



# **MISSION REPORT**

**Slovenia**

**Situation analysis visit**

**24–25 April 2008**

**ECDC MISSION REPORT**  
**Slovenia**  
**Situation analysis visit**



The team was composed of Dr Viviane Bremer, EPIET chief coordinator and leader of the team based at ECDC, Stockholm; Dr Alicia Barrasa, EPIET coordinator, Instituto de Salud Carlos III, Madrid; and Dr Hilde Kløvstad, senior epidemiologist, Folkehelseinstituttet, Oslo.

24–25 April 2008. Ljubljana, Slovenia

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## EXECUTIVE SUMMARY

At the request of the Slovenian Ministry of Health, in April 2008 the European Centre for Disease Prevention and Control (ECDC) assessed the feasibility of developing a National Field Epidemiology Training Programme (FETP).

Dr Irena Klavs, the Slovenian representative in ECDC's Advisory Forum, invited ECDC representatives to the Communicable Diseases Centre (CDC) at the Institute of Public Health of the Republic of Slovenia (IPHRS) in Ljubljana in order to evaluate the CDC's potential as a future hybrid training site for the European Programme for Field Epidemiology Training (EPIET).

Specific objectives included the identification of:

- gaps in required epidemiological knowledge, skills and practices;
- groups of public health professionals to be trained in epidemiology;
- currently available training resources in public health epidemiology; and the
- assessment of the feasibility of starting a training site for hybrid EPIET in Slovenia.

Slovenia is a relatively small country, and financial resources are limited so that only a limited number of projects can be conducted at a time. The Slovenian training team is small and needs to evaluate whether they have sufficient time to supervise the fellows. The CDC at the IPHRS has close links to all regional institutes of public health; however, outbreak investigations are, as a rule, conducted by the regional institutes without the collaboration of the CDC at the IPHRS. This could lead to lost training opportunities with respect to outbreak investigations. Also, it is not yet clear if analytical epidemiology is used sufficiently often in outbreak investigations.

On the other hand, the ECDC team found the Slovenian Public Health authorities highly motivated with regard to training. The IPHRS has already gained considerable training experience thanks to the Slovenian public health specialty training programme. A hybrid EPIET training programme could potentially be recognised as part of this specialty training.

The IPHRS has already identified key training personnel and potential fellows. There is no apparent lack of training opportunities, and the access to the field is good throughout.

The hybrid EPIET training would help to increase the number of trained epidemiologists in Slovenia and deserves ECDC/EPIET's full support. In order to start with the training, Slovenia will need to provide a travel budget, so Slovenian EPIET fellows can travel to the training modules, and agree on the number of fellows to be trained, based on available resources and supervision time.

## OBJECTIVES OF THE VISIT

The general objective of the visit was to evaluate the Slovenian CDC's potential as a future training site and to discuss the needs, possibilities and requirements to establish an epidemiological training programme.



Specific objectives included the identification of:

- gaps in required epidemiological knowledge, skills and practices;
- groups of public health professionals to be trained in epidemiology;
- currently available training resources in public health epidemiology; and the
- assessment of the feasibility of starting a training site for hybrid EPIET in Slovenia.

## Background

According to ECDC's founding regulation, ECDC provides all necessary support to Member States with regard to the prevention and control of communicable diseases, epidemiological surveillance, training programmes, and early warning and response mechanisms.

The current ECDC strategy defines that by the end of the medium-term planning period (2007–2010), ECDC will have conducted a thorough training needs assessment in all Member States, based on a set of defined core competencies. The results of these assessments should cover not only the overall need for training at the European level which is currently addressed by EPIET and short-term training modules that bring together experts from the various Member States. The training needs assessments should also identify the level of support that Member States require in order to strengthen their capacity by developing their own training programmes and short training courses on field epidemiology.

On 10 March 2008, Dr Irena Klavs, Dr Alenka Kraigher and Dr Nina Pirnat sent a letter to Dr Denis Coulombier, inviting EPIET representatives from ECDC to the CDC at the IPHRS in Ljubljana. The ECDC team was invited to assess the CDC at the IPHRS as a potential training site.

The visit has been facilitated by Dr Irena Klavs, Slovenian member to the ECDC Advisory Forum.

## Team

The visiting team consisted of one ECDC staff member and two experts from Member States involved in training activities.

- Dr Viviane Bremer, EPIET chief coordinator and leader of the team based at ECDC, Stockholm;
- Dr Alicia Barrasa, EPIET coordinator, Instituto de Salud Carlos III, Madrid; and
- Dr Hilde Kløvstad, senior epidemiologist, Folkehelseinstituttet, Oslo.

## Organisation of the visit

The programme (see Annex I) included visits to the Ministry of Health, Directorate of Public Health, the Cathedra for Public Health, the Faculty of Medicine at the University of Ljubljana, and the CDC at the IPHRS. The people met are listed in Annex II.



## CURRENT SITUATION

### Public health training in Slovenia

The Republic of Slovenia has a four-year specialty training programme in public health which is open to medical doctors. During the first year of this specialty training, the physicians attend courses at the university. The courses cover a wide range of topics and include basic concepts of epidemiology and statistics, social medicine, health promotion, and hygiene. The following three years mainly consist of on-the-job training in one of the authorised institutions, complemented by lectures in the afternoon. For the duration of their training, the physicians in training are assigned to tutors. They receive additional training in different institutes and regions, following a predetermined rotation schedule, but a minimum internship of six months at the CDC in Ljubljana is required. The physicians in training are expected to prepare a thesis during the last six months of their training.

A four-year PhD programme in biomedicine aimed at scientists has been recently created at the University of Ljubljana. A PhD thesis in this field can also cover public health topics. This PhD programme is open to non-medical participants.

In addition, the University of Ljubljana is planning to establish a school of public health. This course will be open to undergraduate students holding a bachelor degree. The course will cover health management, environmental health, health promotion, but also some aspects of epidemiology. Another master's programme will focus on dental health and family medicine and be aimed at postgraduate students. Classes will probably start in 2009/2010.

The number of experts in Slovenia working in field epidemiology is very small and there is a shortage of trained epidemiologists at the national level. To this date, only one Slovenian epidemiologist is being trained in EPIET, which is certainly not sufficient to meet the short-term training needs for Slovenia. Also, the number of Slovenians applying for EPIET has been very small, indicating that leaving Slovenia for two years to receive additional training abroad is not an attractive option for junior epidemiologists. In addition, there is concern that junior epidemiologists trained abroad may not return to their home country after the end of the training.

Hybrid EPIET training would provide Slovenia with professionally trained epidemiologists in a relatively short amount of time. This would contribute substantially to public health in Slovenia once the training is completed.

### The CDC at the IPHRS

The CDC is one of five centres at the IPHRS. The activities of the CDC include surveillance of communicable diseases, outbreak investigations, scientific expertise and research, collaboration with ECDC networks, scientific communication, and training. The CDC has five departments: surveillance and response, surveillance of HIV/STD, vaccine-preventable diseases, healthcare-associated infections, and public health laboratories. 24 hour/7 day on-call coverage is provided.

The CDC has 55 staff members, most of whom work in the laboratories. In total, ten epidemiologists work at the IPHRS. Of these, four work in the CDC's infectious disease



epidemiology unit. All four are senior epidemiologists with more than seven years of work experience after graduation. In addition, the CDC employs one senior specialist in public health. A total of twelve epidemiologists work at the regional institutes of public health in the fields of communicable disease surveillance, prevention and control.

## CONCLUSIONS

### **Gaps in required epidemiological knowledge, skills and practices**

Slovenia is a relatively small country, and the opportunities for professional exchange in the area of public health at the national level are rather limited. Similarly, the CDC training team at the IPHRS consists of only four senior epidemiologists: the head of department, two main supervisors for the specialty training in public health (who also hold appointments as assistant professors), and a specialist in public health (who also holds an appointment as assistant professor). Due to the busy schedules of this small team, supervising all training fellows at the national institute while simultaneously assuring constant progress towards the programme's training objectives cannot be assured. This lack of time and supervision time could lead to delays in the realisation of the fellows' projects.

Compared to larger countries, the financial resources of Slovenia are limited. Hence, there may be a risk that some training projects cannot be fully realised. Slovenia also needs to identify the financial means to cover the salaries as well as the travel and accommodation costs for its EPIET fellows.

The CDC at the IPHRS has close links with all regional institutes of public health in Slovenia; however, outbreak investigations are, as a rule, conducted by the regional institutes without collaboration on the part of the CDC at the IPHRS. If the CDC at the IPHRS is not invited to assist in outbreak investigations, valuable training opportunities might be missed.

In addition, it has not become clear whether analytical epidemiology is used sufficiently often in outbreak investigations. Although there was recent evidence that analytical epidemiology was used in a Q-fever outbreak among students, analytical studies are still not routinely used in outbreak investigations.

### **Currently available training resources in public health epidemiology**

The Slovenian Ministry of Health's political support for the creation of a hybrid EPIET training site appears to be very strong. There seems to be a strong will to provide the necessary funds to realise the training. Also, there is a possibility that hybrid EPIET training could be recognised as part of Slovenia's public health specialty training. This would increase the synergy between the two training schemes and make the hybrid EPIET training more attractive for medical doctors in training.

The training team at the CDC at the IPHRS, albeit small, has demonstrated its outstanding motivation to train fellows. The group has an excellent track record in delivering public health specialty training, particularly with regard to on-the-job training. The key trainers have

already been identified. Additionally, the CDC at the IPHRS has already identified potential fellows, which could start the EPIET training in September 2008.

Past and current CDC activities indicate that there is no shortage of training opportunities in Slovenia, particularly in the areas of surveillance, research and outbreak investigations. Since the country is small, access to the field for investigations and surveys is easier than in large countries with many administrative units.

## **Public health professionals to be trained in epidemiology**

The first group of public health professionals to be trained in intervention epidemiology will be medical doctors specialising in public health. Their medical background and the basic knowledge of epidemiology acquired during the first year of their specialty training will help them to quickly become familiar with the concepts of field epidemiology.

Currently, only few medical doctors undergo training in public health. It is worth considering whether other public health professionals, e.g. those who hold a master's degree in public health, should also be recruited as fellows.

## **Feasibility of starting a training site for hybrid EPIET in Slovenia**

The establishment of a hybrid EPIET training site at the CDC at the IPHRS appears to be a very good solution when it comes to meeting the training needs for field epidemiology in Slovenia. At least one junior epidemiologist who is currently trained at the CDC would be available to start the EPIET programme already in September 2008. All EPIET trainees from CDC at the IPHRS would have the option to stay at the CDC after the end of their fellowship. This would be a first step in increasing the number of trained epidemiologists and strengthening field epidemiology in Slovenia.

## **RECOMMENDATIONS**

Provided the recommendations below are taken into account, hybrid EPIET training will likely prove to be a successful model.

### **Administration**

- Slovenia will need to provide the funds for travel, accommodation and per diems for their fellows. These costs cannot be covered by ECDC.
- The Slovenian health authorities need to develop a multi-annual training strategy. This plan should include the number of fellows to be trained, and take into account training needs, available funds, and supervision capacities.
- Slovenia should consider opening the hybrid EPIET training to other public health professionals, e.g. those with a master's degree in public health.



## Supervision

- The supervisors at the CDC should reserve enough of their time for training purposes, while taking into account their own resources. The total recommended supervision time is 1/2 day per week/person.
- The training team should start to think of potential projects before the hybrid EPIET training starts.
- The internal scientific exchange should be strengthened by organising regular scientific meetings or starting a journal club.
- Supervisors should participate in train-the-trainers activities, such as attending some of the pre- and post-ESCAIDE workshops, or facilitating in the next EPIET introductory course.

## Training

- The training team at CDC should assure easy access to outbreak investigations in the field for all fellows.
- The use of analytical epidemiology should be strengthened at the CDC, especially for outbreak investigations.
- The fellow's projects should be used to improve the surveillance system.
- Early drafts of the fellow's documents, such as protocols, reports and manuscripts should be shared with both supervisors and coordinators.
- Fellows should have enough time at their disposal to carry out their projects and progress towards reaching their training objectives.
- Teaching opportunities appropriate for training fellows should be identified. One potential partner for teaching could be Episouth.

## ECDC support

- An agreement should be drawn up between Slovenia and ECDC. This agreement should cover questions of funding, training format and supervision as well as the evaluation of training quality and the question of possible contributions from Slovenia.
- ECDC will provide training material and forms used in the EPIET training, including the templates for the incremental progress report and skills assessment.
- The EPIET coordination team will supervise the Slovenian hybrid EPIET fellows by regularly assessing their progress towards the training objectives. A team of EPIET coordinators will visit Slovenia a few months after the start of the training to evaluate the quality of the training.
- EPIET will reserve places for the hybrid EPIET fellows in the EPIET training modules.
- The results of the hybrid EPIET training will be evaluated after the graduation of the first fellows.

## ANNEX I. PROGRAMME OF THE VISIT

### ECDC training Assessment visit to Slovenia Ljubljana, 24-25 April 2008

ECDC representatives: Viviane Bremer, Alicia Barrasa, Hilde Kløvstad

Slovenian representatives: Irena Klavs

**24 April 2008**

#### **Ministry of Health, Directorate of Public Health**

9:00–12:30 Introductory meeting (Chairs: Marija Seljak, Viviane Bremer)

- TOR of the visit (Viviane Bremer, Irena Klavs)
  - EPIET programme (Viviane Bremer)
  - Slovenia and EPIET: history (Ada Hočevnar-Grom)
  - Specialty training in public health (Maja Primic Žakelj)
  - PhD in social medicine at the University of Ljubljana (Igor Švab)
  - Communicable Diseases Centre: current situation and outlook for the future (Alenka Kraigher)
  - Public Health in Slovenia: current situation and outlook for the future (Marija Seljak)
- Discussion

12:30–13:30 Lunch

#### **Department for Public Health, Faculty of Medicine, University of Ljubljana**

14:00–14:30 Social medicine and public health, undergraduate and postgraduate training at the University of Ljubljana (Lijana Zaletel-Kragelj)

#### **WHO Country Office, Slovenia**

15:00–15:15 Meeting with the Head of the WHO Country Office in Slovenia, Marijan Ivanuša

#### **Communicable Diseases Centre (CDC), Institute of Public Health of the Republic of Slovenia**

15:15–17:00 Surveillance and research at the CDC (Chair: Viviane Bremer)

- Surveillance of communicable diseases in Slovenia (Eva Grilc, Maja Sočan, Irena Klavs)
  - Research at the CDC (Irena Klavs)
  - Research projects; medical doctors in training; public health (Veronika Učakar, Nadja Koren)
- Discussion



## 25 April 2008

### **Communicable Diseases Centre (CDC), Institute of Public Health of the Republic of Slovenia**

9:00– 12:30 Outbreak investigation, scientific communication and training (Chair: Viviane Bremer)

- Outbreak investigation in Slovenia (Eva Grilc, Tatjana Freljih)
- Scientific communication at the CDC (Alenka Kraigher)
- Teaching at the CDC (Irena Klavs)
- Training resources and needs: response to the ECDC questionnaire (Irena Klavs)
- Concrete training opportunities (Irena Klavs, Alenka Kraigher)

Discussion

12:30–13:30 Lunch

13:30–14:30 Visiting team prepares debriefing

### **Ministry of Health, Directorate of Public Health**

15:00–16:00 Debriefing (Chairs: Marija Seljak, Viviane Bremer)

## **ANNEX II. PEOPLE MET**

- Marija Seljak, MD, MSc, Director General, Directorate for Public Health, Ministry of Health
- Assist. Prof. Alenka Kraigher, MD, MSc, PhD, Head, Communicable Diseases Centre (Chief Epidemiologist), Director CBs, Main General Contact Point CB for ECDC
- Prof. Maja Žakelj, MD, MSc, PhD, Head, Program for Specialty Training in Public Health (four-year training programme), Medical Chamber of Slovenia (Head of the Epidemiology and Cancer Registries, Institute of Oncology)
- Prof. Igor Švab, MD, PhD, Head, Cathedra for Family Medicine, Faculty of Medicine, University of Ljubljana
- Assist. Prof. Lijana Zaletel-Kragelj, MD, MSc, PhD, Head, Social Medicine, Cathedra of Public Health, Faculty of Medicine, University of Ljubljana
- Ada Hočevar Grom, MD, current/former EPIET Steering Committee Member from Slovenia
- Marijan Ivanuša, MD, Head, WHO Country Office in Slovenia

### **Staff from Communicable Diseases Centre at the Institute of Public Health of the Republic of Slovenia**

- Eva Grilc, MD, MSc, Head Communicable Diseases Unit
- Marta Grgič-Vitek, MD, MSc, Head Immunisation Unit
- Assist. Prof. Irena Klavs, MD, MSc, PhD, Head, AIDS, SPO & HAI Unit
- Assist. Prof. Maja Sočan, MD, MSc, PhD, advisor to the Director General
- Veronika Učakar (in training – public health specialty training)
- Nadja Koren, MD (in training – public health specialty training)

### **Epidemiologist from regional Institute of Public Health**

Tatjana Frelih, MD, epidemiologist, Institute of Public Health Nova Gorica