



EURONEWS MRPH

The Newsletter of the European Network of Medical Residents in Public Health

Strasbourg Euronet Meeting

April 7th – 8th 2017

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Editorial

Dear Friends and Colleagues,

We are proud to offer this introductory note for the new, jubilee 10th issue of the EuroNet MRPH newsletter. In this note, we will give you a brief summary of the content, some updates on EuroNet activities since the last issue and our future plans.

As you might know, but is worth repeating, EuroNet MRPH is founded and operates on three important and stable pillars - networking, mobility and research. In 2017, as in the past, we plan to maintain and strengthen activities supporting these pillars and develop EuroNet for the benefit of present and future members as well as healthcare systems and communities served by Public Health professionals representing EuroNet. All of this, of course, has to be backed up with a sound, meaningful and proactive communication strategy.

This can only be achieved with the help of and through cooperation with the complete EuroNet Executive Board, Communication, Research, Internships and Webmaster Leads, National Commissions, all EuroNet members, including the individual ones, as well as former EuroNet members and external partners and friends.

Back in November, the Irish team welcomed us for a Winter Meeting in Dublin. The Irish capital offered two long days of interesting and motivational keynote lectures by leading Irish

Public Health professionals and important EuroNet housekeeping work, making this meeting a sort of turning point in the organization of the network as well as in its future developments. All of this without forgetting to enjoy a couple of long nights of well-known Irish craic.

I would like to use this opportunity to thank the whole 2016 Board, especially our former president Fiona Cianci, for managing and steering the Network last year. Big thanks also to Croatian, Dutch and Irish teams for hosting three fantastic meetings in 2016 as well as all the active EuroNet members for the hard work they've been putting into developing the Network.

In Dublin, we discussed and voted the new Statute, which, most importantly, now offers the opportunity to nominate and vote the most motivated people for running specific areas of EuroNet activities.

Last meeting, as well as subsequent teleconferences, saw the expansion of the Network with one new member country - Slovenia and two new individual members from Poland (Paulina) and Malta (Stefan). Welcome!

The new Board - Lilian, Damiano, Alberto and Damir - as well as the new Leads - Sorina, Fatima, Duarte and Matej - have already put a lot of effort into continuing all the good work done in the past and have started some new projects, initiatives and cooperations.

Internship activities are full steam ahead, with the lead -Matej- and the whole team working hard on making the internship search and application experience even more user-friendly and successful. The new Research lead - Sorina - is neck-deep into coordinating and managing several pan-European research projects already under way and planned to start soon. The Communications team, led by Fatima and Duarte, are working innovatively and proactively on the communication strategy, solutions and implementations with the aim of spreading EuroNet's word and work.

Next big thing for EuroNet is, of course, the Spring 2017 Meeting in Strasbourg, France, where we will have the honour of presenting our new and most ambitious project so far - the EuroNet Platform - at the European Parliament. In this issue of the EuroNet newsletter you can read more on the Platform as well as means of supporting our fundraising efforts.

Many thanks to all the contributors to this issue of the newsletter, and to the Communication team for compiling.

See you in Strasbourg!

Lilian, Damiano, Alberto and Damir
Euronet MRPH 2017 Board



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Sustainability key to Public Health work in Wales

Richard Lewis, *Jo McCarthy*
Public Health Wales

In the last EURONET newsletter we wrote about Wales' Wellbeing of Future Generations Act, a pioneering piece of legislation passed by the UK's smallest nation to improve the health of everyone living there. The Act puts in place a 'sustainable development principle' which tells organisations how to go about meeting their duty under the Act.

As part of the Act Wales has employed a Future Generations Commissioner, Sophie Howe, whose role it is to advise, promote and encourage sustainable ways of working.

“This is a huge task and I will need to focus on the areas where I can make the biggest difference. I am keen to hear what people working and living in organisations and communities across Wales think these priorities should be.”

Sophie Howe, 2016

Public Health Wales is keen to maximise the opportunities for improving health and well-being through the Act. We have established a 'Health and Sustainability Hub' to support our own organisation in being more environmentally sustainable and to support other public bodies and stakeholders to apply the sustainable deve-

lopment principle when they make decisions, taking into account the impact these decisions could have on people living in Wales now and in the future.



The hub allows us to adopt a 'Once for Wales' approach and offer guidance and support across Wales. Some of the work the hub has already been involved in includes providing evidence-based advice on environmental sustainability issues, particularly reducing air pollution, health risks and inequalities, supporting local well-being assessments and plans and giving expert advice around health impact assessments. The Hub is currently planning a sustainability 'marketplace' for staff, developing a communications plan for the next phase of engagement, and supporting corporate managers and colleagues across the organisation with the Act, as well as building links with the Future Generations Commissioner, Wales Audit Office, Public Services Boards and other public bodies, to maximise our contribution to Wales' well-being goals.

“Public Health Wales is keen to maximize the opportunities for improving health and well-being through the Act.”

National Vaccine Prevention Plan (PNPV) 2017-2019 in Italy: news and challenges

Francesco D'Aloisio, Vincenza Gianfredi
Euronet MRPH Italy

After a long time of negotiations, the National Plan for Vaccine Prevention (PNPV) 2017-2019 was approved in February 18, 2017. The PNPV took place from the European Vaccine Action Plan 2015-2020 and the Global Vaccine Action Plan 2011-2020, where the vision is to offer a world free of vaccine preventable diseases to all the people regardless of where they were born or live in. In order to achieve this challenging aim, the PNPV 2017-2019 moved from the compulsory immunization to a conscious involvement for both general population and health workers (HWs).

Example of this is the compulsory certificate needed documenting the performed vaccines to attend school and appropriate disciplinary

action in case of defaulting behaviour among HWs. Moreover, the PNPV promotes the introduction of new, safe and efficacious vaccines. Actually, it introduces the Pneumococcal and Zoster vaccines for people ≥ 65 years; meningococcal B, rotavirus and varicella for children and, lastly, extends meningococcal ACWY135, Ipv and the Papillomavirus vaccine, also for adolescent males.

Furthermore, the PNPV fights the inequality, through vaccine's promotion campaign among groups of people hard to reach and by including vaccines in the "essential levels of care" (Livelli Essenziali di Assistenza, LEAs). Lastly, important aims are to improve coverages, to conform the vaccine calendar among the Italian regions and to fully computerize the immunization registries, in all regions.

References

- Ministry of Health. (2017) Piano Nazionale della Prevenzione 2017-2019 [National Preventive Plan 2017-2019]

| AGE | VACCINE | COVERAGE | | |
|----------------------|---------------------|-------------|-------------|-------------|
| | | 2017 | 2018 | 2019 |
| 1 st year | Meningo B | $\geq 60\%$ | $\geq 75\%$ | $\geq 95\%$ |
| | Rotavirus | $\geq 60\%$ | $\geq 75\%$ | $\geq 95\%$ |
| 2 nd year | Varicella | $\geq 60\%$ | $\geq 75\%$ | $\geq 95\%$ |
| 5-6 years | Varicella | $\geq 60\%$ | $\geq 75\%$ | $\geq 95\%$ |
| adolescence | Hpv in males | $\geq 60\%$ | $\geq 75\%$ | $\geq 95\%$ |
| | Anti Polio (Ipv) | $\geq 60\%$ | $\geq 75\%$ | $\geq 95\%$ |
| | Meningo ACWY135 | $\geq 60\%$ | $\geq 75\%$ | $\geq 95\%$ |
| > 65 years | Anti- S. Pneumoniae | 40% | 55% | 75% |
| | Herpes Zoster | 20% | 35% | 50% |

Coverage objectives for vaccination



What do political parties in Croatia talk about when they talk about health?

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Background: Between the last two parliamentary elections in Croatia (2011-2015), health care politics were characterized by diverse rhetoric and actions. Among them some had strong influence: separation of social welfare into separate Ministry, new National strategy of health care (2012-2020) and mid-term change of the Minister of Health. The aim

of this study was to systematically and objectively assess areas and comprehensiveness of health policies (HPs) included in the 2015 pre-election political programmes.

Methods: We used the Walt-Gilson policy analysis model for the content analysis of pre-election HP. Each of five evaluators independently reviewed HPs of included parties through four dimensions: content, actors, processes and context. HPs proposed by at least two parties were included in the final analysis and by referring to any of four dimensions for specific HP parties scored one point (maximum of four points per HP).

Results: Seven out of the 11 included parties incorporated health care topics in their programmes, six discussed the accessibility of health care and the hospital system organisation while five included financing of the health care

system - the most comprehensively approached HP across all parties. HPs of the least interest were prevention, waiting lists, vaccination and public procurement in health system. Parties earned 35% of all points for describing the content, 28% for the processes, 21% for the actors and 16% for the context of HPs.

Conclusion: Parties' pre-election programmes were mostly focused on the topics of accessibility and financing of health care (especially hospitals) while prevention and financial resources needed for the implementation of the HPs were rarely discussed. Our analysis showed that in describing HPs parties mostly focus on the content, while they less frequently address the role of processes, actors, and the context needed for successful implementation of the recommended HPs.

Main messages: There is a lack of interest among parties to include HPs targeting prevention of major public health problems in Croatia such as obesity, cancer, tobacco and alcohol use in their programmes. There is a need for a more comprehensive approach in planning HPs in which parties will in addition to content discuss actors, processes and context required for the policy implementation.

These research findings have been presented in November 2016 in Vienna during the annual European Public Health (EPH) Conference, organized by EUPHA, and [published](#) in a special EPH conference supplement of the European

Journal of Public Health (EJPH). An updated version of this research will be presented at the MPSA (Midwest Political Science Association) Conference in Chicago and a subset of data focusing on eHealth policies will be presented at the Informatics for Health Conference in Manchester, both in April 2017.

A *"follow-up"* opportunity arose sooner than expected as (first ever) pre-term elections were held in Croatia in September 2016. We started an interdisciplinary and -institutional initiative, supported by the Croatian Public Health Association, called *"Health in the 2016 Elections"*. The aim of this initiative, active for 3 months prior to the elections, was to present these findings to the public but also to inform interested political parties and *"guide"* them through successful policy planning and design. We also produced a document explaining and supporting parties during the policy making process - *"Guide for health policy design"*.

Currently, an interdisciplinary team health policy experts is evaluating health policies present in political parties' pre-election programmes for the 2016 pre-term elections. Once the evaluation is finished, we will compare the results to the ones from 2015.

The plan is to establish this kind of health policy *"watch"* as an ongoing project with a dual focus, on the public as well as on the political parties. We would also like to motivate EuroNet members from other European countries to become involved in this kind of policy research and advocacy and offer our experience, help with methodology and any other kind of support.

EuroNet Platform crowdfunding campaign

The Platform is a unique network for European medical residents who have an interest in Public Health and want to create or participate to research projects.

By the means of the Platform, medical residents and trainees will be able to find or create work teams to develop their ideas. It is a great opportunity to let ideas come out and grow and to give free voice to young scientists.

You do not need to be a Public Health specialist or resident physician to want to get involved and support the campaign!

Even a little help means a lot for us and for this project!

“Created in collaboration with ESME SUDRIA, engineering school in Paris, Lyon and Lille, the Platform is free online service to connect residents from all over Europe to conduct scientific projects in Public Health.”

*Give us your help,
please donate [here](#)*



EURONET

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SNS SERVIÇO NACIONAL
DE SAÚDE

Paradigm Change: A novel local health plan

Ana Pinto de Oliveira

1st year Public Health Resident

ACeS Arco Ribeirinho, Barreiro, Portugal

Catarina Oliveira

Public Health Specialist

ACeS Arco Ribeirinho, Barreiro, Portugal

Health planning in Portugal is ruled by a document called “National Health Plan” (NHP). The NHP by definition of Directorate-General of Health constitutes a basic element of health policies in Portugal, outlining the strategic direction for intervention within the framework of the Health System. In compliance with the provisions of the Major Plan Options (Law 36/XIII, 2016), as well as the recommendations of the World Health Organization-Euro (WHO-Euro).

In this health policy, guideline four strategic axes are described: citizenship in health, equity and adequate access to health care, quality in health and healthy policies. This plan acts as a base of action for the different regions of the country, allowing each one of them to draw up a “Local Health Plan” (LHP), taking into account the characteristics of each population and

environmental zone.

The LHP is one of the instruments in which the planning can materialize by including the population health’s diagnosis indicating the strategies and objective health and recommendations for the operationalization of those strategies. the LHP seeks to respond to health needs of the population, using resources and services in the most effective, efficient and timely manner, focusing the real determinants of the priority problems, basing the best evidence available and enhancing existing synergies through approaches.

The LHP focuses on the disease and it is necessary to change paradigm, is crucial to stop focusing on the disease and focus on promote health. The letter of Ottawa seeks this through concrete and effective community intervention, setting priorities, making decisions, planning strategies and implementing them in order to achieve better health. At the heart of this process is the empowerment of communities to take control of their own efforts and destinies.

In a region of Portugal called Arco Ribeirinho, our public health unit - Public Health Unit Arnaldo Sampaio, this change was already been

achieved with the drafting of a LHP (PLSAR) based on the salutogenic model where the center of action is health and not disease. As health is a dynamic process that depends on multiple factors, a model of intervention founded include the contributions of partners and health professionals - The atom of health. Its structure resembles an atom as a basic unit of matter consisting of a central nucleus of energetic charge, the health potential, surrounded by a cloud of electrons - in this case, spaces of action/protection that we call



territories which is for everyone, both in intervention and in results, since they influence each other. These territories, which don't differ in priority, although play more or less relevant roles according to the situation, resulted from the analysis of the protective and risk factors identified and their intersection with existing community dynamics.

There are five territories: affections, citizenship in health, food, environment and movement. Given that improving the health of the population is only possible by involving citizens, community agents and health services, we requested them to implement voluntarily its objectives and define forms of participation as an individual or entity on PLSAR, making it a dynamic process. They can be from any sector of activity as long as they undertake to carry out activities in at least one of the five territories. In the end, the LHP of Arco Ribeirinho (www.plsar.pt) was been designed to ensure a dynamic and all-inclusive process.

References

1. Carta de Ottawa, Primeira Conferência Internacional sobre Promoção da Saúde, Ottawa, 1986
2. Organização Mundial da Saúde (2012). Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhaga: Organização Mundial da Saúde
3. Plano Local de Saúde Arco Ribeirinho 2015-2017
4. Plano Nacional de Saúde 2011-2016. Levantamento de determinações e recomendações da Organização Mundial da Saúde em Saúde. 2010
5. Plano Nacional de Saúde 2012-2016: Revisão e Extensão 2020. 2015
6. Portugal. Proposta de Lei 36/XIII13 de Outubro 2016

Public Health and Disaster Medicine Training in a Portuguese Medical School

Ana Pinto de Oliveira

1st year Public Health Resident

Collaborator of the Medical Course of the University of Algarve

Disasters are serious public health problems that have increased over the last century.

Many governments and scientific institutions agree that disaster medicine education should be included in the standard medical curriculum.

Traditional medical education and assessment criteria have been largely clinically oriented to the neglect of disaster medicine.¹

Recently, disaster medicine education has started appearing in the medical education curricula. Many countries have sponsored various research projects focusing on a wide range of topics to improve the efficacy of rescue and relief in disaster situations and Medical schools in many parts of the world have begun to incorporate disaster related topics into their curricula.²⁻¹⁰

Facing this new “medical” reality, the development and implementation of a public health and disaster management course for medical students became a priority to Medicine School of Algarve, empowering the younger generation from the disaster preventive aspects. The didactic sessions begin with an introduction to disaster medicine and public health during emergencies, prehospital disaster management, specific disaster medicine and triage procedures in the management of disasters; hospital

disaster preparedness and response; health consequences of different disasters; psychosocial care and presentation of past disasters and public health emergencies, and review of assistance experiences, according to the World Association for Disaster and Emergency Medicine (WADEM) international guidelines for disaster medicine education.¹¹

These sessions involve problem-based learning (PBL) activities, seminars, table-top exercises, and a computerized simulation.

Thus, students will have a basic understanding of the complexities of disaster management, experiential components facilitate understanding of the support available during a disaster and the importance of multi-agency coordination.

References

- Huang B, Li J, Li Y, Zhang W, Pan F, Miao S. 2011. Need for continual education about disaster medicine for health professionals in China—A pilot study. *BMC Public Health* 11:89
- Delooz H, Debacker M, Moens G, Johannik K. 2007. European survey on training objectives in disaster medicine. *Eur J Emerg Med* 14:29-31
- Kaiser HE, Barnett DJ, Hsu EB, Kirsch TD, James JJ, Subbarao I. 2009. Perspectives of future physicians on disaster medicine and public health preparedness: Challenges of building a capable and sustainable auxiliary medical workforce. *Disaster Med Public Health Prep* 3: 210-216
- Kaji AH, Coates W, Fung CC. 2010. A disaster medicine curriculum for medical students. *Teach Learn Med* 22:116-122
- Pfenninger EG, Domres BD, Stahl W, Bauer A, Houser CM, Himmelseher S. 2010. Medical student disaster medicine education: The development of an educational resource. *Int J Emerg Med* 3:9
- Scott LA, Carson DS, Greenwell IB. 2010. Disaster 101: A novel approach to disaster medicine training for health professionals. *J Emerg Med* 39:220-226
- Haraoka T, Ojima T, Murata C, Hayasaka S. 2012. Factors influencing collaborative activities between non-professional disaster volunteers and victims of earthquake disasters. *PLoS One* 7:e47203
- Haraoka T, Ojima T, Murata C, Hayasaka S. 2012. Factors influencing collaborative activities between non-professional disaster volunteers and victims of earthquake disasters. *PLoS One* 7:e47203
- Jacquet GA, Vu A, Ewen WB, Hansoti B, Andescavage S, Price D, Suter RE, Bayram JD. 2014. Fellowships in international emergency medicine in the USA: A comparative survey of program directors' and fellows' perspectives on the curriculum. *Postgrad Med J*. 90(1059):3-7
- Su T, Han X, Chen F, Du Y, Zhang H, Yin J, Tan X, Chang W, Ding Y, Han Y, Cao G. 2013. Knowledge levels and training needs of disaster medicine among health professionals, medical students, and local residents in Shanghai, China. *PLoS One*. 8(6):e67041
- Sharma RK. 2013. Disaster management education at UG level in the Indian university system. *J Adv Pharm Technol Res* 4(2):76-77
- Task Force on Quality Control of Disaster Management; World Association for Disaster and Emergency Medicine; Nordic Society for Disaster Medicine. 2003 Health disaster management: guidelines for evaluation and research in the Utstein Style. Volume I. Conceptual framework of disasters. *Prehosp Disaster Med*. 2003;17 Suppl 3:1-177

Strasbourg, France
April 7th-8th 2017

EuroNet **MRPH**

European Network of
Medical Residents
in Public
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euronetmrph.org
meeting @ euronetmrph.org

EuroNet MPRH Strasbourg Meeting

If you're joining us, please take a few minutes to fill in the [REGISTRATION FORM](#) and to join the [facebook event](#).

Any question? Don't hesitate to email us at meeting@euronetmrph.org

Friday, 7th April

Presentation of the Euronet Platform Project
European Parliament

Topics in Public Health
University of Strasbourg

Social Programme
Evening

Saturday, 8th April

EuroNet MPRH Spring Assembly
University of Strasbourg

Assembly + Working Groups
University of Strasbourg

Social Programme
Evening

Sunday, 9th April

Social Programme
All day

Impact of the Core Training Law on Preventive Medicine and Public health training and other common medical specialties

Fatima Mori-Gamarra, Elena Ojeda-Ruiz
Euronet MRPH Spain

Last year in Spain a complete and drastic shift in our training programme (as well as in the rest of specialties) was raised due to the approbation in 2014 of a new law, the Core training Law (CTL).

The purpose of CTL was to reform the 4-5-year specialised medical training (MIR) to include 24 months of common training and two years of specific formation. It also divides specialties in four main cores: medical (which includes Preventive Medicine and Public Health- PMPH),

surgical, laboratory and clinical diagnosis and clinical image. Only a few specialties, such as Dermatology and Paediatrics will be outside this CTL reform.

Since one of the aims in the Spanish Residents Association of Preventive Medicine and Public Health (ARES- MPySP) is to improve the quality of our formative program, on the basis of health policies evaluation, some of our colleagues designed a study to assess the potential impact of CTL in the PMPH training programme and other medical specialties in the medical core.

The results are overwhelming: PMPH speciality could have a complete impact (100%, 24 months) while Intensive medicine (0%, 0 months) and Medical oncology (17%, 4 months) would be the least affected specialties.

References

1. P. Latasa et al. Impact of the Core Training Law on preventive medicine and public health training and other common medical specialties. *Gac Sanit.* 2016;30(4):296-299

| | TTotal | TCMa | TCMt | Impacto RDT |
|------|--------|------|------|-------------|
| MPSP | 48 | 0 | 24 | 100,0 |
| RHB | 48 | 4 | 24 | 83,3 |
| NFL | 48 | 7 | 24 | 70,8 |
| NRL | 48 | 7 | 24 | 70,8 |
| ONR | 48 | 7 | 24 | 70,8 |
| ALG | 48 | 9 | 24 | 62,5 |
| REA | 48 | 9 | 24 | 62,5 |
| MFC | 48 | 9 | 24 | 62,5 |
| MTR | 48 | 10 | 24 | 58,3 |
| DIG | 48 | 11 | 24 | 54,2 |
| HEM | 48 | 11 | 24 | 54,2 |
| END | 48 | 12 | 24 | 50,0 |
| GRT | 48 | 12 | 24 | 50,0 |
| NEF | 48 | 12 | 24 | 50,0 |
| NML | 48 | 13 | 24 | 45,8 |
| CAR | 60 | 14 | 24 | 41,7 |
| FAC | 48 | 15 | 24 | 37,5 |
| REU | 48 | 18 | 24 | 25,0 |
| MIR | 60 | 19 | 24 | 20,8 |
| ONM | 48 | 20 | 24 | 16,7 |
| MIV | 60 | 24 | 24 | 0,0 |

ALG: Alergy
 REA: Anaesthesiology and Reanimation
 DIG: Gastroenterology
 CAR: Cardiology
 END: Endocrinology and Nutrition
 FAC: Clinical Pharmacology
 GRT: Geriatrics
 HEM: Haematology
 MTR: Occupational Medicine
 MFC: Family and Community Medicine
 RHB: Rehabilitation
 MIV: Intensive care Medicine
 MIR: Internal Medicine
 MPR: Preventive Medicine and Public Health
 NEF: Nefrology
 NML: Neumology
 NRL: Neurology
 ONM: Medical Oncology
 REU: Rheumatology

Impact evaluation of CTI by medical speciality

Impressions of a Young Physician Leader at the World Health Summit in Berlin

Damir Ivankovic

Croatian Public Health Resident
EuroNet President for 2017

Less than a year after finding out about this programme during my first ever EuroNet meeting in Barcelona (thanks Helene!), I was on flight to Berlin looking to meet a group of global young health(care) professionals motivated to act as agents of change in their countries, regions and globally.



Following a nomination by the national Academy of Sciences and a selection process by the InterAcademy Panel, I was chosen as one of 24 young physicians from all around the world to participate in the Young Physician Leaders (YPL) programme and the World Health Summit (WHS) in Berlin, Germany.

The group of Young Physician Leaders was truly global - Mexico, Nepal, South Africa, Brazil, Bangladesh, Sudan, Australia, Sri Lanka... just to name some countries where participants flew from. Jet lag was the “name of the game” for the first day or two. Besides all of us being young and being physicians, we came with a very varied professional and cultural backgrounds. Being bored was not an option!

The programme started with a day of visits. Study visits to Max Delbrück Centre (MDC) at the Helmholtz Bruch Campus and Bayer Health headquarters gave us an idea how both academia, research and industry can work big and small but focused on the real-life health needs. At MDC we saw a “beast” 7 Tesla MR machine next to an open-source initiative to offer tiny €10.000 MR machines to developing countries. At Bayer we heard what’s in the pipeline for the next generation of biologics but also how young people from around the world come to develop their eHealth ideas through grants from the Bayer Grants4Apps start-up accelerator.

The next two days were reserved for leadership workshops at one of the best business schools in the world - European School of Management and Technology (ESMT) Berlin. Here we were pushed to our limits in both teamwork and self-reflection. We also met and exchanged experiences with some very inspirational senior leaders in health.

Germans say “Zucker kommt zuletzt” (Sugar/ Best comes at the end) and the same could be said for the last two days of my Berlin

experience. As special YPL representatives we were invited to attend World Health Summit and present on the last day with a session on Young Leaders and the Future of Leadership in Global Health. More than 250 speakers and 1500 participants in two days made it impossible to attend all the sessions and talk to all the people I found interesting at WHS. Nothing that can't be solved by returning in the following years...

“I was on flight to Berlin looking to meet a group of global young health (care) professionals motivated to act as agents of change in their countries, regions and globally.”

Besides the “official” programme, there was, of course, some time to start new friendships, dance and enjoy Berlin.

YPL Programme Factsheet

- Organized by InterAcademy Partnership (IAP) for Health;
- In cooperation with ESMT Berlin and World Health Summit since 2011
- YPL alumni so far: 131 (including the 2016 cohort)
- EuroNet members as YPL alumni so far: 2 (let's increase this!)
- Participation after selection process following a nomination by your national Academy of (Medical) Sciences (and Arts)

Note: If you found this short report / experience interesting, be sure to contact me for more info on how to apply (get nominated) next year.

On our next EuroNet meeting in April in Strasbourg, I will try to present this experience in person and give some tips&tricks on how to apply!



Josef Wenninger (Young Forum Gastein coordinator) and Damir Ivankovic (Euronet MRPH) at WHS 2016 in Berlin.



Slovenia joins Euronet MPRH

Slovenia joined us since the winter meeting in Dublin at 25th-26th November 2016.

The Slovenian Association: Association of Public Health Residents of Slovenia (APHRs) is a subgroup of a Slovenian Preventive Medicine Society (SPM). SPM is a professional, voluntary, non-partisan and non-profit association whose members are medical doctors, dentists and other professionals active in the field of public health

How is the Public Health Residency in Slovenia: Future residents must apply for the specialisation through a public tender, which is published twice a year by the Medical Chamber of Slovenia.

The selection of the resident to the specialisation is determined by an interview, based on a number of criteria (interview score, grade average, letters of recommendation, participation in additional trainings or publications during and post-graduation, etc.)

Duration of training: The duration of the public health residency is 4 years and consists of training at authorised medical services providers, such as the National Institute of Public Health, The National Laboratory of Health, Environment and Food, Institute of Oncology and others.

The curriculum consists of 2 phases:

1. Introduction to basic core public health skills (2 years);
2. In-depth assessment of specific public health areas and a specialty thesis (2 years).

During the enrollment, a resident acquires a broad theoretical and practical knowledge in different areas of public health. This enables the development of the competences of being able to assess the state of the health of the population and to prepare expert opinions and foundations for planning and action at the scopes of public health.

More details at [residency EuroNet webpage](#).

ASPHER, EuroNet MRPH. Joint Statement on Public Health Workforce Development and Professionalisation

Damir Ivankovic
EuroNet MPRH President for 2017

EuroNet MRPH, the European Network of Medical Residents (and Trainees) in Public Health, is happy to announce that it signed the Joint Statement on Public Health Workforce Development and Professionalisation: Call for a collaborative and consensus-building action.

ASPHER, the Association of Schools of Public Health in the European Region, led on the development of this Joint Statement in collaboration with various organisations and members of the EU Health Policy Platform.

ASPHER, EuroNet MRPH and other signatory organisations call for a collaborative and consensus-building action on the continuing development and professionalisation of the public health workforce in Europe. This call takes into account the critical momentum in the relevant policy contexts (Action Plan for the EU Health Workforce and the European Action Plan for Strengthening Public Health Capacities and Services of the WHO Regional Office for Europe), the different perspectives and initiatives with regard to strengthening the public health workforce and aims to underline the need of an interdisciplinary and inter-professional action.

You can download [here](#) the Joint Statement on Public Health Workforce Development and Professionalisation document.



The Association of Schools of Public Health
in the European Region

All you need to know about Euronet MRPH in 2017

Overview

EuroNet MRPH connects Public Health residents in Europe. Its primary mission is to define a common core of competencies and knowledge for European Public Health residents in order to enhance national education programmes and promote their standardisation.

Organisation

EuroNet MRPH was founded in June 30th, 2011. It is a unique independent organisation representing nine national associations of residents in Public Health throughout Europe. Each country is represented by 6 elected members. Residents from non-member countries can also participate in EuroNet activities.

New Statutes

The new statutes has been approved by the Dublin AGM (November 2016). This will streamline the organisation increasing its efficiency and enabling it to better address current challenges in Public Health.

Mission Statement

EuroNet MRPH stands for the European Network of Medical Residents in Public Health. It constitutes the network of European National associations of Public Health training programs, including medical and non-medical residents. It is a non-profit, international, independent and non-governmental association. EuroNet MRPH aims to create a professional network among European residents in Public Health in order to share information on educational programs, to facilitate exchanges and common activities, as well as to develop a body of scientific research

AIMS

- Encourage initiatives by national associations of residents in Public Health which share our missions;
- Initiate and collaborate in common projects;
- Enhance professional skills by organizing and coordinating European congresses and meetings for residents in Public Health;
- Define and achieve a common core of professional competences in Europe;
- Promote and facilitate foreign internships in Europe for residents in Public Health;
- Strengthen the role of public health professionals in Europe by communicating on their specific competences to the medical and non-medical communities.

Activities

- Exchanging working practices and scientific knowledge;
- Presentations at training events, national and international conferences;
- Facilitation of collaborative projects between European residents;
- Maintenance of a website with information about residency programmes in each member country and past and ongoing EuroNet projects;
- Publication of a quarterly newsletter “EuroNews MRPH” disseminated through the NMA networks;
- Facilitating training opportunities across borders;
- Maintenance of a database of placements in each member country, available on the website;
- Facilitation and information sharing regarding placements at international organisations (e.g. WHO, ECDC, EPHA, EUPHA);
- Dissemination of information through social media (twitter, facebook, linkedin).



Current Working Groups

- Public Health Informatics
- Conflict of interest research project
- Internship development
- Change of statute working group
- Burnout of PH
- Platform crowdfunding project

Board Members/Leaders for 2017

- President *Damir Ivankovic*
- Vice-president *Alberto Mateo*
- Secretary *Lilian van der Ven*
- Treasurer *Damiano Cerasuolo*
- Communication *Fátima Mori*
- Internship *Matej Vinko*
- Research *Sorina Dana Mihailescu*
- Webmaster *Duarte Brito*

National Comissions

- **CROATIA:** *Zeljka Drausnik, Damir Ivankovic, Vesna Stefancic, Maja Vajagic*
- **FRANCE:** *Damiano Cerasuolo, Maria Francesca Manca, Sorina Dana Mihailescu, Hélène Rossinot, Jordan Scheer*
- **IRELAND:** *Fiona Cianci*
- **ITALY:** *Francesco D'Aloisio, Viola Del Prete, Rosaria Gallo, Giosuè Angelo Mezzoiuso, Eleonora Porzio, Gloria Raguzzoni*
- **THE NETHERLANDS:** *Lilian van der Vem*
- **PORTUGAL:** *Miguel Cabral, Sara Cerdas, Rafael Santiago*
- **SLOVENIA:** *Tjaša Pibernik, Špela Vidovič, Matej Vinko*
- **SPAIN:** *Virginia Arroyo, Xiomara Monroy, Fátima Mori, Julio Muñoz, Elena Ojeda, Rafael Ruiz*
- **UNITED KINGDOM:** *Claire Blackmore, Helen Green, Alberto Mateo, Joanne McCarthy, Lois Murray, Anna Schwappach*
- **MALTA:** *Stefan Buttigieg (individual)*
- **POLAND:** *Paulina Nowicka (individual)*



Hrvatsko društvo za javno
zdravstvo

Collège de Liaison des
Internes de Santé Publique



Association of Public Health
Medicine Registrars in Ireland

Consulta degli
Specializzandi



Landelijk Overleg Sociaal-
Geneeskundigen in Opleiding

Comissões de Médicos
Internos de Saúde Pública



Association of Public Health
Residents of Slovenia

Asociación de Residentes de
Medicina Preventiva y Salud
Pública



The Education Committee of
the UK Faculty of Public Health

Malta (individual)



Poland (individual)



Official Partners



EUPHANxt



**Child Family Health
International**

EURONEWS MRPH

Send your contributions for the next newsletter to
communication@euronetmrph.org