EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

ECDC PUBLIC HEALTH TRAINING

Member State consultation on ECDC public health training 2017

23–24 March 2017, ECDC, Solna, Sweden

Executive summary

Member State consultations with the National Focal Points for Training (NFP-Ts) are organised in accordance with ECDC's Founding Regulation. Since 2013, they have followed the structure agreed for the ECDC Coordinating Competent Bodies.

This year's consultation saw NFP-Ts participating from 18 Member States, along with representatives from WHO, the Association of Schools of Public Health in the European Region (ASPHER) and the chairs of the ECDC Fellowship Programme Training Site Forum. ECDC updated delegates on its work plans for 2017 and beyond, its roadmap for e-learning and its new country support strategy. ECDC also presented its work on the launch of its Continuous Professional Development Programme (CPDP). The main aim of CPDP is to strengthen the capacity of EU public health institutions by supporting professional development. This involves the continuous education of Member State public health professionals who are available and willing to cascade training within their countries, the target audience being mid-career and senior experts. ECDC reported that existing building blocks would be complemented by additional training offers, developed within the scope of ECDC's disease networks, by public health functions and external partners such as ASPHER. The main activities of the CPDP are the summer school, short blended learning courses, e-learning opportunities including webinars and the Senior Exchange Initiative, which was also presented in detail at the meeting. ECDC seeks to complement these projects with courses and activities from other providers.

Last year's consultation had supported the idea of integrating the European Programme for Intervention Epidemiology Training (EPIET) and the European Programme for Public Health Microbiology Training (EUPHEM) into a single framework, ECDC's Fellowship Programme. ECDC gave a progress report on this: a single manual for both paths of the programme had been created, incorporating feedback from relevant stakeholders.

The main focus of this year's consultation was two working group sessions eliciting feedback from the NFP-Ts. The first was on a Training Needs Assessment (TRNA) survey planned for 2018. The methodology used in the 2015 TRNA was presented and advice was sought from NFP-Ts on how to improve it for the 2018 version. Key recommendations included the need for ECDC to clarify to Member States precisely what data they were seeking, at which level (nationally, regionally or locally) and to give adequate time for Member States to consult widely before giving their responses.

In the second set of working group sessions, the NFP-Ts discussed the evaluation of the single fellowship programme, which is also planned for 2018. Key suggestions from the delegates included differentiating between the impact of the training in both paths, assessing how well the programme met its main objectives, its cost-effectiveness and whether the curricula meets the needs of the current and future workplace. More broadly, delegates recommended evaluating the current model of the Member State track and EU track for all Member States to ascertain whether the aims of the programme remained relevant. Finally, it was suggested that ECDC should consider delaying the evaluation if it was not possible to carry it out satisfactorily by next year.

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In conclusion, the consultation once again offered an opportunity for the exchange of experience and the provision of extremely valuable advice to ECDC to help interpret and adapt its training strategy to the needs of the Member States.

1 Background

The European Centre for Disease Prevention and Control (ECDC) held its annual consultation on public health training with its key counterparts from the Member States, the National Focal Points for Training (NFP-Ts), at its headquarters in Stockholm on 23–24 March 2017. This meeting provides the main annual opportunity to coordinate strategic and technical issues in the field of public health training for infectious disease prevention and control in the EU. The meeting serves as an opportunity to review, update and provide guidance for the planning and shaping of ECDC's activities in this area.

2 Consultation objectives

At this year's meeting, the specific objectives were for:

- the NFP-Ts to update and give feedback regarding training and capacity-building needs in their countries to give ECDC a better understanding of their needs in coming years
- ECDC to update the NFP-Ts on the agency's progress in the public health training field since the 2016 meeting, as well as its programme for 2017 and the coming years
- updating delegates on the merging of EPIET and EUPHEM into a single training programme and for ECDC to receive recommendations from the NFP-Ts on how to evaluate the programme in 2018
- ECDC to receive input from the NFP-Ts on its Training Needs Assessment survey planned for 2018; and
- the NFP-T Coordinating Committee to meet and update each other.

The meeting agenda is in Annex 1 and a list of the participants in Annex 2.

3 Presentations and practical session

Welcome and introduction

Delegates were welcomed and introduced. It was noted that the agenda featured several important topics and offered an opportunity to consider future training needs in the European Union in a rapidly changing world.

ECDC's multi-annual strategy: an overview

ECDC presented its multiannual strategy in the context of its public health training activities. It was highlighted that ECDC is a small network organisation, relying on strong public health input from the Member States. In the coming years the agency aims to identify where needs are largest in Member States in order to support them, particularly in capacity-building and training.

In January, ECDC presented a draft of its 2018 work plan, which was approved by its Management Board. The agency's conditional budget for 2018 is EUR 58.2 million, similar to previous years. Around EUR 20 million of this is the operational budget, of which training and capacity-building constitute a large part. The agency also aims to reduce staff to 280 by 2020. Feedback was welcomed from delegates on the current and future needs of their Member States to consider for ECDC's 2019 work plan, currently being drafted.

ECDC's single programming document

ECDC presented an overview of its public health training section's work programme for 2017 and its priorities until the end of 2020. Its key outputs for 2017 were:

- EPIET and EUPHEM integrated into a single framework, ECDC's Fellowship Programme
- the Continuous Professional Development Programme (CPDP) launched to support mid-career and senior level workforce
- performance assessment for the fellowship programme and implemented CPDP modules integrated into ECDC's Virtual Academy (EVA).
- a blended approach for certain modules in the fellowship, with online resources supporting anti-microbial resistance and health-associated infection in the CPDP
- a network of schools of public health in place, a joint project by ECDC and ASPHER; and
- scientific leadership for the implementation phase of the Mediterranean Programme for Intervention

Epidemiology Training (MediPIET) and support in finding sustainable solutions for it post-2017.

The section's objectives until the end of 2020 were for:

- CPDP to be fully operational, with an estimated 100 participants in face-to-face short training courses, 200 participants in online courses and up to 50 in exchange visits.
- ECDC's Fellowship Programme to be fully harmonised, with an external evaluation of the programme scheduled in 2018.
- EVA to be fully operational, making distance learning courses freely available for all public health staff in the EU and offering a blended learning approach to all ECDC-coordinated training efforts.
- having cascading facilitated through the creation of a network of trained professionals, the provision of didactic tools and training materials; and
- ensuring that all offers for training were based on needs assessments, conducted through annual consultations and regular surveys at EU level and to have developed tools for Member States to administer them nationally and sub-nationally. Annual consultations with NFP-Ts would continue to align training strategy at EU and national level and to identify training needs.

It was noted that some Member States were not present at the consultation due to competing responsibilities. To address this, ECDC plans to make more use of email, phone conferences and other platforms as well as the face-to-face consultations with NFP-Ts.

ECDC Fellowship Programme

ECDC updated participants on the integration of EPIET and EUPHEM into a single programme, the ECDC Fellowship. This process officially began in July 2016 and was implemented by an ECDC director's decision. The programme offers a two-year competency-based training with two paths: field epidemiology (EPIET) and public health microbiology (EUPHEM). A single manual has been created for both paths of cohort 2017, incorporating feedback from stakeholders. The programme's objectives remain much the same, but with a sharper focus on multidisciplinary cooperation. A detailed overview of the fellowship programme's modules was presented.

Delegates were informed that a training site forum (TSF) meeting would take place following the selection of fellows in the first week of April. The reference terms of the TSF are currently being revised.

Some of the proposals under discussion were presented and NFP-Ts were invited to share their views on them.

Continuous Professional Development Programme (CPDP)

ECDC gave an overview of its Continuous Professional Development Programme (CPDP). This is one of the pillars underpinning ECDC's capacity-building work in Member States to support the implementation of Decision 1082/2013/EU of the European Parliament and the Council and the International Health Regulations (IHR). The main aim of the CPDP is to contribute to capacity-strengthening of the EU's public health institutions by supporting professional development. This takes the form of continuous education for Member State public health professionals who are available and willing to cascade training within their countries. The programme targets mid-career and senior experts responsible for addressing cross-border health threats who belong to ECDC networks in the Member States. It offers competency-based training opportunities and includes cascading to support capacity-strengthening in the countries. Existing building blocks will be complemented by additional training developed with ECDC disease programmes, public health function sections and external partners such as ASPHER. The CPDP catalogue of activities will be included in EVA and will also be published as a PDF on an annual basis. The CPDP's main activities are the summer school, short blended courses, e-learning opportunities including webinars and the Senior Exchange Initiative, which is now under the umbrella of CPDP. This is what the ECDC has on offer, but the agency wants to complement with courses and activities from other providers. ECDC also hopes NFPs will be active within this project and that members of the network will help to build it and collaborate in future activities.

ECDC's Senior Exchange Initiative

ECDC updated delegates on its 2017 Senior Exchange Initiative. The agency received 23 applications from 17 countries before the deadline. Member States with more than one applicant had been asked to prioritise one of their candidates, making 17 applications. Candidates were to be informed of the outcome by April 2017 and hosting and cascading plans uploaded to EVA. The initiative was very popular in 2017, but the activity was still new and ECDC was considering making some changes next year. An administrative decision similar to that for Fellowship would help clarify the process. ECDC also aimed to have the call for expression of interest ready earlier.

Roadmap for e-learning

ECDC presented its new roadmap for e-learning. The agency's e-learning activities began in 2013 and had ended in 2016 to make way for a new four-year e-learning 'roadmap'. Some of the main deliverables between 2013 and 2016 included acquiring the Learning Management System, which formed the backbone of EVA, upgrading the FEM Wiki to a new platform, integration of the fellowship programme into EVA, a general collaboration agreement with ASPHER and e-learning courses on outbreak investigation and rapid risk assessment.

The objective of the roadmap is for ECDC to become a reliable e-learning provider. The roadmap examines what Member States and other stakeholders want from e-learning activities in the next four years. NFP-Ts had recommended that ECDC avoid developing new e-learning courses on topics where courses already existed. Market research identified 217 relevant online courses currently available. ECDC will look more closely at these providers to see if there are opportunities for partnerships. The key recommendations of the roadmap were: to align with key stakeholders to build an integrated and final e-learning roadmap; to conduct in-depth market research focusing on top learning providers using interviews and surveys and to develop a roadmap cost estimate and timeline.

ECDC country support strategy

Karl Ekdahl gave a presentation on ECDC's country support strategy, a new initiative running in parallel with capacity support in public health training. The strategy was approved by ECDC's Management Board in June 2016, and its implementation was discussed at a meeting of the directors and national coordinators of ECDC's coordinating competent bodies (CCBs) in September 2016. ECDC's internal task force is currently looking at this strategy based on the discussions of the CCBs.

The strategy is a result of the Second Independent External Evaluation of ECDC in 2014, one finding of which was that the agency should interact more closely with and respond better to the needs of Member States. The ECDC stakeholder survey in 2015 reached a similar conclusion. The strategy aims to establish and maintain well-coordinated capacities across Europe to effectively prevent, detect, assess and control communicable diseases that threaten the health of the European population. It sets out a structure of country support activities that will involve closer collaboration with Member States, better alignment with their needs, clear and transparent mechanisms for priority setting, optimal use of ECDC resources and the involvement of Member States, not only as contributors, but also as beneficiaries.

To date, needs requests have usually come to ECDC in an ad hoc manner. ECDC's country support mechanism, being piloted this year, will enable Member States to express their needs and will include a clear and transparent method for assessing and comparing them. ECDC will then ensure that these needs and resources are included in its multiannual plans. This will entail close cooperation with the CCBs, with a key role for their national coordinators. The mechanism has four steps. The first is Member States formulating their needs via a call for expression of needs, sent to directors and national coordinators of the CCBs. The submissions will then be considered by an evaluation committee. If the pilot is successful, the idea is for Member States to be represented on this committee, as well as observers from WHO and the European Commission. Where needs cannot be suitably addressed by ECDC it might be possible to do so through the Commission's Public Health Programme. The next step is negotiation, with ECDC discussing the needs and their implementation directly with Member States and finally collaboration between ECDC and Member States on the agreed needs.

The pilot was at the first stage and the call for expression of needs was sent out in the spring. Greater needs could be fed into ECDC's 2019 work plan. Following its completion, the pilot would be evaluated to see if the process is feasible for subsequent years.

One delegate asked how the process would complement WHO's joint external evaluation. Professor Ekdahl explained that ECDC was aiming to identify much more specific needs. Another delegate wanted to know if ECDC was asking Member States to express ad hoc or longer-term needs. Professor Ekdahl clarified that it could be either. The call for expression addressed greater needs, but the forms could be used throughout the year, including for ad hoc lesser needs. The aim is to repeat the process annually. He added that ECDC was not only asking Member States to request needs but also whether they were interested in volunteering to support other Member States.

Update from WHO

Dr. Pierre Nabeth of WHO Lyon gave a presentation on a pilot toolkit for developing national surveillance training plans. This toolkit had been used in Malawi by WHO with the consultancy Transmissible. The aim was to develop a toolkit made up of one tool for the assessment of needs, requirements and capacities for training in surveillance and another for the development of national surveillance training plans. This would be followed by support for the development of these plans in countries and enlargement to a strategy for strengthening HR for surveillance. Dr. Nabeth explained the proposed methodology, which involved self-assessment questionnaires and interviews, before describing the project's results, recommendations and next steps.

Communicable disease prevention and control: workforce and training provision in Lithuania

Jurgita Pakalniškienė, NFP-T Lithuania, presented data detailing workforce and training provisions in her country. She gave an overview of communicable disease prevention and control in Lithuania, including the institutional structure and qualifications required for specialists in the field. Using several sources, she had compiled data on workforce demographics, fields of specialism and academic and other training providers in the country, which she presented in detail.

Core competencies development: vaccine-preventable diseases and immunisation

ECDC gave a summary of its vaccine-preventable diseases and immunisation core competencies project. The objective is to provide Member States with a set of agreed competences based on well-defined knowledge and methodology. These competences can be used when defining their strategy of capacity-building through training in vaccine-preventable diseases and immunisation, as a tool for training needs assessment and for developing curriculum and training materials for train-the-trainers courses. ECDC presented the development of the competency framework, which has five phases: the discussion and adoption of the model of core competences, reviewing and updating draft competences, sharing the model with stakeholders, endorsing the model and publication of the work, both in an ECDC report and in a scientific journal. The model targets public health system professionals performing tasks in relation to vaccine-preventable diseases and immunisation, and is relevant for a broad audience.

In September 2016, ECDC held a training needs assessment workshop with its NFPs for Vaccine-Preventable Diseases (VPD). The aim was to map training needs and define the priorities for the topics proposed by ECDC. The results were ranked as high, medium and low priorities. Immunisation programme evaluation and vaccine safety were among those identified as high priority and cold chain, storage and logistics among the low priority competences. The workshop concluded that e-learning was the preferred mode of delivery. ECDC's Senior Exchange Initiative was felt to have added value, and the summer school, EPIET and the provision of guidance and teaching materials were also mentioned. For topics marked as low priority, it was felt that ECDC's guidance and teaching materials could be used as a solution.

The next steps for this project were to define the activities for the development of training materials by priority and target professionals and to develop curriculum and training material for the 'train-the-trainers' initiative.

Public health emergency preparedness

ECDC gave a presentation on core competences in public health emergency preparedness. To fulfil its mandate under Decision No. 1082/2013/EU, ECDC seeks to identify strengths and areas for improvement in public health emergency preparedness across the Member States. This is a medium-term project aiming to design competency-based training curricula for experts. The target audience is experts working in preparedness at national level - i.e. members of national preparedness committees or equivalent. The first phase of the project was the creation of a logic model, followed by the development of a core competency framework, which was completed in 2017. They are the basis for developing training curricula and conducting pilot training. ECDC explained the consultation process for this phase, which started in September 2016 by eliciting input from NFPs and expanded to a wide range of stakeholders.

The main proposed public health emergency preparedness capabilities were detailed: assessment, policy development, adaptation and implementation, health services, coordination and communication and emergency risk communication with the public. ECDC aimed to provide NFP-Ts with a more detailed list of capabilities and competencies once this was completed.

One delegate asked if the intention was to develop core competencies for all infectious diseases, preparedness and response. ECDC clarified that the outcome of the project would be used to develop training curricula, based on a set of competencies people should be trained for in generic workforce categories, without focusing on any specific disease. These would be broken down into sub-categories. A second question asked whether the finalised project could be used to assess capabilities within Member States' workforces. ECDC confirmed that this could be one use for it: the idea was to be flexible enough to cater to Member States' needs but also to give reference points.

Update from the European Commission

Fabio D'Atri, seconded expert from the European Commission, gave an overview of ECDC's place in the EU from a legal perspective. He emphasised that the views expressed were his own. Dr. D'Atri explained the background of

ECDC's mandate to work in the field of public health training in the EU, stemming from the statement in the agency's Founding Regulation that one of its missions was 'to provide scientific opinions and scientific and technical assistance including training' as well as to 'exchange information, expertise and best practices'. In 2009, the Lisbon Treaty gave the agency a clear legal mandate to work in health information and education at a European level. This was further strengthened in 2013 with Decision No. 1082/2013/EU, specifying that the EU should share best practices and experience in preparedness and response planning across its Member States.

Dr. D'Atri discussed several upcoming challenges, and suggested consideration be given to how ECDC and others would draw on expertise in the UK and share data with it following its withdrawal from the EU. He discussed the European Commission's recent White Paper, outlining five potential scenarios for the future of the EU. Dr. D'Atri noted that one scenario included a reference to the EU cutting back in some areas, one of which was public health. He said it was not yet clear what was meant by this, or what the impact would be on ECDC's activities or on common work in the field of public health in Europe. He said it was important for ECDC to continue communicating on its activities and public health cooperation across the EU and to monitor developments closely.

NFP-T coordinating committee update

Paulo Nogueira, chair of the NFP-T coordinating committee, updated participants on the committee's work. He reported that the Committee had provided technical advice, reviewed several technical reports, prepared agendas and attended the meeting on global health preparedness organised by ECDC and the Asia-Europe Foundation in Stockholm in September 2016. They had also completed their terms of reference.

Methods for training resources and needs assessment

Dr. Carmen Varela Santos of ECDC updated delegates on the methods used for the 2015 Training Resources and Needs Assessment (TRNA) survey. Following a recommendation from the Internal Audit Service (IAS) of the European Commission in May 2014 to determine whether there were sufficient specialists in the EU, ECDC carried out the TRNA survey in Member States in 2015, focussing on field epidemiology and microbiology. In its consultation with NFP-Ts last year, ECDC asked for their feedback on the methodology used and how it could be improved to obtain more data. The NFP-Ts identified difficulties encountered in their Member States with the survey, suggested tools to assist Member States in carrying out their own national and sub-national training needs assessments and recommended additional capacity indicators. The report is now published[1], while a literature review is planned for publishing as a technical document. ECDC reported its progress to the IAS, which responded with further recommendations that:

- the cycle of EU-wide TRNA surveys be shortened from 3–5 years to 1–3 years
- ECDC, working with NFP-Ts, should establish a working group dedicated to identifying international standards of capacity in public health workforces and a method for collecting comparable data on the existing and required workforce
- the country support strategy be implemented, along with a clear action plan
- more regular use be made of relevant data provided by Member States to WHO, possibly by formalising the exchange of this information; and
- the training needs identified in the 2015 TRNA survey be included in the planning and development of CPDP short courses.

As a result, the next TRNA survey was planned for the second half of 2018. In preparation, NFP-Ts would be asked for their recommendations on the scope, content timeline and other issues in working groups. ECDC was also finalising arrangements for an expert meeting in April, the attendees of which would probably become members of the working group recommended by the IAS.

The importance of having clear definitions (i.e. preparedness, cross-border threats) due to new needs and emerging areas of work, was raised by some delegates. Concern was raised over the IAS's recommendation to arrange further TRNA surveys in a shorter time frame. ECDC explained that the results of the survey would be considered to ensure that the agency's training programmes met the requirements for communicable disease prevention, detection, assessment, preparedness, surveillance, response and communication. This entailed some overlap with both IHR and Decision 1082, but the TRNA also needed to address other issues, such as the founding regulation specification that it should ensure there were a 'sufficient number' of trained communicable disease specialists in the EU. To do so, the agency had to work with the Member States to determine what was a sufficient number.

[1] European Centre for Disease Prevention and Control. Training needs assessment for EU/EEA countries – Assessment methodology and 2015 survey. Stockholm: ECDC; 2017.

The design of the survey was one part of the training needs assessment, but it had also raised the issue that some Member States did not know who was responsible for addressing the questions. ECDC sent all inquiries to the national coordinators (NCs) of the coordinating competent bodies with NFP-Ts in copy, but many were not responsible for such high-level political decisions. ECDC and the NFP-Ts needed to learn from each other and share their experiences to try to solve such issues. Dr. Nabeth commented that WHO was discussing a mixed tool to collect such information. ECDC replied that something similar might be needed and that administering a questionnaire may not be enough.

Practical session on the 2018 TRNA survey

Delegates were divided into three working groups, with each group being assigned questions to facilitate their practical input on improving the 2018 survey in terms of its scope (1), format, length and structure (2), administration, in-country distribution and timeline (3) and support tools. Each group began with a different section of the worksheet and continued with other sections for as long as the time allowed.

Rapporteurs from the three working groups fed back to the plenary on what they had discussed.

Group A reported the following points:

1.1. With the scope of the TRNA Survey 2015 in mind, what changes (if any) would you propose for the scope of the TRNA Survey 2018 to better respond to its objectives?

The group suggested defining the term 'public health specialist', as they found it unclear which professions were of interest for the survey. Lists had been given in previous presentations and perhaps these could be used. They also recommended clarifying whether the needs were at the national institute level or the totality or each country, including regional and local levels. Finally, they suggested clarifying that the questions were not intended to identify needs for resources and employment but needs in an 'ideal world'. Some had questioned the value of this interpretation.

1.2. Would you recommend to keep reporting on the training needs of epidemiologists, public health microbiologists (and potentially other relevant professions) in one generic or several specific surveys?

The group proposed listing the professions ECDC was interested in and having some generic questions referring to all and some tailored to specific professions. It also suggested that brief descriptions of the structure of public health systems and services should be included, focussing on the tasks performed by each profession.

1.3. To facilitate better comparability of data and keep in mind the primary target audience for ECDC training, would you recommend adjusting the focus of TRNA 2018 to assessing the individual training needs of national experts working on cross-border health threats?

The group suggested replacing the concept of 'cross-border health threats' with 'core public health functions'. They asked if the aim was to identify needs in a local emergency, a national emergency or an event of international concern. They also found the expression 'individual training needs of national experts' to be unclear and were unsure if this referred to people working in the national institutes or in specific services.

1.4. For TRNA 2018, would you be in favour of allowing more concrete reporting on disease-specific training needs or should our focus stay at the level of public health functions?

The general view of the group was that it was best to focus on methods that apply to all diseases - i.e. generic training that increases the capacity of trained professionals who can adopt a public health approach and implement the respective tools/techniques.

4.1. Which support tools would you propose that ECDC should develop to assist Member States with in-country collection of comparable data? (i.e. scoring sheets, checklists, questionnaires, etc.)

The group felt that closed questionnaires with predefined possible values would be appropriate for this, but that other tools could also be relevant, depending on the issue and variable.

4.2. Would you propose that ECDC develops more concrete guidance on assessing individual training needs?

4.3. Would you propose that ECDC develops more concrete guidance on assessing institutional training needs?

4.4. Would you propose that ECDC develops more concrete guidance on assessing sub-national training needs?

The group had the same answer for these three questions, proposing that the same scoring system be used for all three questions to gain an idea of the priority each Member States placed on each of these levels.

Group B reported the following points. For question 1.1, it felt it should be communicated to Member States precisely what information was being sought and also wondered how the data would be analysed and used – consideration of this could help structure which questions to ask. It asked about the value of carrying out surveys at short intervals and noted that changes in training programmes would not be reflected in such timespans. For 1.2., they favoured one survey but with clear instructions and sufficient time for consultations within Member

States. To support these consultations, definitions of each profession would need to be re-emphasised. In several Member States, it was difficult to identify the right people to involve, for example in a discussion of public health microbiology.

2.1. With the TRNA Survey 2015 in mind, would you recommend keeping the same format for the TRNA Survey 2018? If not, what concrete changes to the format would you suggest? Which parts would you recommend keeping for the TRNA Survey 2018?

The group unanimously felt that the 2015 survey had been very hard to fill in. Many replies had been educated guesses based on different assumptions in Member States, making the outcomes hard to compare. They suggested simplifying the format and that ECDC should clarify for which level the information was to be collected, who was responsible for collecting it and how. There was a need for clear and precise definitions - for example what was meant by 'sufficient number', 'health communication' and other terms.

2.2. Would you recommend keeping the same length or shortening/lengthening the next TRNA questionnaire?

The group felt it should be shortened.

2.3. With regard to the structure (and how the scope is reflected in questionnaire sections and subsections) of TRNA Survey 2015, would you recommend keeping this for the TRNA Survey 2018? If not, what concrete changes would you propose?

The group felt the existing structure was logical but complex and said artificial separations and duplications in topics should be avoided. The glossary of terms was not felt to be visible enough. The structure was mainly applicable to Member States with purely national level responsibility for crisis management, making it more difficult for Member States with a more complicated organisation of their PH structure to give replies.

Group C reported the following points:

3.1. Reflecting on the way TRNA Survey 2015 was administered, would you recommend keeping the same method of administration (via CCB NCs) and tool (EU Survey tool)?

The group said NFP-Ts could distribute this questionnaire within their Member States to get some feedback from them on how it should run. They felt ECDC should ask the CCB NCs in advance which ministry in their Member States would be most appropriate for the survey to be sent to. The online tool was deemed satisfactory.

3.2. If significant changes are made to the questionnaire to be administered in 2018 (in terms of scope, format, structure), would you recommend incorporating a pilot phase?

Most felt significant changes should be made, saying several questions were very difficult to interpret. One group member argued it should remain similar so that Member States could compare the data more easily.

3.3 We noted that some NFP-Ts felt that the TRNA Survey 2015 was not always distributed within the Member States to the right experts for input. Who would you perceive to be the key persons needing to be informed within a Member State who should be contacted for input?

One question in the new survey could cover who the previous survey was disseminated to and who responded, giving ECDC a clearer idea of who was involved. Sometimes ministries and NCs did not have the data requested. For key informants, they felt the focus should be on communicable disease control rather than public health, which is much wider.

3.4. With regard to the optimal timeline for administration of the next TRNA Survey, what would be your recommendation (i.e. how much time should Member States be allowed to collect necessary data, verify and report?) Is there a more favourable time of the year you would propose for survey administration?

The group suggested it should not be during the summer or the Christmas season. They recommended sending the survey to the CCB NCs and ministries in spring with clear instructions on who needed to be involved and then sending the questionnaire in autumn, so that the data could be collected between August and November.

Update from ASPHER

Dr. Carmen Varela Santos of ECDC and Louise Stjernberg, liaison between ECDC and ASPHER, gave an update on this partnership. ECDC signed a collaboration agreement with ASPHER in March 2016. The purpose of this network is to be more effective in delivering training to the communicable disease prevention and control workforce; facilitate connections between academia and public health institutes; and translate the collaboration from the EU level to the national level, particularly in the area of serious cross-border health threats. General areas of shared interest include continuous professional development, competency development, public health training strategies, training needs assessments, workforce development, accreditation, training methodologies and delivery formats. A current project is mapping the strengths of schools of public health in the EU in terms of their resources and competencies in communicable disease prevention and control and their current training activities in that area. Domains include public health policy, public health emergency preparedness and response, risk assessment, communication and training methods. An online questionnaire would be developed to be filled in by 110 schools.

NFP-Ts were invited to become involved and share their thoughts and ECDC and ASPHER would distribute with them along with the protocol, plans and completed report.

Fellowship evaluation working session

ECDC presented an overview of the continuous improvement of the ECDC Fellowship Programme. In 2014, ECDC carried out the second self-assessment of the agency and also underwent a second external evaluation and in 2015 it initiated its annual stakeholder survey. The agency is currently working to prepare the upcoming evaluation of its disease programmes. Evaluations are used to improve the agency's work but also in deciding how to distribute resources. The European Commission has published guidelines for collecting the new trends in evaluation (Better regulation: guidelines and toolbox[2]), highlighting the importance of using consultation and analysis methods in combination in order to ensure that useful recommendations will be provided.

Joint action plan to address recommendations from second ECDC external evaluation – progress report

ECDC gave delegates a progress report on its response to the recommendations of the Second External Evaluation in the area of public health training. Based on that evaluation and the second ECDC stakeholder survey, ECDC's Management Board had formed a task force, which had created a joint action plan for ECDC to address a consolidated list of actions. The actions taken in 2016 were the integration of EPIET and EUPHEM into one fellowship programme, the launch of the CPDP programme, the expansion of e-learning and collaboration with ASPHER. Ongoing actions included establishing a robust and stable survey tool to measure workforce capacity in Member States, which would take the form of the next TRNA survey, the blending of Fellowship modules and the development of new e-learning courses.

The action plan's success will be measured by several criteria, such as the periodic survey on workforce capacity, satisfaction surveys after training activities, the numbers of participants trained, the public health projects delivered and the distribution of fellowship graduates geographically and across public health tasks. The progress of the joint action plan was addressed in each Advisory Forum and Management Board meeting.

Evaluation of EUPHEM

ECDC gave a presentation on the evaluation of EUPHEM in 2012–13. The evaluation's chief aims were to assure the continuity of the programme; use the input to propose progress outlines; identify possible areas for improvement in the format and administration of the fellowship and make recommendations for its possible future expansion. The evaluation found that EUPHEM adequately fulfilled its aims but made several recommendations, including improving the balance of funding between the EU and Member States, the creation of a Member State track, providing training for the trainers, featuring laboratory work in all the programme's activities and increasing opportunities for joint projects and international assignments for fellows. A post-output performance evaluation involved interviewing the programme's six graduates who had all perceived improvements in their key competencies and would recommend the programme to peers. The evaluation recommended that fellows and supervisors focused on the proper public health dimension and impact in their training and strove to address the EU dimension in their output.

UK field epidemiology training programme evaluation in 2014

Samantha Bracebridge, NFP-T for the United Kingdom, gave a presentation on the UK's experience evaluating its Field Epidemiology Training Programme (FETP) in 2014. The aim of the evaluation had been to assess whether the FETP was achieving its objectives, as set out by the Health Protection Agency's business case and to make recommendations for programme improvement. The evaluation took the form of a qualitative survey comprised of open-ended questions, with a check list to ensure all aspects were covered. A retired but highly experienced epidemiologist was commissioned to undertake the evaluation. Interviews were conducted with 51 people and thematic analysis was then undertaken. Feedback on the programme and its meeting of business objectives was largely positive and the collaboration with EPIET was highly regarded. Issues raised included the lack of clear career pathway for scientists, a need to align FETP competencies with senior scientists' job descriptions and accreditation of the programme.

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[2] http://ec.europa.eu/smart-regulation/guidelines/ug_chap6_en.htm.

Practical session on the 2018 evaluation of ECDC's Fellowship Programme

Delegates were divided into three working groups, with each group asked to consider three questions regarding the evaluation of ECDC's Fellowship Programme planned for 2018:

- What should the objectives of the evaluation be?
- What methodology is appropriate?
- Which indicators should be used to measure impact and which stakeholders should be consulted?

Rapporteurs from the working groups fed back to the plenary on what they had discussed. Group 1 reported that more time was needed to discuss such complex questions. For question 1, they suggested the evaluation should examine the programme's impact on global public health, and also to consider how to train for future needs, considering new methods and technological changes. For question 2, they agreed that impact should be included in the methodology for both EPIET and EUPHEM. As the two fellowship programmes only merged into one administratively in 2017, the evaluation should differentiate between the impact of the training in both paths. For question 3, they suggested looking at how alumni contribute globally in public health.

The group had a major concern about how the evaluation team would be selected and what kind of scope they would have. They recommended not having an open tender for the evaluation team but rather trying to find an expert who was familiar with similar programmes. An evaluation in 2018 also left very little time for an open tender and they suggested delaying it, as the outcome was more important than the timing and it might need more preparation. With regard to the issue of who to approach for data collection and interviews, they suggested NFP-Ts, training sites, policy-makers in the Member States, alumni, supervisors and coordinators.

Group 2 summarised its discussions. For question 1, they felt the evaluation should assess whether the programme met its main objectives - i.e. to strengthen Member States' capacity in terms of outbreak response and the surveillance and control of infectious diseases and other cross-border health threats and to strengthen the European network of public health professionals. With regard to Member State capacity, they recommended evaluating the number of fellows who have been trained, the brain drain and how well the EU and Member State track were working and varied between countries. They also suggested assessing the cost-effectiveness of the programme and whether the curricula met the needs of the current and future workplace. They felt the impact on stakeholders should be evaluated, including alumni, the public health institutes and the training sites.

For question 2, they recommended a mixed methods approach, with both quantitative and some qualitative analysis. They identified the training site forum representatives, supervisors, coordinators, alumni, public health institutes, NFP-Ts and representatives from the Advisory Forum as relevant stakeholders. They had also discussed including WHO because of its involvement in missions and the fact that NGOs might also have useful feedback on people they needed in the field.

Group 3 summarised its discussions. For question 1, they suggested that the evaluation could address whether the current model of Member State track and EU track worked for all Member States. Was the balance right or, even more fundamentally, were either of those models working? For question 2, they felt it depended on the answer to the first question, but recommended starting with the aims of the programmes and then identifying key indicators, probably supplemented by a qualitative approach, which would provide richer data. They had a discussion on whether the aims of the programme were still relevant or needed rethinking – some in the group felt that certain aims were not appropriate for their Member States. For question 3, they identified supervisors, the European Commission, ministries of health and NFP-Ts as stakeholders.

Fellowship programme: lessons learned from cohort 2017 selection process

ECDC presented the preselection process for its fellowship programme in 2017. Every year, ECDC sends the NFP-Ts invitations for expression of interest to train EU- and Member State-track fellows in the cohort for the following year. ECDC also asks Member States to propose national training sites for the EU- and Member State-track. ECDC now has the names for the EU-track but is waiting for Member States to name their candidates for the Member State-track selection.

The annual budget for the Member State-track varies depending on the total salary cost for the EU track. For cohort 2017, the outcome was 12 EU-track fellows for EPIET, four to five for EUPHEM and a minimum of six EPIET and four EUPHEM Member State-track posts. The remaining two seats would be distributed among those Member States who had made a request, depending on the path in which they had expressed an interest. This was initially distributed as seven EPIET Member State-track posts and five for EUPHEM. Finances have since been found for one further EPIET Member State-track post. The selection committee and Member States were invited to score the candidates. Not all Member States had sent their scoring to ECDC, including some Member States who had been

keen to keep their role in the process. ECDC said it would be interested to know what barriers had been encountered so that they could be taken into account in future.

A shortlist had been drawn up of at least 30 candidates, after which the committee had examined any large differences between the Member States and the selection committee. There was not a wide differentiation in the scoring. Twenty-five candidates were then interviewed during two days of teleconferences, after which a smaller shortlist was selected for face-to-face interviews which were due to take place in April 2017. NFP-Ts were asked for feedback on the process from their perspective.

One delegate commented that a candidate for EUPHEM from their Member State had had a very strong clinical background but had not met the programme's marking criteria. The delegate commented that if the programme wanted to attract candidates with a clinical background this could prove problematic. ECDC replied that the scoring mechanism had been considered carefully and certain skills were needed. Good candidates who lacked essential criteria were advised about this and encouraged to re-apply, with the result that some of them had been shortlisted this year. Further discussion of the scoring criteria ensued, with another delegate asking if the criteria could be revisited in 2018 as similar issues with microbiology candidates had been seen in their Member State. ECDC agreed to consider this.

Responding to a question on the process for EU-track priority ranking for training sites, ECDC said that for EUPHEM rotation was necessary as the numbers were so small – no training site hosted two years in a row. Another delegate confirmed this was also the case for EPIET, but noted that in most years fewer than 12 Member States volunteered to train an EU-track fellow, meaning that Member States that applied each year received one anyway. It was recommended that ECDC identify reasons for Member States not taking the opportunity to receive an EU- track fellow and that EU-track fellow placement should also be a question for the evaluation of the programme.

There was a discussion on EPIET'S eligibility criteria of one year's relevant professional experience having been raised to three. ECDC explained that the change had been made to establish a similar seniority between the two programmes and that several of ECDC's stakeholders, including the Advisory Forum and some supervisors, had commented that one year after graduation had seemed too little. Delegates were split on whether one year's experience was enough. However, one contended that three years' experience was necessary as significant investment was being made in these fellows and it gave a clearer indication that a candidate was committed to a long-term career in public health.

4 Conclusions

Final remarks and closure

Delegates discussed the consultation. Several felt that not enough time had been given to working groups and suggested that details on the agenda and background material should be sent to NFP-Ts much earlier to give them time to decide which were the most relevant topics to discuss, as well as to consult more widely in their Member States. One delegate noted that much of the consultation had been given over to ECDC giving presentations with information that could have been reduced or shared in advance. ECDC said it would look at this issue and welcomed further suggestions on the agenda and format. ECDC agreed to provide the Coordinating Committee with a list of suggested topics in advance for them to prioritise. It was recommended that ECDC and the Coordinating Committee continue their current practice of scheduling teleconferences on a quarterly basis and use at least one of them to discuss the agenda of the consultation.

Project management on the evaluation of the fellowship programme would begin and the coordinating committee would be informed of its progress on a routine basis. Additional updates would be given to the national coordinators of the CCBs or the Advisory Forum.

Dr. Varela Santos closed the consultation and thanked ECDC colleagues for their assistance and participants for their enthusiasm and for the fruitful discussions.

Coordinating committee working lunch

The coordinating committee met to discuss progress from the previous meeting and plan ahead.

Annex 1. Meeting agenda

Thursday 23 March 2017

8:45-9:00	Registration of participants
9:00-9:10	Welcome and introduction (Andrea Ammon, Karl Ekdahl)
9:10-9:30	Coordinating Committee NFP-T updates (Paulo Nogueira)
9:30-10:30	Looking ahead (1): 2017 and beyond (ECDC) • Overview and planning (Carmen Varela Santos) • Fellowship programme (Aftab Jasir, Marion Muehlen) • Continuous professional development programme (Carmen Varela Santos)
10:30-11:00	Coffee break
11:00-12:00	Looking ahead (2): 2017 and beyond (ECDC) • Road map for e-learning (Liliya Todorova-Janssens) • Methods for training resources and needs assessment (Carmen Varela Santos, Barbora Kinross) • ECDC country support (Karl Ekdahl and Barbora Kinross)
12:00-12:30	Updates from WHO and ASPHER (Pierre Nabeth, WHO, Louise Stjernberg, ASPHER)
12:30-13:30	Lunch
13:30-14:15	Core competencies development: Vaccine-preventable diseases & immunisation and public health emergency preparedness (Judit Takács, Ida Czumbel)
14:15-15:00	Countries' experience: workforce profile, training provision and training needs (poster session) (representatives of Member States)
15:00-15:30	Coffee break
15:30-17:00	Practical session: TRNA survey 2018 (three working groups)
17:00-17:15	Wrap-up of Day 1 (Carmen Varela Santos)

Friday 24 March 2017

9:00-10:30	Fellowship evaluation (Goritsa Zlatanova, Carmen Varela Santos, Aftab Jasir, Marion Muehlen, Samantha Bracebridge)
10:30-11:00	Coffee break
11:00-12:30	Fellowship programme: Lessons learned from the selection process of cohort 2017 (Q&A session)
12:30-13:00	Final remarks, closure (Carmen Varela Santos)
13:00-14:00	Working lunch of coordination committee

Annex 2. List of participants

Representatives from Member States and other organisations

Louise Stjernberg	ASPHER Liaison
Robert Muchl	Austria
Javiera Rebolledo	Belgium
Anna Kurchatova	Bulgaria
Natalia Kerbo	Estonia
Outi Lyytikainen	Finland
Katharina Alpers	Germany
Takis Panagiotopoulos	Greece
Judit-Krisztina Horváth	Hungary
Margaret Fitzgerald	Ireland
Paolo D'Ancona	Italy
Jurgita Pakalniškienė	Lithuania
Jeannette de Boer	The Netherlands
Katrine Borgen	Norway
Paulo Nogueira	Portugal
Jeremy Duns	Rapporteur
Zuzana Krištúfková	Slovakia
Silvia Herrera-León	Spain
Moa Rehn	Sweden
Samantha Bracebridge	United Kingdom
Pierre Nabeth	WHO Lyon

ECDC staff

Carmen Varela Santos
Barbora Kinross
Liliya Todorova-Janssens
Vladimir Prikazsky
Aftab Jasir
Marion Muehlen
Karl Ekdahl
Judit Takács
Ida Czumbel