the employer of the resident doctor based on the motivation to have a more knowledgeable and skilful employee). This explains the fact that approximately 70% of ex-resident doctors are working in the private sector (mainly in pharmaceutical companies) after completion of the studies as revealed in the TNO-survey (see 4.3).
Both Alma Mater of Kaunas and Vilnius annually agrees the curriculum. The main subjects of the program are as follows:

- Health policy and strategy;
- Public health, its social and biological characteristics;
- Epidemiology as research method of public health;
- Strengthening of public health and prevention of disease;
- Social security and social insurance for inhabitants;
- Social aspects and control principles of certain diseases;
- Organisation and administration of health promotion;
- Health economics and financing;
- Basic management of health promotion;

- Health law.

There were resident programmes in environmental hygiene, parazytology, radiation hygiene, nutrition hygiene, epidemiology and occupational hygiene provided by the Department of Hygiene of Medical Faculty of Vilnius University. These programmes were abolished in 2000. This contradicts with the Decree 624 and the draft "List of Specialities etc." prepared by the Ministry of Health.

3.3 Vocational Training Courses offered by Universities

Different vocational training courses are organised at Kaunas Medical University and Social Medicine Center of Vilnius University. Their programmes are usually developed in accordance with current acute needs and with proposals from the trainees' side.

Course "Social medicine and health care administration" lasts two weeks and is provided in Kaunas Medical University for health care administrators. The course includes the following issues:

- Problems in health care and health care reform;
- Lithuanian national health system and problems of its management;
- Health promoting hospitals;
- Management of change;
- Evaluation of the quality of health care services work;
- European health policy;
- Basis of health economy and health care market;
- Contracting between territorial sickness fund and institutions of individual health care concerning providing individual health care services;
- Rational policy of medications in hospital;
- Lithuanian health information system;
- Computerised health indicators system;
- Costing and pricing of health services;
- Financing of public health institutions and allocation of resources;
- Presentation of Adysis management theory;
- Development of health insurance: tendencies, problems;
- Kaunas University clinics information system;
- Primary health care in Lithuania: concepts, content, problems.

A one-week ***course in "Social medicine"*** is offered and includes:

- Reform of the health care financing and health insurance;
- Social insurance and medical ability to work in an enterprise.

The Social Medicine Center of Vilnius University offers a 3 weeks ***course "Basics of management for health care organisers",*** which includes the following issues:

- Process of management and role of leader;
- New payment system for doctors;
- Work contract, job descriptions, organising of competition;
- Place of doctor in the market;
- Primary health care and its implementation;
- Principles of health care reform in Lithuania;
- Indicators of outpatient clinics work;
- Computers and their application in medicine; internet and e-mail possibilities;
- Changes of strategic planning of health care related with new administrative system;
- Nursing - future in Lithuania;
- Services of health care institutions in free market;
- Important modern questions of health care reform;
- Main principles of WHO Strategy 'Health for all';
- Marketing in medicine;
- Place of health insurance in the market;
- Results of health care reform;
- Health insurance systems and their principles;
- Principles of preparation of business plan.

Training ***courses "Public Administration and management of public health care"*** provided by Šiauliai University based on the contract (No10, November 4, 1999) among Šiauliai University, Qualification Institute of Šiauliai University, SPHC and Health Law and Economy Centre. The duration of the course is 3 weeks, with 1-week break between the seminars. This training is dedicated for persons having medical (public health) background: not lower than master degree qualification. The programme consists of the following main topics:

1. Public health care public administration basics:
- State public policy;
- Administration reforms;
- Local self- government and health policy;
- EU law legacy;
- Policy of WHO;
- Health law policy .

2. Basics of health economy:
- Health support (health strengthening economy);
- Mechanism for health care service market;
- Problems in concurrency and antimonopolic regulation within health system;
- Privatisation in health care;
- Health marketing;
- Costs policy of health care service.

3. Public health care management basics:
- Concept and functions of public health care management;
- Strategic planning and prognosis of public health care institutions;
- Health care deontology and ethics;
- Administration of work, financial, material and information resources;
- Health strengthening management;
- Basics of administrational reglementation.

4. Basics of health care quality management:
- Quality management of health care processes and procedures;
- Training of quality leader;
- Organisation of internal audit;
- Perform of leading analysis;
- Consultations.

3.4 Foreign Assistance in Public Health Training

There is some foreign assistance in public health training. The leading Lithuanian Medical Training institutions – Kaunas Medical University and Medical Faculty of Vilnius University participate in various foreign projects. The Tempus project (involving Finnish, Swedish and French experts) carried out in 1996 –1999 assisted Kaunas Medical University to design the "Management of Public Health" Master programme.

The partnership between Wisconsin University (U.S.A.) and the Social Medicine Center of Vilnius University had a great input into the design of the health care management residency curriculum.

The Faculty of Health Sciences of Klaipeda University is co-operating with Lund University (Sweden) in the field of implementation of the new (for Lithuania) training methodology – problem based learning.

A number of resident doctors, graduates and health care administrators participate in "BRIMHEALTH" program (providing MPH, MSH training) organised and financed by the Nordic School of Public Health.

EU PHARE - 95 project on "Implementation and Improvement of Obligatory Health Insurance Scheme in Lithuania" assessed the situation regarding training needs in health care financing management. A comprehensive package of specialised courses in health care financing management has been developed and delivered under the project by the Dutch firm TNO Prevention and Health. Kaunas Medical University was one of the beneficiaries of the project.

EU PHARE - 97 project '' Support to the continued reform process and the development of primary health care in Lithuania" developed several management training programmes. Kaunas Medical University, the Faculty of Health Sciences of Klaipeda University and the Center of Social Medicine of Vilnius University participated in the design of these curricula.

The MATRA Pre-accession project of the Dutch Ministry of Health "Institutional Strengthening of the State Public Health Centre in Lithuania" is assessing the needs for improving the Lithuanian public health training. The project also assists Klaipeda University in the design of University modules on epidemiology of (non-)communicable diseases and bio-statistics and will give support to the development of an 80 credits module on health economics for the Kaunas Master of Management Program.

4 Demand for Training

In this section remarks are made about the demand for training on the basis of what is known about two major parameters:

1) 'Labour market': quantitative and qualitative *need* for public health professionals
2) 'Training market': opinions of the quantity and quality of current public health training programs

4.1 Labour Market Issues

First of all, it is impossible to find the number of public health professionals within the health system as a registration or estimation of graduations, positions and/or specialities is absent.

Different Lithuanian sources used to mention the total – approximately 2500 – of employed people within the Public Health Service. The mentioned number is not right any more after hygienic inspection institutions were taken out of the health system and joined with the veterinary inspection. No estimations are available on the number of 'public health positions' in the curative care sector, (health) authorities and other societal sectors, incl. positions outside the public sector.

In Y2000, the Ministry of Health aimed to develop a licensing system for public health professionals and this would have taken place as soon as the Public Health Strategy is adopted. In this plan it is foreseen to request 200 hours of education in five years in order to keep the license in future. The obligatory training would serve as a way to spread knowledge in public health. It was not clear which branches/specialities of public health would be included in such a licensing system. Due to the recent Government change this plan is likely to be postponed or abandoned.

It is expected that the general *need* for public health professionals is increasing in the country due to a broadening and deepening of the scope of public health as well the expansion of the sector. However, it is also assumed that this does not yet result in an overall increased number of vacancies/personnel requested on the labour market, due to the difficult economic situation. It is also assumed that, as a general trend, the demand/need for personnel trained in 'modern public health' is increasing, while the demand/need for hygienically trained personnel will be slowly decreasing, as can already be observed in the country (the number of employed hygienic professionals is indeed decreasing in the country).

As mentioned in section 2, until very recently the Ministry of Health did not have any influence on the process regulating the training of health care professionals. Therefore universities have a freedom to elaborate their own curricula and are not bound to any limitations on numbers of students/graduates or provision of regulation of subjects/scope which would link the education to the *need* for public health professionals on the labour market. Graduates of the public health speciality of Kaunas Medical University and Vilnius Medical Faculty are said to experience different employment problems due to the above mentioned factor as the Lithuanian public health

system is changing the scope from public health surveillance towards a system which partly replaces and supplements this system with other elements.

Vilnius University basically trains the hygiene professionals but student numbers in both (under-)graduate training have not decreased. From a labour market perspective this is difficult to justify as there are hardly any available posts of (senior) public health assistant while the number of these posts is gradually decreasing. Also, the Bachelor students compete with graduates from the High Medical School in the speciality of "Assistant to hygiene doctor" (it takes approximately 2 years) for the scarce positions. Starting this year the hygiene residencies have been abolished by Vilnius University. Based on labour market principles this measure in itself is very justifiable. However, it has a major impact on current (under-)graduate students whose career perspectives are affected by this measure. Also, without a proper re-organisation of the (under-) graduate public health curricula this has the danger to train future public health professionals who will particularly lack basic skills upon entering the labour market, as the current (under-)graduate training is highly theoretic. This should be avoided from the perspective of the system as it is an in-efficient and ineffective way of training future professionals. It should also be avoided from the perspective of the students: who will have a competitive disadvantage to students from other universities who do have a proof of working experience.

Due to the transitory stage of the public health service, graduates of Kaunas Medical University have to deal with a problem that present public health surveillance is not well adjusted for the efficient use of experts trained in modern public health.

The new Lithuanian Government Decree No 624 and the Law on Higher Education No.VIII-1586 underline the role of the Ministry in the development of training programmes. The newly issued document declares the list of registered professions. By looking to the attached list it is possible to find plenty of professions as doctor hygienist (a speciality which now has been abolished!), and no professions called as public health specialist. There are still contradictions between the outputs of universities, the needs on the labour market and the opinion of the Ministry of Health (as the institution presently involved into the decision making of the public health training).

The Ministry of Health is still working on the draft of the list of public health specialities, sub-specialties and professions. The Terms of Reference for each of the professions will be attached next to that document. At present only the requirements for leaders of public and budgetary health care institutions of state and municipal levels are legally valued (approved by the Health Minister on April 16, 2000).

4.2 Training Market Issues

A survey was carried by Kaunas Medical University in 1999 aiming to assess training needs of health care managers. Results of this survey were presented in the workshop in Alytus in April 2000. 276 administrators participated in this study among which 182 were representatives from

the individual health care institutions, 81 were working in public health care institutions. In this survey it appeared that 61.6 % respondents of individual health care institutions and 58.8 % respondents from public health care institutions were not satisfied with the present provision and quality of health care management training. A study carried out in the PHARE project "Implementation and Improvement of Obligatory Health Insurance Scheme in Lithuania" concluded that development of recurrent training should be based on analysis of tasks and responsibilities of the different levels of managerial personnel. It appeared that the tasks and responsibilities were not clearly defined between managerial levels in current practice. In line with this conclusion, under the umbrella of the next PHARE project, different types/levels of managers were identified and tailor-made training was designed for each level. This training should now be delivered by the 3 accredited management training institutions in the country. In the MATRA-project on "Strengthening the State Public Health Service" these curricula will be tailored to the needs of managers of the public health sector and institutes. The surveys and activities show that in this area – management training – there certainly is progresses to align training programmes to the needs of (future) managers.

The study carried out by the State Public Health Centre (February 1999) questioned higher personnel (directors of all public health centres, heads of departments and other higher personnel) working in the public health care system. The purpose of this questionnaire was to get general information about the knowledge, experience and needs for training in different fields of modern public health (as e.g. health promotion, health monitoring and analysis, modern epidemiology, health policy). 173 filled questionnaires were used for the analysis. Almost all respondents (96%) people wanted to know more about modern public health: either because their knowledge was insufficient or because they wanted to learn more. 45 % of respondents intended to apply modern public health issues in their daily work. Training needs were highest in informatics, EU regulations/legislation, health analysis and modern public health with priority given to later two and to public health. Needs for training in management were more highlighted among directors. By looking to the report of the survey carried out by the State Public Health Centre, it is clear that many employees (96% of respondents of the survey) of the present public health surveillance intend to apply modern public health issues in their daily work. This shows their willingness to some changes. The other important issue was mentioned that courses not always seem to be sufficient. Many of the respondents (42%) underlined the non-ability to speak English as an important barrier to the process of their professional development.

4.3 TNO-Survey on Labour and Training Market Issues

In December 2000, TNO conducted a survey among 26 (out of 30: 87%) former resident students of the 2-year health administration residency of Vilnius University, as well as 14 (out of 14: 100%) current students. The aim was to get an insight on the past and present work and education background and situation, financing, career perspectives and motivation of students. Among the main conclusions are:

1. The number of students has decreased dramatically over the last years (probably due to financial factors and competition of Kaunas University).
2. Of former students, 65% received state-financing while after studies 60% are working for pharmaceutical companies. Only a small % is employed in public health institutions or in management functions in personal health institutions.
3. A large majority of former students were medical doctors (85%) while all current students are medical doctors (100%) who immediately after MD studies enrolled. This points to low efficiency of public resources, as these people will probably never work as doctors despite a minimum of 6 years of clinical studies. On the positive side one could conclude that public health and management subjects are more and more of interest and seen as a serious career in Lithuania.
4. A large majority of former and current studies indicate that the residency was relevant to their current work and important to their career.

5 The European Dimension to Public Health and Public Health Training

In this Chapter an overview is given on two important aspects of the European integration process which relate to future public health (regulatory) developments, as well as the organisation, supply and demand for academic public health training in Lithuania. These subjects are: 1) the EC-legislation and the acquis communautaire, and 2) ASPHER.

5.1 EC Law

There are a number of articles in the European Community treaty (EC treaty) which relate to public health. The key provision is the public health article, firstly introduced in the Treaty of Maastricht (article 129, 1993). By means of the Treaty of Maastricht (1998) it has been substantially amended and renamed as article 152. According to this principle, the Community has supranational competence to run policy of diseases prevention, and health promotion, whereas the entire area of health services remains within the domain of national governments.

The public health provision furthermore entitles the Community to take actions with a direct bearing of health protection. These include 'incentive measures designed to protect and improve human health, excluding any harmonisation of the laws and regulations of the Member States'. This has served as a basis for the current set of eight public health programmes and for the decision to work on a network on the epidemiological surveillance and control of communicable diseases, and they also form the basis of a new programme, incl. concerted action on non-communicable diseases and risk factors. A number of the public health community programmes are open to candidate countries, incl. Lithuania, for example prevention of AIDS and other communicable diseases, combating cancer, drug dependence and health promotion, as well as programmes for accidents and injuries, pollution-related diseases and rare diseases programmes. Although legislative harmonisation at EU level is excluded, participation in European health programmes is likely to produce a certain degree of convergence among national health policies. As regards the accession countries, participation in each programme is considered to be necessary since the actions will support them in tackling major health problems they face.

Finally, the EC public health provision excludes the organisation of health services and delivery of medical care from Community policy. As a result of the subsidiary principle, this field, however, remains the explicit responsibility of Member States. Notwithstanding the exclusive competence of national authorities in this field, both the organisation and delivery of health care services are affected by policy decisions taken at European level and provisions of EC law designed to realise the internal market (e.g. free movement and competition principles). To achieve a more coherent and effective approach to health issues across all different policy areas, the Commission proposed the new public health strategy setting out the Community's broad health strategy (COM 2000). The actions under the public health framework emphasis a proper link

with health-related initiatives in other policy areas such as free movement articles, consumer protection, environment, agriculture. For candidate Member States this means that the common market has important consequences for health and health systems. Moreover, the Europe Agreements with candidate countries set approximation of (public) health legal standards as one of the adjustment priorities of the EU accession preparations. A number of the target actions will help to harmonise legislation across the European Union and at the same time to improve the quality of life in the Community, to respond to increasing public expectations and to achieve a high level of consumer protection. Such areas concern, inter alia, the removal of barriers that applicant states had erected in order to prevent free movement of products, services and persons.

Alignment of all Lithuanian (public) health legislation to European standards is an important consequence of accession. With regard to the free movement of doctors, their mutual recognition of certificates and qualifications of particular importance is the so-called 'doctors directive' (Council Directive 93/16/EEC of 5 April 1993). This has two dimensions:

1) Diplomas, certificates and other evidence of formal qualifications in medicine. Here this means that the Lithuania university certificate of medical doctor awarded by Kaunas Medical University and the Medical Faculty of Vilnius University will need to be recognised by the other Member States by giving such qualifications, as far as the right to take up and pursue the activities of a doctor is concerned, the same effect in its territory (EC) as those which the Member State itself awards;
2) Diplomas, certificates and other evidence of formal qualifications in SPECIALISED medicine common to all Member States. Here this means that the Lithuania university certificates of specialist in medicine awarded by Kaunas Medical University and the Medical Faculty of Vilnius University will need to be recognised by the other Member States by giving such qualifications, as far as the right to take up and pursue the activities of a doctor is concerned, the same effect in its territory (EC) as those which the Member State itself awards.

Concerning the mutual recognition of medical public health specialists, the 'doctors directive' recognises four specialised branches of medicine which are 'public health' oriented and which are related to specialities offered in Lithuania (see for a full list chapter 5):

1) Tropical medicine: non-existing in Lithuania;
2) Microbiology-bacteriology: related to specialities of microbiology and parazytology previously awarded by Vilnius University;
3) Community medicine: related to the epidemiology, general hygiene and children hygiene specialities previously awarded by Vilnius University;
4) Occupational medicine: related to occupational hygiene speciality previously awarded by Vilnius University.

On the other hand, however, nothing is organised until now under EU regulation to further the training of non-physicians as public health officers. In actual practice this omission is leading frequently to problems (e.g. admission of non-doctors to post graduate courses). This is not only a practical, but also a fundamental problem.

The 'doctors directive' and the absence of EU-Law on non-physicians public health specialists might have important consequences for Lithuanian academic public health specialities in a number of ways. These are further explored in the discussion and conclusions (Chapter 8).

5.2 ASPHER (Association of Schools of Public Health in the European Region)

A very promising development is the formation of ASPHER. In 1987 the WHO Regional Office for Europe began a joint project with ASPHER to investigate the possibilities of developing a European Public Health Training Programme. In co-operation with many training institutes all over Europe, ASPHER is developing *'an evolutionary and pluralistic framework for European degrees in public health, fitting with national training and services structures, but producing a core of public health professionals who are specifically equipped to practice within the European arena'* (Cavallo, 2000, in press).

In a study performed by ASPHER Bury and Garry (1999) indicate that there are basically 3 different types of MPH in Europe and the European Higher Education Project "3-5-8". The latter is in line with the Bologna Declaration of European Ministers of Education: The European Higher Education Area (June 1999) which states "*Adoption of a system essentially based in two main cycles, undergraduate and graduate. Access to the second cycle shall require successful completion of first cycle studies, lasting a minimum of three years. The degree awarded after the first cycle shall also be relevant to the European labour market as an appropriate level of qualification. The second should lead to the master and/or doctorate degree as in many European countries*".

1.			
1st degree (3 years)	+ prof. exp. 1 year		
1st degree (4 years)	+ prof. exp. 2years	} MPH (4-7 years)	
1st degree (5 years)	+ prof. exp. 2 years		
2.			
6 years (MD)	+ 4 years specialisation	Public Health Medicine Specialist (10 years)	
3.			
4 years (MPH)		MPH (4 years)	
4. ("3-5-8 project")			
3 years (BSc)	+ 2 years MPH	MPH (5 years)	+ 3 years DPH (8 years)

A flagship project of ASPHER is the development of a European Master in European Public Health, funded by the European Commission, which aims to define the European identity, in

relation with European values in public health and to prepare the public health professional for the EU market. At the end of the studies, graduates should:

1) share a common European understanding of Public Health;
2) consider systematically European perspectives in their approach of any Public Health issue;
3) be able to make valid comparisons among European health systems;
4) be able and ready to systematically and competently refer to European health related information;
5) have developed a strong European identity.

For a detailed description of this very interesting project, incl. a full curriculum description, the reader is referred to the ASPHER webpages.

Importantly, ASPHER defines 5 fundamental domains of competency for an MPH:

- introduction to public health;
- health care management and policy;
- epidemiology and biostatistics;
- health education/promotion;
- environment and health.

The 3-5-8 project and the identification of fundamental domains of competency can be of benefit to Lithuanian Academies as well, as further explored in the discussion.

6 Discussion

A summary, discussion and conclusions on the findings in this document is provided around 4 major issues and their impact on [the organisation, supply, quality and demand] for public health training:

- The changing concept and meaning of public health;
- The current regulatory-institutional situation in Lithuania;
- Supply and demand issues;
- The European context.

Conceptual issues

Public health is a dynamic science and expanding art Europe-wide with moving targets. Changes to the public's health can be analysed from many perspectives. Increasingly important are the sociological perspective of 'risk society' and the epidemiological concept of 'epidemiological transitions', both of which are very much interrelated. Lithuania is slowly shifting its static public health paradigm and rigid structure towards a new definition of public health, acknowledging its dynamic nature, and towards a system that is better adapted to tackle 'old' and 'new' public health problems.

There is not one universal definition of public health academically nor Europe-wide which is very much due to the fact that, until recently, public health was a 'national business' rather than a worldwide or Europe-wide movement. Nationally, the concept and definition of public health is subject to changes in society, epidemiologic transitions and public health paradigms. However, there starts to be growing consensus academically and Europe-wide on what are essential elements of 'public health', although a widely accepted definition is not in use yet.

What do these conclusions mean for the development of training programs for public health officers in Lithuania? It does definitely *not* mean that all physicians should become sociologists neither that all epidemiologists, toxicologists, environmentalists and hygiene specialists etc. should be replaced by political scientists, sociologists and health promotion specialists. Lithuanian public health does need natural scientists to unravel the physical, chemical en biological elements in the manufactured risks. Beyond that, we should not forget that some of the old hazards of the industrial society are still lurking. The 'old' risks have not disappeared entirely. Some even seem to prepare a comeback successfully: the growth of the incidence of tuberculosis is just one ominous example.

A better conclusion seems to be that we keep what we have but at the same time bring in more sociological, economical and juridical knowledge into public health and consequently into the education of (future) public health officers. If risks are constructed socially, it needs the expertise of social scientists to dismantle them and make them accessible for problem solving activities – be it on behalf of governments or by private persons and groups. If public health is indeed a

dynamic field with moving targets, it needs public health managers who are able to orient the system and resources to the changing needs and practice. If the epidemiology of the country is changing (towards a higher role for chronic and non-communicable diseases) and if new public health problems are emerging in Lithuania which prevention need different type of interventions, like HIV/AIDS, it needs well-trained planners and professionals who will lead on those efforts.

Regulatory-institutional issues

The assessment of strategic issues in Chapter 2 related to the regulatory and institutional framework indicates that the panels are moving in the Lithuanian public health (training) sector and that important initiatives have already been taken.

However, from the analysis of existing documents and from interviews with stakeholders it can be concluded that a variety of obstacles impede efficient and effective implementation of the integrated training process on public health. Core public health laws are not adopted yet. The statement about the need to educate and to re-qualify specialists in public health can be found in the National Health Programme 1997-2010. However, thus far subsequent Governments have not been able to provide a future vision or guidance on both the amount and professional qualifications of academically trained workers needed in various fields of the Lithuanian Public Health. In the absence of this, consensus on academic specialities is absent while Universities de facto have to set the country's public health standards and norms in quantitative and qualitative terms. Also, the boundaries between the profession and training of public health professions and professional training vis-à-vis (para-)medical professionals and their training are unclear.

The Decree No 624 for the first time acknowledges the role of the Ministry of Health in the assessment of public health professional qualifications and specialities. It also provides for professional qualifications in 5 specialities which can be qualified as 'academic public health specialties (hygiene doctor, hygiene laboratory doctor, doctor epidemiologist, doctor parazytologist and doctor microbiologist). In addition, the assistant positions to these specialties are mentioned, as well as certain 'para-medical professions: ergotherapist, kineziotherapist, oral hygienist and cosmetician). Unfortunately, these public health specialities do only partly comply with the draft "List of specialities, subspecialties in public health and list of public health specialists" which is being prepared by the Ministry of Health. The Decree ignores the modern public health professions. The draft "List" in itself is debatable in the light of developments in Lithuanian academies and Europe-wide regulatory and training developments. In our view, too many specialities are selected (MPH is already a speciality: public health specialist!!), while the document is an attempt to establish one public health route in the country (BPH – MPH – specialities) which is outside the academic reality of the country (e.g. the existence of health scientist in Klaipeda). In addition, there is some contrast between Decree 624 and the abolishment of certain residencies (specialities) at Vilnius University in Y2000 (those of environmental hygiene, radiation hygiene, nutrition hygiene, epidemiology, parazytology and occupational hygiene).

Conclusion: too much confusion in the paper work and the planning process. It is our strong recommendation to improve the communication and co-operation between the key actors on the national level on key strategic issues related to the organisation of academic public health education in Lithuania. We suggest that the Ministry of Health establishes and heads a Task Force, including also the Ministry of Education, representatives of the Universities and the State Public Health Centre and Service. The output of this process should be a new "List" and/or "Decree" (on specialities/specialists and requirements). The ASPHER European Higher Education Project "3-5-8" and the discussions on essential public health competency domains (see next recommendation) could offer guidance to re-assess new standards for public health training and professionals. When establishing this List it is also our recommendation to study and accredit those MPH (speciality) curricula and routes that are already provided in the Universities. The summary provided in section 3 of this report may serve as a good entry point. Also, it should be taken into account that the Anglo-Saxon model (BPH-MPH route) will be a dominant future education model also in the public health field, as indicated by ASPHER and the Ministers of Education in the so-called Bologna Declaration.

Supply and demand issues

Section 3 describes that in recent years different training initiatives have been taken which underline the necessity to build up capacity in the public health care system to contribute to the reform process in the Lithuanian public health. Impressive efforts are being made by the academic society in Lithuania to stimulate the development of a new public health paradigm in Lithuania and to expand their training and research activities towards previously underdeveloped academic areas in the country such as public health management and health promotion.

The content of the undergraduate public health curricula is to quite some degree medically-hygienic oriented in all three Universities. The Universities are the first to acknowledge this. In Kaunas (and Klaipeda as well) this is perceived as temporary as gradual changes are being made to bring the curricula in line with the new public health concept as adopted by both institutions. Vilnius thus far has kept the medically-hygiene concept of public health, which is also reflected in the curricula.

In light of the European developments the basic public health competencies and qualifications at BPH and MPH level should be re-examined, as well as those of public health specialities. Public health in Lithuania is indeed perceived as an independent academic branch in the country AND a specialised branch of medicine, which is perfectly reasonable given the international situation. When improving the quality and coherence of the 'independent public health specialty' it is suggested to introduce some 'unification' of the curricula at the Bachelor's programs around 'essential public health competencies' (to be further defined: see ASPHER recommendations). At the Master's and residency levels the Universities should be able to show their different identity and orientation by offering different (sub-)specialities and electives. E.g. Vilnius could profile itself on the medically-hygiene -, Kaunas on the public health management/administration - and Klaipeda on health promotion/health education (sub-) specialities at those levels. For this discus-

sion it is recommendable that the Universities offering public health education set up a Co-ordination Mechanism to discuss these essential elements related to the very nature of public health education. The consequences of the conclusions and recommendations of this working group on the current and future legal and regulatory framework should be considered as well.

For the discussion on core competencies of public health: ASPHER identifies 5 core public health competencies: introduction to public health, healthcare management & administration, epidemiology & biostatistics, health education/ health promotion & behavioural science, and environment & health. In addition, important subjects are related to program and project management, occupational safety and health, nutrition and biomedical and laboratory sciences.

In Vilnius a review of the Bachelor's and Master's curricula seems needed in the short term given that there is only a marginal difference between public health bachelor's and master's degree programs in the public health curricula, between public health and medical undergraduate training while also the EC-Law will have a future impact. The European Education Program (3-5-8) might be an interesting model to look at, or, as indicated above, the public health medicine model (or both!). Unfortunately, the abolishment of some hygienic residencies at Vilnius University in Y2000 has not yet been accompanied by a revision of the public health bachelor and master program, for example, by integrating some of the practical residency subjects (particularly of 'core' public health fields of environmental health, nutrition hygiene, epidemiology and occupational health) into the Master's curriculum, and adding some new subjects. Without accompanying measures, the 'quality' of graduates will unnecessarily be under pressure.

Regarding the residencies at Vilnius University, medical students were allowed to enter all public health residencies while vice versa this is not possible. It is at least questionable if this is the most efficient and equitable way of training public health (and medical) students. When treating public health as a speciality branch of medicine (public health medicine) would it then not be better to: 1) offer only a medical curriculum at the undergraduate level, while 2) compressing some public health competencies in a few (elective) modules for all medical students in the medical curriculum, and 3) offer a public health / social medicine residency at the Medical Faculty, open to medical graduates only and herewith training public health medicine specialists?

Importantly, the routes in the national residency program at Vilnius and Kaunas University to become a social medicine specialist are not in compliance with EC Law (93/16/EEC) which states that the minimum required specialisation period for social medicine is 4 years after completion of 6 years graduate medical students while only persons who have obtained the MD qualification first can be registered as a medical specialist in social medicine.

Regarding the residency programme in health care administration at Vilnius University it would be recommendable not to require the completion of the obligatory clinical practice (duration one year) upon entrance, which seems abundant and inefficient use of resources.

In Vilnius, when reviewing the public health curricula it is suggested to review the organisation of the Faculty of Medicine as well. With the necessary reduction in clinical-medical subjects in the BPH and MPH programs it is advisable to make the current Public Health Department more independent of the Medical Departments, e.g. by establishing a School of Public Health at (the Medical Faculty of) Vilnius University. In addition, it is recommended to increase and intensify co-operation with other existing Faculties (cross-fertilisation), notably social sciences, economy, law etc.

Section 4 reveals that a good overall insight in the personnel-professional situation of the public health sector in Lithuania is absent. The training needs of current public health staff are large and largely unmet. Surveys indicate that there are imbalances between:

- quantitative and qualitative aspects related to the supply versus the need for both 'old' and 'new' trained public health professionals in the public health sector;
- quantitative and qualitative aspects related to the training needs of professionals versus the supply/accessibility of (post)graduate courses, particularly on issues of 'modern public health', e.g. management, public health monitoring, information systems and interventions, EU developments, etc.

Some of these imbalances are inherent to the 'transitory stage' of the public health sector and the public health training sector in Lithuania, particularly those related to the accessibility/supply of postgraduate training. However, the limited insight and understanding of the labour market is troubling, as is the absence of a mechanism to balance the supply of (under-)graduate training with the need for starting public health professionals.

Given the results of the small TNO-survey on labour and training market issues which gave some striking results regarding profile, the career intentions and perspectives of Health Care Administration residency-students of Vilnius University, it seems recommendable to conduct a larger-scale labour market research, identifying (trends in) public health positions, turn-over rates and public health careers, quantitative and qualitative influx needed etc. In this context also the output of universities (BPH/MPH/Specialities) should be examined and analysed.

On the fact that the most distinctive role of public health education lies in the preparation of public health professionals Sorensen & Bialek (1993) recommend two organising principles around the improvement of public health education, which are also very applicable to the Lithuanian situation. First, as already mentioned, the curriculum should be structured around competencies universally required of public health practitioners. Secondly, Schools of Public Health should establish broad co-operative agreements with major local, regional and state agencies. Professional competencies and practical experience can best be achieved by training public health professionals in community-based settings where they can learn as part of a team composed of various providers and managers. To strengthen the ties between institutions providing graduate education in public health and health promotion and public agencies, the same authors defines four critical needs: 1) practicum experience: all students should obtain practical public health experience as an integral part of their academic training; 2) collaboration and communication: all

Schools of Public Health should develop technical assistance and research agendas. Public health agencies should integrate faculty and students into their programs so that the gap between academic and practice may be bridged more effectively; 3) education and teaching methods: public health practitioners should be appointed at the faculty so that the teaching of public health practice may be integrated into the curriculum; 4) human and fiscal resources: in their view it is essential that the Government provides funding to realise these goals.

Next to research, it is recommendable to set-up a registration mechanism and, if needed, a licensing mechanism for some (para-medical) specialities perceived as public health specialities in Lithuania (e.g. ergotherapist, kineziotherapist) based and following on the directions chosen in the to be defined List of Public Health Specialities and Qualifications.

European context

Section 5 describes that the influence of the European integration process on the national public health sector is already substantial and growing. Through the aspect of harmonisation of requirements and qualifications of professionals Europe-wide, the impact on public health training is also increasing. Particularly important are the developments related to EC-Law and ASPHER.

The European harmonisation process has some major implications for public health training in Lithuania:

- At university-level, intellectual and research capacity needs to be developed to analyse the impact of 'Europe' on Lithuanian public health and to assist the Ministry of Health to evaluate the current public health system, policy and legislation;
- Because of its major impact, a basic understanding of 'European Public Health Law and Policy' will be essential for coming generations of public health students in Lithuania;
- Lithuania will need to align medical speciality diplomas related to public health with European Law;
- In the 'non-physician public health education area' at universities, interesting developments and harmonisation processes are happening in Europe as well, notably ASPHER. Particularly the European Higher Education Project "3-5-8" and the discussions on essential public health competency domains can offer important guidance to Lithuanian schools of public health when considering a restructuring of the curricula and to the Lithuanian Government and Ministries of Education and Health when considering new standards for public health professionals and public health curricula.

Particularly the 'doctors directive' and the absence of EU-Law on non-physicians public health specialists might have important consequences for the organisation of academic public health training at Vilnius University in a number of ways:

1. It implies that in order to be fully recognised as specialists in the areas of occupational medicine, microbiology-bacteriology and social medicine, students FIRST need an MD degree (and an MD degree only) and subsequent a speciality diploma requiring a minimum training period of 4 years. This has the important consequence that the route MPH and then doctor.....

hygiene will NOT be recognised as Doctor's speciality by EC law. Subsequently, admission of non-doctors to these courses should be reviewed. If again restarted at Vilnius University, some residencies/specialities might need to be reformed (training period enlarged) or merged: e.g. general hygiene and children hygiene (merging with epidemiology??) into 'social medicine'; microbiology and parazytology into microbiology-bacteriology) in order to meet the qualifications

2. It implies that other 'public health' specialities that are currently awarded by Vilnius University are not seen as a speciality of medicine, e.g. health promotion, health ecology, radiation protection and laboratory medicine. What are they then: basic academic public health competencies or (branches of) public health specialities? If treated as basic public health competencies, it implies that most elements will need to be merged into existing BPH curricula. If treated as 'public health specialities' it means that admission of doctors and others to these MPH curricula/residencies should be re-examined.

7 Recommended Literature

ASPHER. Inventory of public health and health promotion training in the European Union. Website ASPHER. http://www.ensp.fr/aspher/invent.htm. Paris, 2000.

BECK U. Risk society. Towards a new modernity. Sage. London, 1992 [Risikogesellschaft: Auf dem Weg in eine andere Moderne] Frankfurt am Main: Suhrkamp, 1986.

BECK U, GIDDENS A, LASH S. Reflexive modernisation: politics, tradition and aesthetics in the modern social order. Cambrige: Polity Press, 1994.

BUČIONIENĖ A, BUIS S. Visuomenės sveikatos priežiūros specialistų tęstinio mokymo poreikiai (Needs of Public health Professionals for the Continuing Training). Vilnius, 1999. Environmental Health No 3: 5-13.

COLOMER C, LINDSTROM B, O'DWYER M. European training in public health; a practical experience. Eur J Public Health 1995;5:133-5.

COUNCIL OF THE EUROPEAN COMMUNITIES. Council Directive 93/16/EEC to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications. Brussels, 1993

EXTER A den. Mission Report Lithuania, legal harmonization component. Un-published document. TNO. Leiden: TNO-PG, September 2000.

GOVERNMENT OF THE REPUBLIC OF LITHUANIA. Decree of the Lithuanian Government Concerning the recognition of terms of reference for the evaluation (assessment) and recognition of vocational qualification, and the confirmation of the list of institutions executing the evaluation (assessment) and recognition of vocational qualification, and the confirmation of the list of registered professions. No 624. Vilnius, June 1 2000.

EUROPEAN OBSERVATORY ON HEALTH CARE SYSTEMS. HiT on Lithuania. Lithuania, 2000.

JONG ORW de, DOBRAVOLSKAS A, CERNIAUSKAS G et al. Strategic training plan for training in financial management. PHARE project: implementation and improvement of obligatory health insurance scheme in Lithuania: a World Bank project.TNO Prevention and Health. Leiden: TNO-PG, 1999.

KALĖDIENĖ R, PETRAUSKIENĖ J. Šiuolaikinės visuomenės sveikatos mokslo teorija ir praktika [Theory and practice of modern public health science]. Kaunas "Sviesa", 1999.

KLAIPEDA UNIVERSITY. Klaipeda University Strategic Development Plan for the period of 1998 –2001. Un-published document. Klaipeda, 1998.

MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA. Lithuanian Health Programme, 1997- 2010. Vilnius: Ministry of Health of the Republic of Lithuania, 1997.

MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA. III-ioji Nacionalinė Sveikatos Politikos Konferencija. Lietuvos sveikatos politika Xxi amžiuje (3rd National Health Policy Conference. Lithuanian Health Policy in 21st Century).Vilnius: Ministry of Health of the Republic of Lithunia, 2000.

MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA. National Strategy for Public Health (draft) Un-published document. Vilnius: Ministry of Health of the Republic of Lithuania, September 2000.

MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA. Order of the Testimony of and Requirements for Leaders of Public and Budgetary Health Care Institutions of State And Municipal Levels. Approved by the Health Minister. Decree 170. Vilnius: Ministry of Health of the Republic of Lithuania, April 16, 2000.

MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA: Qualification Requirements for Municipality Doctor. Decree 160 approved by the Minister of Health. Vilnius: Ministry of Health of the Republic of Lithuania, March 20, 2000.

PROSPECTS for Public Health Medicine in the European Community. Report of a meeting held at the Nuffield Provincial Hospitals Trust, London, 23-25 September 1991.

VILNIUS UNIVERSITY. Public Health Bachelor's and Master's Degrees Curricula of Vilnius University. Vilnius: Medical Faculty of Vilnius University, 2000.

KAUNAS MEDICAL UNIVERSITY. Public Health Bachelor's and Master's Degrees Curricula of Kaunas Medical University. Kaunas Medical University, 2000.

REPUBLIC OF LITHUANIA. Law on Higher Education. No VIII-1586. Vilnius: Republic of Lithuania, March 21, 2000.

STATE PUBLIC HEALTH CENTRE OF THE REPUBLIC OF LITHUANIA. Public health system reform in Lithuania: situation and objectives in relation to EU-accession. Un-published document. Vilnius, Draft January 1999.

THE EUROPEAN HIGHER EDUCATION AREA. Joint Declaration of the Eureopan Ministers of Education. Bologna, 1 June 1999.

WHO REGIONAL OFFICE FOR EUROPE. Health 21: the health for all policy framework for the WHO European Region. Copenhagen: WHO Regional Office for Europe, 1999. WHO European Health for all Series, No.6.

WHO Regional Office for Europe: Targets for Health for All. WHO. Copenhagen: WHO Regional Office for Europe, 1985.