Background
The competencies and role of the medical specialist in public health should be explored and discussed in order to facilitate the coordination and development of the strategies for facing the challenges of European Public Health. A Canadian model for structuring the competencies of medical specialists (CANMEDS) has influenced the development of competence lists in several countries. The objective of this presentation is to analyse the impact of this structure on competencies in Public Health.
Method
The different components of the competencies of medical specialists will be analysed according to the CANMEDS structure. Special attention will be paid to the expertise competencies of the medical specialist in Public Health.
Discussion
According to the CANMEDS structure, the expertise competencies of the medical specialist in Public Health should be explored. This would be an important issue to strengthen the development of European Public Health. This presentation will give the structure for analysing the competencies of medical specialists in Public Health, which will be used in the workshop.

The expertise competencies of the medical specialist in Public Health—examples from Holland

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Background
The definition and harmonisation of the competences in Public Health Medicine across Europe is currently an important issue. A competence list has been developed by the European Union of Medical Specialist section for Public Health. According to the Canadian model for structuring the competencies of medical specialists (CANMEDS), developed in Canada, the expertise role of the specialist should be explored. The objective of this presentation is to analyse how this concept has been implemented in Holland.
Method
The Holland experiences of the expertise competencies and role of the medical specialist in Public Health will be analysed and exemplified using official documents.
Discussion
Analysing the Holland experiences of implementing the CANMEDS structure for medical specialist competencies would be useful for the further work in this field at the European level. This presentation will be an example and in-depth analysis from one of the European Union countries would be the basis for the group discussions at the workshop.

The expertise competencies of the medical specialist in Public Health—examples from Portugal

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Background
The European Union of Medical Specialist (UEMS) section for Public Health has developed a competence list and a training charter for medical specialists in Public Health. The importance of these documents will increase since the present European Union (EU) plans are that a specialist trained in one EU country will be recognised as a specialist in all EU countries. The section has been working since 1997 and for those EU countries involved in the process since the start of the work on the European level may have had an impact on the national development as well. The objective of this presentation is to analyse how this European work on specialist competencies has been influencing the development in Portugal. Special attention will be paid to the expertise role of the medical specialist in Public Health.
Method
The Portugal experiences of the expertise competencies and role of the medical specialist in Public Health will be analysed and exemplified using official documents.
Discussion
Analysing the Portugal experiences of developing and implementing the expertise competencies of the medical specialist in Public Health in accordance with the UEMS list of competencies would be useful for the further work in this field at the European level. This presentation will be an example and in-depth analyse from one of the EU countries which would be a basis for the group discussions at the workshop.

Track 3: Workshop: Public Health Genetics: European and International perspectives and initiatives

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New knowledge arising from the completion of the Human Genome Project and from research in genetics and cell and molecular biology promises to allow the development of innovative technologies that will change profoundly the practice of medicine. There will also follow a greater understanding of disease mechanisms, and in tandem with epidemiological studies, of how genetic variants interact with environmental and lifestyle factors to influence disease risk, onset, and progression. There is widespread optimism that this knowledge will in time permit a more efficient and effective means of categorising, diagnosing, and treating diseases, and new approaches to their prevention.

This knowledge and these technologies will have to be implemented in a responsible manner, having regard to all the evidence, if the goal of improving population health is to be achieved. The interaction between the development of new genome-based sciences and technologies and society is complex, with many important ethical, legal, and social implications. The application of the methodologies and understanding of the population sciences and of the humanities and social sciences will need to be considered in tandem with the emerging biological knowledge. The development of an integrated knowledge base combining the insights of all these disciplines will be required to inform policy and to plan for the rational implementation of new health care services. Over the past 8 years, this enterprise has developed as a new field within public health, variously dubbed *public health genetics* or *public health genomics*. Integral to its activities is dialogue with all stakeholders in society, including industry, governments, health professionals, and the general public.

The sheer volume and complexity of this emerging genomic knowledge, and the speed of technological development, are such that the goals of this enterprise can only be achieved by taking an *integrated*, *interdisciplinary European* as well as *International* approach.

Community genetics—a bridge between clinical genetics and public health

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Issue/Problem

In 1990 Bernadette as well as later in 1992 Antonovics articulated a vision for a new field of inquiry, community genetics, to investigate the role of genetic variation in influencing species interactions and determining community structure. Thus, at that time community genetics had been defined as a synthesis of community ecology and population genetics that analyses the interplay between changes in genetic composition and changes in species abundances in the evolution of interactions among species in communities.

Description of the project

In Europe, and especially in The Netherlands, community genetics in the last decade has been understood as a bridge between clinical genetics and public health which aims to provide genetic services to the community as a whole. It is also viewed as a part or as a contributor of community health and medicine rather than the equivalent.

Lessons learned

In the future, existing community genetics services across Europe such as prenatal diagnosis, primary prevention, neonatal screening, and prevention of congenital malformations, chromosomal abnormalities, and inherited disease have also intended to include the creation of education and counselling programmes as well as community involvement in the prevention of genetic diseases. For example, these initiatives would be aided by the establishment of disease registers such as EUROCAT, population screening programmes for diseases of high local, regional, and community prevalence, and coordination of community genetics services, supported by the development of local and national laboratories where genetic samples will be collected and analysed under defined quality assurance aspects.

Conclusions

A common vision of community genetics should move towards an increasing importance for transfer of genomic information, allowing expansion of integration and transfer of knowledge issued from basic or clinical researches related to the human genome and, therefore, maximization of benefits for most individuals in a community. This will require technical, professional, and ethical conditions for the development of effective and efficient community genetics programmes.

Quality assurance in genetic testing: a European perspective

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Issue/Problem

Genetic services in Europe, while based on high quality scientific know-how, are not free from technical errors and quality issues in determination and reporting. At the same time, there is a clear European dimension in terms of marketing and use of genetic testing across borders. Although genetic specialists and professional organisations have initiated moves to promote quality assessment, genetic testing services are provided under widely varying conditions, diverse and heterogeneous quality schemes, lack of reference measurement systems, and differing Member State (MS) regulations. There is a need for improvement concerning organisation and defragmentation.

Description of the project

The European Commission is conscious that the lack of an adequate quality assurance system for genetic testing has in the short-term important consequences for the person tested and his/her family and in the long-term it may increase public mistrust in biotechnology and in the capacity of public authorities to ensure proper governance of biotechnology. Without any intention to interfere with MS competence regarding genetic testing, the Commission has in response to the needs identified in the area proposed some actions in order to ensure the highest quality of genetic testing in the European Union (EU).

Lessons learned

Before a genetic test can be used in a routine diagnostic practice, it must satisfy the criteria which show that it is relevant for the disease in question, that it has analytical and clinical validity, and that the results obtained will be beneficial to the tested person.

Conclusions

The question is how to implement a formal evaluation system of these tests before they reach a widespread use. The need for EU collaboration on this issue will be further discussed in the context of a EU networking initiative.

Public health genetics and the role of genetic determinants in a new EU health strategy

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Issue/problem

To consider genetic determinants as a factor contributing to health and as such as a component for public health is a necessary step to enable good health for all. Thus, genetic determinants have to play an eminent role in a new European Union (EU) health strategy.

Description of the project

To create sound genetics policies and programmes, public health should get involved and, moreover, take the lead by applying the three core functions of public health (assessment, policy development, and assurance) to the provision of genetic health care services.

The European Commission has in its report on 'Life Sciences and Biotechnology' [COM(2004) 250, 7 April 2004] committed itself to gain high quality in genetic testing and to increase 'cooperation and exchange of information in order to enhance coherence and disseminate best practice'.

Furthermore, in the work plan 2005 of the 'community action in the field of public health' the European Commission calls for an application for a 'networking exercise . . . to lead to an inventory report on genetic determinants relevant to public health . . .'

Lessons learned

Recently, a European network on public health genetics has been initiated to

- develop links with relevant Community programmes and actions and with national and regional initiatives, in order to promote synergy and avoid overlaps;
- gather and exchange information concerning best practice in order to assess and prepare the development of Community policies, strategies, and measures;
- contribute to a high level of health protection and improvement of public health;
- take into account the need for supporting Member States' actions and enhanced cooperation in the EU-context, legal obligations, and their implementation;
- create self-sustainable mechanisms that enable the Member States to coordinate their health-related activities in the field of PHG.

Conclusions
The next decade will provide a window of opportunity to establish infrastructures, across Europe and globally, that will enable the scientific advances to be effectively and efficiently translated into evidence-based policies and interventions that improve population health.

Genome-based Research and Population Health International Network (GRAPH *Int*)—an international collaboration on public health genomics

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Issue/Problem
The GRAPH *Int* Network is an international collaboration that facilitates the responsible and evidence-based integration of genome-based knowledge and technologies into public policy and into services for improving the health of populations.

Description of the project
An expert meeting was convened with funding from the Rockefeller Foundation at their conference center in Bellagio in April 2005 to explore the possibility of establishing an international network to promote the goals of *public health genomics*, to share knowledge and resources, and to ensure equitable access to the benefits of genome-based knowledge by all, including those in developing countries. The meeting was attended by a multidisciplinary group of 18 experts from Canada, France, Germany, the United Kingdom, and the United States.

Lessons learned
The key outcome was that the participants unanimously agreed first, the vision for and the scope of the enterprise covered by the field hitherto referred to as *public health genetics* (*genomics*) and second, to establish an international forum for its promotion, to be known as the Genome-based Research and Population Health International Network or GRAPH *Int*. The use of the term *Int* signifies that the collaboration is not only *international* but also *interdisciplinary* and *integrated*.
The objectives of GRAPH *Int* are as follows:

- Provide an international forum for dialogue and collaboration.
- Promote relevant research.
- Support the development of an integrated knowledge base.
- Promote education and training.
- Encourage communication and engagement with the public and other stakeholders.
- Inform public policy.

Conclusions
The vision and the ultimate goal of both the enterprise and the network is the effective translation of genome-based knowledge for the benefit of population health. A detailed description of the enterprise will be set out at the EUPHA workshop.

Track 4: Health promotion and psychosocial health

Developing a salutogenic culture for active ageing in rural communities: challenges for policy and practice

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Issue
A community sharing a salutogenic culture tends to value health as an important public good and to facilitate active ageing by empowering people to develop health promoting capacities according to their perceived needs and objective demands. Both approaches—developing a salutogenic culture and capacity building for active ageing—were found to be essential strategies of community development at all stages of a health promotion project addressing the elderly population in 13 rural and semi-urban communities in region of Styria. The findings and practical experiences reported are drawn from a best-practice model of community-based health promotion for the elderly ('Modellprojekt Lebenswerte Lebenswelten für ältere Menschen') commissioned by the Austrian Health Promotion. The 3 year project's aim is to develop, explore, and evaluate innovative approaches or policies at community-development and empowerment of elderly population groups.

Description
Community-based health promotion policies were based on the general concept and specific criteria of capacity building. Community interventions are focusing on three areas of structural and strategic capacity building:

- Incorporating the concepts of health and health promotion into the community administration (e.g. identifying with and communicating health targets, linking NGOs, associations or clubs within the community, budgeting health promotion activities).
- Developing health-supporting community resources (e.g. knowledge, management, finances, competence, and time schedules).
- Developing leadership and management tools (common visions and perspectives, competent and active teams accepted by the administration and target groups, and social and communication skills).

Lessons
The project has shown the complexities as well as the opportunities and limitations of pursuing a health promotion policy within community settings. Effective community health interventions require a coordinated and continuously refined process of social interaction and learning at various levels (administration, participant groups, NGOs, and health professionals). This process must involve and empower the elderly and link structural and lifestyle-oriented interventions, which are addressing basic health-related needs and demands. Learning should focus mainly on policy development and building structural as well as strategic capacities.

Conclusions
Successful health promotion interventions in community settings require sufficient time, substantial efforts, and appropriate capabilities to use very limited resources most efficiently. To assess and evaluate changes it is critical to use sensitive and reliable criteria and indicators of success. These tools are not only crucial in guiding the implementation process but also may be helpful at an early stage to decide whether a certain community health project is worth to be continued.

18+ Strategies for health promotion in and by hospitals

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