

EuroNews-MRPH

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

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Dear Friends and Colleagues,
as this year draws to a close we are proud to look back on EuroNet MRPH's achievements so far. The Holland team hosted a most unforgettable and special meeting in July, complete with camp fires and barbeques, as well as, fascinating discussions regarding refugee health in our member states and interesting research presentations. The meeting also provided the first opportunity to meet colleagues from Turkey and Trinidad and Tobago.

A number of EuroNet working groups were also kicked off in Holland including some new interesting research projects and a proposed change of statute to the organization. The new statute will be finalized and instituted in Dublin at the EuroNet MRPH Annual General Meeting on the 25th of November.

This year, EuroNet is delighted to announce new partnerships with the South African Public Health Medicine Association and Child Family Health International. We have continued to reach out to other European countries in order to expand the network further. For the first time, our Slovenian colleagues will be joining us in Dublin.

Work is well underway on an e-health project that will encourage and enable medical residents to be get more involved in research work. If any residents want to get

involved in this exciting new project please contact EuroNet MRPH France.

Members of our committee continue to make us proud and actively represent us at various National meetings and International events such as the European Health Forum Gastein. EuroNet is also delighted to collaborate with its partners EUPHAnxt and Young Forum Gastein in facilitating a workshop at the upcoming European Public Health conference in Vienna.

The Dublin meeting is set to be an event filled with learning opportunities, sharing of experiences and crucial developments in the life course of EuroNet as an organization. The change in statute will ensure that EuroNet MRPH continues to evolve in a more dynamic way and that it maximizes the engagement of its members. We hope that these changes will enable EuroNet to continue to grow from strength to strength. Join us in Dublin and be a part of these exciting developments!

Many thanks to all the contributors to this newsletter, the Portuguese team for compiling it and of course the EuroNet committee for all their work this year.

See you in Dublin,
Fiona Cianci,
EuroNet MRPH President 2016, Ireland

HIV Pre-Exposure Prophylaxis (PrEP)

an update on current commissioning discussions in England

In the UK, the most recent surveillance data(1) highlights the number of people living with HIV continues to increase and the number living with undiagnosed HIV remains high. While using a condom is the best way to prevent contracting HIV and sexually transmitted infections, Pre-Exposure Prophylaxis (PrEP) is an approach using an antiretroviral drug prophylactically to prevent HIV infection. Studies have shown that when PrEP is used consistently by people who are HIV negative but at high risk of contracting HIV, it is highly effective in reducing the risk of getting HIV.

When considering funding of this drug in England, there are ongoing national discussions through the High Court regarding who has the

responsibility and power to commission PrEP: NHS England or Local Government(2). NHS England nationally oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the National Health Service and are responsible for the commissioning of HIV therapeutics. Local government are given budgets for their area to carry out statutory public health responsibilities, which include sexual health services.

Alongside this discussion and separate to the outcome, NHS England is running a public consultation on a draft policy proposal for the potential commissioning of PrEP(3). If it is decided NHS England is responsible for funding, PrEP will

need to go through a prioritization process before funding is confirmed. It would be considered alongside other potential new drugs and treatments that could be funded and be ranked to see which would be the most effective and best value for money.

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1. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477702/HIV_in_the_UK_2015_report.pdf
2. <https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj30fqZooXPAhVICcAKHSUEB2MQFggnMAA&url=http%3A%2F%2Fwww.parliament.uk%2Fbriefing-papers%2FNS06844.pdf&usq=AFQjCNEezouF5OP37qtC-DupQicsX-EBVhA&sig2=z1z6VTdD8ULIZwmwENdwXg>
3. <https://www.england.nhs.uk/2016/08/august-update-on-the-commissioning-and-provision-of-pre-exposure-prophylaxis-prep-for-hiv-prevention/>

WALES: Tiny Country, Big Plans

Wales is a country of just over 3 million people, covering 20,000 km². Health is devolved, so Wales makes its own health-based laws and runs its own National Health Service, although this is closely linked with NHS England, Scotland and Northern Ireland. We have one Public Health NHS Trust, called Public Health Wales.

Last year, one of the most important pieces of Welsh Legislation in recent years was passed; The Well-being of Future Generations Act (Wales). It is about improving the social, economic, environmental and cultural well-being of Wales. At the heart of the act is the concept of sustainability. The Act places a duty on public bodies in Wales to work more sustainably and think long term, ensuring that the needs of the present are met without

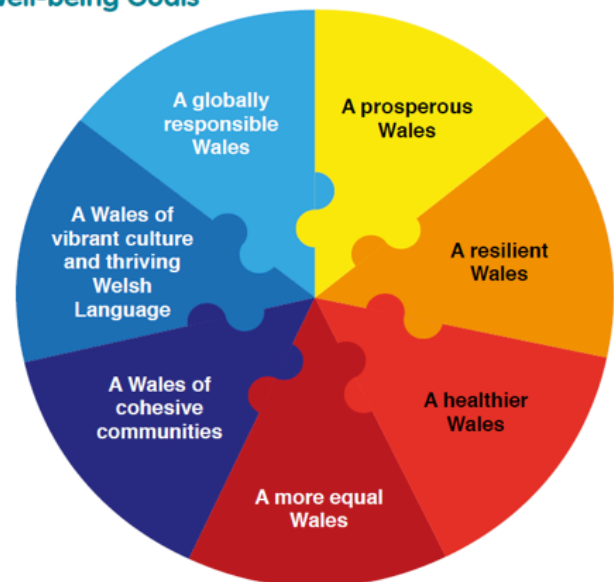
compromising the ability of future generations to meet their own needs.

National indicators and milestones have been developed, and to make sure everyone is working to the same vision, the Act also sets out seven well-being goals.

The overall idea is to create a Wales we want to live in, now and in the future.

It is an exciting time to be working and living in Wales! Everyone will be affected by the Act and change will need to happen quickly. For Public Health Wales there will be some key challenges, but also unique opportunities.

Well-being Goals



For more information visit:

<http://thewaleswewant.co.uk/sites/default/files/Guide%20to%20the%20WFGAct.pdf>

Jo McCarthy,
UK

Cloud Computing applied to a Public Health Intervention Program

Cloud computing is the use of collaborative, real time data registry and analysis. It is essential for any modern and updated public health unit. With this type of tool, time-consuming networking methods might be avoided and response times improved.

The new capabilities of cloud computing were tested in a five-month routine activity regarding visiting care homes and evaluate its preparedness for extreme temperatures. Each public health team filled an online form that complied to the same structure of the previous “paper form”. A customized webpage returned all the information as a dashboard.

informing all team members about the current completion status of the program.

We wanted to improve coordination between seven different teams and improve time efficiency. With the application of this new method, exchanges of information between team members and coordinators for real-time feedback allowed faster articulation. Data duplication errors and common data collection constraints were avoided by draining all data to an online shared database. We observed an easiness of collaboration between team members and the capacity to complete a plan one month before

the estimated time of completion. The database grew regularly and the dashboard was essential to reduce time-consuming processes, providing real-time accessible information to the coordinators of the plan. Accessible data allowed to claim accountability, promote transparency, obtain quality outputs and increase efficiency by reducing response time and costs. Additionally, more valuable and clear information through real-time data visualization was produced. A collaborative work system increased motivation among team members, who were able to obtain faster responses through easier and accessible communication channels. With this method, a predictive model is now in development in order to improve intervention in new ways.

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Upsurge of HIV/STI in MSM in Ireland

There has been a recent upsurge of Sexual Transmitted Infections (STIs) in men who have sex with men (MSM) in Ireland. HIV diagnoses increased 34% between 2014 and 2015, while syphilis increased by more than 50%. The increase in HIV cases and syphilis among MSM has continued in 2016. Gonorrhoea cases have also risen in 2016, with an increase in the ratio of male to female cases, suggesting that many of these cases are occurring in MSM.

An increase in cases of HIV in MSM born abroad, who are new to Ireland but who had previously tested positive abroad, is contributing to the increase in HIV diagnoses. There has also been an increase in the number of MSM from abroad who report acquiring their HIV infection in Ireland.

Increases in syphilis have also been seen in MSM, both in Irish men and those born abroad. Since 2015, the HSE have also investigated two

outbreaks of *lymphogranuloma venereum* (LGV) and an outbreak of shigellosis amongst MSM. Similar increases in syphilis and outbreaks of LGV and shigellosis have been seen in MSM across Europe in recent years. A National outbreak response group has been set up and is working on an action plan to tackle this increase.

Eve Robinson
Ireland

Vitamin D

a winter top up is recommended for the population in the UK

We Brits love talking about and complaining about our weather. However, we may have good reason to; a lack of sunshine during the winter months has prompted national recommendations for vitamin D supplements to be taken by the population.

Vitamin D is necessary to control the amount of calcium and phosphate in our bodies, which in turn are necessary for healthy bones, teeth and muscles. While it is found naturally in a small number of foods (including oily fish, red meat, liver and egg yolk), and in fortified foods (such as breakfast cereal), it is difficult to get the recommended amount just from our diet, as the main source is produced by our bodies upon exposure to sunlight(1).

During the spring and summer months, most of us get enough vitamin D from sunlight and our diet. However, we have to principally rely on our diet during the winter months. Therefore, the advice from Public Health England (2) to the UK government following a review(3) is that adults and children over the age of one should consider taking a daily supplement containing 10 micrograms of vitamin D from October until the end of March each year. Those people with a higher risk of vitamin D deficiency, such as care home residents, people who always cover their skin when outside and certain ethnic minority groups with dark skin, should consider taking a supplement all year round.

Vitamin D supplements are widely available in the UK from supermarkets and chemists. While they will not be funded, they will be freely available to low-income families.

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1. <http://www.nhs.uk/news/2016/07/July/Pages/The-new-guidelines-on-vitamin-D-what-you-need-to-know.aspx>
2. <https://www.gov.uk/government/news/phe-publishes-new-advice-on-vitamin-d>
3. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537616/SACN_Vitamin_D_and_Health_report.pdf



EuroNet MRPH Statement on asylum seeker and refugee health

At the EuroNet summer meeting in the Netherlands, a round table discussion took place regarding current policies in place to care for refugees in our countries and the challenges they face on arrival. As public health residents, we were shocked by some of the issues that arose. For example, the lack of housing which forces asylum seekers to live on the streets while their applications are processed, in France, or the ubiquitous lack of language translators in many of the represented countries. The inability to work for extended periods of time while the asylum process is ongoing is a recurrent issue in many of the countries, as is social isolation and a focus on emergency care and infectious diseases rather than wider health issues.

However, there were some encouraging aspects. In the Netherlands, it is possible to start working 6 months after entering the country and asylum seekers can

engage in voluntary work. Many children have immediate access to education, and opportunities to integrate into society exist.

We believe these positive policies and practices need to be further improved and widely adopted throughout Europe. Refugees have the potential to provide long-term economic benefits (1). We must provide the environment to allow this to happen. They must be allowed to work free of exploitation, to share their experiences and knowledge, and maintain and gain skills.

As future practitioners of public health we realize the repercussions of bad policies. The policies made today will impact on the future health, unity and integration of individual countries and Europe. We have a responsibility to ensure that policies address all aspects of health and wellbeing: physical, mental and social.

Refugees can bring diversity and skills to their countries of refuge. We have a chance to learn from people who have lost almost everything yet can still show us dignity, resilience, strength and humour. We need to give refugees a voice. By ensuring our policies address the needs of asylum seekers and refugees we can not only benefit them but our own societies, now and in the future..

Dr Naomi Petty-Saphon,
on behalf of the asylum seeker and refugee health EuroNet working group

Acknowledgements:
We wish to acknowledge the members of EuroNet MRPH and public health trainees of Turkey and Trinidad and Tobago for their inputs

1. Legrain P. Refugees Work: A humanitarian investment that yields economic dividends: TENT 2016.



Spanish Public Health Trainees' attitudes and their assessment on the Specialty

A qualitative study was recently published in the Mexican journal 'Investigación en Educación Médica' (Research in Medical Education). It was conducted by Pello Latasa, Laura Reques and Christian Carlo Gil-Borrelli, on behalf of the Spanish Residents Association of Public Health and Preventive Medicine (ARES-MPySP) and it is the first exploratory study on attitudes and assessments of medical residents of our specialty.

Spanish residents of Preventive Medicine and Public Health (PMPH) highlight their satisfaction with their choice and breadth of the chosen field, despite a lack of recognition from other establishments, confusion and lack of awareness about the training itself is noticed. Among the incentives that led them to choose this specialty we highlight the sensitivity to the social determinants of health, the aim to reach a beyond-medical-care scope and a population perspective in health conflict resolution. However, they perceive divergences between the professional profile that the training program aims to create and the professional profile demanded by the labour market. This perspective also seems to be motivated by the lack of recognition at those qualified job positions in which the profile of a PMPH specialist seems ideally the best fit for purpose.

Besides this, residents foreground their interests in undertaking internships at places where technicians, managers and policymakers converge, but also point out that, sometimes, the

Training Committee hinders when choosing their internships – which are considered a strength of the specialty.

Regarding the Master in Public Health (MPH), usually done during the first year of training, its multidisciplinary nature is considered highly positive. The following areas of improvement were identified: lack of time for a proper approach, poor management from the educational centres and teaching methods, which are defined as “inadequate” and as having an obsolete focus in theoretical contents over practical learning. Differences in contents of the Master's Degree program between provinces, as well as a lack of extra economical support for traveling and living abroad during the Master's Degree, were reported. These inequalities are also pointed out when being authorized or not to do on call service at the hospital or to work overtime, as wages are uneven depending on the hospital.

Overall, our residents encourage promoting the recognition of the title of specialist in Preventive Medicine and Public Health outside the hospital labour market; There is also a call for increasing transparency in Training Committees about each training program at provinces and providing more flexibility for internships. Moreover, they claim that equitable access to internships for all residents must be guaranteed by homogeneous offers in Training Committees and that inequalities regarding educational contents and wages have to be overcome.

You can have access to the full article in Spanish for free at:
<http://www.sciencedirect.com/science/article/pii/S2007505716000314>
(English abstract is also available).

Sara Mayorgas
Euronet MRPH Spain



UK Government announces strategy to fight Childhood obesity

Obesity has often been described as one of the worst epidemics of the 21st Century in Europe and other Western societies (1), being an important contributor to diseases such as diabetes, Coronary Heart Disease or stroke, amongst others. It is estimated that European countries spend around 7% of their health budget in diseases associated with obesity (2).

We know that the best way to tackle obesity is to prevent individuals becoming obese in the first place, thereby the importance of comprehensive strategies aimed to reduce the increasing rates of childhood obesity.

In this context, the UK government announced last month a long waited childhood obesity strategy (3). The plan, which has been criticised by various academics and public health professionals, includes a voluntary scheme for the food industry aimed to reduce sugar content in food products and it encourages schools to increase physical activity.

The critics argue that those measures are ineffective, insufficient and that wider action is needed. But, why so much controversy?

The roots of such controversy are, at their core, ideological. Theoretically, there are many ways in which any health issue, including childhood obesity, can be approached. From information awareness to legislation, going through behaviour change interventions (4).

In childhood obesity, for instance, some consider that interventions that aim to inform the population, raise awareness or voluntary schemes, such as the one announced by the UK Government,

are the most appropriate because they respect choice. However, strategies based in these actions are often criticised by others for the lack of evidence in their effectiveness (5).

In the UK, for example, a previous voluntary scheme also known as the "responsibility deal" between the Labour government and the food industry was considered a failure by public health bodies (6).

A different approach suggests that social change through legislative action is more effective in tackling public health issues. Nevertheless, this approach is also criticised by those who consider it a "nanny state" approach, intrusive and not respectful of individual freedom.

In the case of childhood obesity, most public health professionals and organisations, including Public Health England (PHE), recommend a comprehensive approach that combines both, information and legislation. PHE recently advised the government to introduce legislation that restricts advertisement of unhealthy food and bans price-cutting promotions of junk food in supermarkets and other retailers (7). However, none of these were included in the government strategy.

Only time will tell whether the government's strategy is effective or not. But most public health professionals fear that it will be insufficient to reduce rates of childhood obesity. They argue that a complex issue such as obesity can only be tackled by wide action on the environmental factors that influence individuals towards an increased consumption of hyper-caloric unhealthy foods. Those environmental factors include a wide range of influences, such as

the built environment, affordability of healthy foods and barriers to food preparation (8). In order to act on these factors there needs to be action at different levels, with European, national and local governments working together towards the same aim: to create food environments where the healthy choice is the easy choice.

Alberto Mateo

Euronet UK

1. Kaidar-Person O, Bar-Sela G, Person B. The two major epidemics of the twenty-first century: obesity and cancer. *Obes Surg* [Internet]. 2011 Nov [cited 2016 Sep 11];21(11):1792–7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21842287>
2. European Commission. EU Action Plan on Childhood Obesity (2014-2020). 2014.
3. Department of Health. Childhood obesity: a plan for action - Publications - GOV.UK [Internet]. Available from: <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action>
4. Naidoo J, Wills J. Health promotion. Third Edit. Elsevier; 2009.
5. Brambila-Macias J, Shankar B, Capacci S, Mazzocchi M, Perez-Cueto FJA, Verbeke W, et al. Policy Interventions to Promote Healthy Eating: A Review of What Works, What Does Not, and What is Promising. *Food Nutr Bull* [Internet]. 2011 Dec 1 [cited 2016 Jun 13];32(4):365–75. Available from: <http://fnb.sagepub.com/lookup/doi/10.1177/156482651103200408>
6. Limb M. Public health body quits responsibility deal over government's failure to act on tobacco and alcohol. *BMJ* [Internet]. British Medical Journal Publishing Group; 2013 [cited 2016 Sep 12];347:f4590. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23861440>
7. Public Health England obesity report: the key points | Society | The Guardian [Internet]. Available from: <https://www.theguardian.com/society/2015/oct/22/public-health-england-obesity-report-key-points>
8. Larson N, Story M. A review of environmental influences on food choices. *Ann Behav Med* [Internet]. 2009 Dec [cited 2016 Feb 17];38 Suppl 1(SUPPL.):S56–73. Available from: <http://www.scopus.com/inward/record.url?eid=2-s2.0-72849143224&partnerID=tZOtx3y1>

Human Stampedes in Mass Gatherings: A Call for Public Health Attention

A mass gathering can be defined as “a planned or spontaneous event where the number of people attending could strain the planning and response resources of the community or country hosting the event”(1), or simply as “a large number of people attending an event at a specific site for a finite time”(2). Planned mass gathering events include sport, cultural, religious or political events. On the contrary, some mass gatherings are spontaneous like the ones in train stations during rush hours.

Even without a universal definition, this type of events is an important concern to Public Health services. The main focus of health authorities are communicable diseases and food poisoning, due to their high burden in these settings. Non-communicable diseases (NCD) assume the second role within the preparedness of mass gathering events. Human stampedes and heat-related illnesses are the leading causes of mortality of NCD(3).

The Hajj, or pilgrimage to Mecca, is one of the 5 pillars of Islam. Every year, 10 million pilgrims from all over the world travel to fulfil their religious duty during this 5-day religious event. Being the largest annual recurring mass gathering event, the Hajj represents a very big challenge for event organizers and health services(1).

This year's Hajj, supposed to take place in mid-September, is haunted by the tragic occurrence from last year: between 700 and over 2000 pilgrims (numbers differing between sources) were killed in a stampede. This event, the deadliest ever recorded in the Hajj, struck by

surprise many experts who considered Saudi Arabia as an example of good practice in regard to crowd management. In fact, frequent smaller scale crowd stampedes stopped occurring since the building of the new multilevel Jamarat bridge, in 2007. But last year served as reminder of how stampedes remain incompletely understood.

So what do we know about human stampedes? To start with, the literature does not provide us with a systematic definition, which is not surprising given the fact that even an agreement on a definition of a mass gathering event cannot be found. It is also striking to know that, despite almost ten years of advocacy, and as opposed to other types of disaster, human stampedes are not independently monitored or included in international disaster databases like the EM-DAT(4). Research on this topic is very scarce, and the existing is mostly from high-profile events or high-income countries, when actually stampedes occur most frequently in low-resource settings. Generalizing findings is therefore very difficult(5,6).

But we do know that stampedes are the result of a complex chain of events, mostly related to flaws in the organization and not to the crowd behavior(7). They are therefore preventable, or can be better managed. In order to achieve that, a holistic approach and a broader scientific awareness are required. For instance, we ought to correctly assess crowd behaviour, as part of physical engineering and social psychology. Also, clinical medicine and epidemiology are

needed to determine causes and patterns of morbidity and mortality.

A public health perspective is fundamental. Assessing which preventive strategies are effective is needed. Preparedness and response of health services need to be improved, starting with ensuring access to the victims and their referral to improved facilities. We call for a greater scientific attention to this unique phenomenon and increased sharing of past experiences and lessons learned.

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1. What is WHO's role in mass gatherings? WHO. World Health Organization; 2016.
2. Memish ZA, Stephens GM, Steffen R, Ahmed QA. Emergence of medicine for mass gatherings: lessons from the Hajj. *Lancet Infect Dis* [Internet]. 2012 Jan [cited 2016 Sep 10];12(1):56–65. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22192130>
3. Steffen R, Bouchama A, Johansson A, Dvorak J, Isla N, Smallwood C, et al. Non-communicable health risks during mass gatherings. *Lancet Infect Dis* [Internet]. 2012 Feb [cited 2016 Sep 10];12(2):142–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22252147>
4. Database I EM-DAT [Internet]. Available from: <http://www.emdat.be/database>
5. Hsieh Y-H, Ngai KM, Burkle FM, Hsu EB. Epidemiological characteristics of human stampedes. *Disaster Med Public Health Prep* [Internet]. 2009 Dec [cited 2016 Sep 10];3(4):217–23. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20081418>
6. Ngai KM, Burkle FM, Hsu A, Hsu EB. Human stampedes: a systematic review of historical and peer-reviewed sources. *Disaster Med Public Health Prep* [Internet]. 2009 Dec [cited 2016 Sep 10];3(4):191–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20081414>
7. Helbing D, Mukerji P, Predtechenskii V, Milinskii A, Fruin J, Helbing D, et al. Crowd disasters as systemic failures: analysis of the Love Parade disaster. *EPJ Data Sci* [Internet]. Springer Berlin Heidelberg; 2012 Dec 25 [cited 2016 Sep 10];1(1):7. Available from: <http://www.epjdatascience.com/content/1/1/7>

Young Managers Programme (YMP) at the IEDC - Bled School of Management, Bled, Slovenia

I have always thought management and leadership skills should be taken into account in our training in Public Health. Following a call for scholarship offered by EuroNet and IEDC – Bled School of Management, I had the chance to participate in the Young Manager Program 2016, organized by the Bled School of Management between June 28th and July 8th.

I got the opportunity to meet more than 80 participants from all the world. To stay together, share experiences, enjoy lessons, breaks and working groups.

First of all, we were divided into 12 groups and each member of the group was asked to describe him/herself (personality, workplace, daily life) in 3 minutes through any object found after 1 minute search in the school or outside (garden, hall) and we were challenged to choose a name for each group.

There were lectures and workshops on the topic of arts & leadership, communication skills, accounting and finance, marketing, influence with integrity, business ethics, strategic management, among others.

Although there were some specific and technical subjects, all participants felt a dynamic approach to the matters. Also, we noticed how each subject could not be considered something closed in itself and compartmentalized. Every skill could be seen as a piece of the managerial and leadership puzzle needed for work in cross-sectoral public health activities.

There have been also moments of recreation activities (international evening, farewell picnic, team building on Lake Bled), but every moment aimed to strengthen the teams' spirit, to learn more about

other team members and to believe and trust in them.

Indeed, the team's work has been an important daily activity. At the end of the lessons, each group met everyday to plan and work on a final presentation.

The main YMP take-home message is that it is impossible to lead, to have a strong impact towards other colleagues, as well as keeping a strong personality in taking important decisions without a specific capacity of leadership and management.

This condition is needed not only in public health or in medical area basically, but in every kind of occupation and job.

Francesco
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Italy



Coming soon

EURONET MRPH WINTER MEETING

SAVE THE DATE!

25-26th November
Dublin, Ireland
Join US!

Coming soon

EURONET MRPH WINTER MEETING 2016

25-26 NOVEMBER 2016 DUBLIN, IRELAND



Friday 25th November

Morning session

Leadership in Public Health
Tobacco Control in Europe
Careers in Global Health

Afternoon session

Antibiotic resistance initiatives
One Health approach
Two-minute country presentations

Saturday 26th November

Morning session

AGM

Afternoon session

Working Groups

All you need to know about EuroNet MRPH - 2016

Overview

The European Network of Medical Residents in Public Health (EuroNet MRPH) was founded in 2011 and is led by residents in Public Health across Europe. It is a unique independent organization representing associations of medical residents in public health throughout Europe. Over two thousand medical residents in public health are represented, through their National Member Associations (NMA).

EuroNet MRPH was created to empower its members to take their vision and ideas forward. Engaging in EuroNet MRPH encourages both professional and personal collaborations irrespective of geographical or cultural differences.

Mission Statement

Our mission statement is to promote professional excellence among medical residents in public health in Europe by exchanging scientific knowledge and training opportunities and by facilitating collaborations.

History

The initiative emerged in 2008 when French and Italian residents decided to collaborate on a common survey protocol to investigate public health residents' views and satisfaction with their respective training programmes.

This successful experience brought about the idea of extending this kind of collaboration to other projects and countries. Spanish residents joined the group in 2009.

The first meeting that saw the establishment of the network was held in Paris, France, in June 2011. The first members of this new organization were the Collège de Liaison des Internes de Santé Publique (CLISP, France), the Consulta degli Specializzandi (SITI,

National Member Associations (NMA)

Hrvatsko društvo za javno zdravstvo (HDJZ)	
Collège de Liaison des Internes de Santé Publique (CLISP)	
Association of Public Health Medicine Registrars in Ireland (APHRI)	
Consulta degli Specializzandi (SITI)	
Comissões de Médicos Internos de Saúde Pública (CMISP)	
Asociación de Residentes de Medicina Preventiva y Salud Pública (ARES)	
Landelijk Overleg Sociaal-Geneskundigen in Opleiding (LoSgio)	
The Education Committee of the UK Faculty of Public Health	

Italy) and the Asociación Española de Residentes de Medicina Preventiva y Salud Pública (ARES, Spain).

Since then the network has expanded to include the Specialty Registrars' Committee (SRC) of the Faculty of Public Health (UK) on November 2011, the Comissões de Médicos Internos de Saúde Pública (Portugal) on May 2012, the Association of Public Health Medicine Registrars in Ireland (Ireland) on March 2014 and Hrvatsko društvo za javno zdravstvo (Croatia) in 2015. The network is looking to expand further.

Leadership

EuroNet MRPH is composed of the Executive Desk (ED) and the Executive Committee (EC).

Each NMA delegation is composed of six residents. Two of them sit on the ED. There are rotating posts (president, vice-president, secretary, treasurer and communications lead and internships lead).

The ED has regular tele-meetings. The ED and the EC meet at least three times a year to make key decisions on EuroNet's strategic priorities, vote on

EuroNet's policies, exchange knowledge and work on various working group projects.

EuroNet MRPH is registered as a non-



ED 2016

President: Fiona Cianci

Vice-President: Alberto Mateo

Secretary: Alicia González Antelo

Treasurer: Damiano Cerasuolo

Research: Paola Anello

Communications: Miguel Cabral

Internships: Damir Ivankovic

Aims

- To strengthen the role of public health residents in Europe
- To advocate for improvements in training programmes
- To facilitate internships in European and international organisations
- To define and achieve a common core of professional competences for Public Health residents in Europe
- To provide a platform to link medical residents across Europe working on public health projects
- To continue the expansion of the network

All you need to know about



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 that is 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

- Health informatics competencies;
- Conflict of interest research project;
- Internship development;
- Change of statute working group.

**Want to join us?
Want to start a european project?**

EuroNet MRPH always welcomes **observers** to its meetings.

Please contact your National Association or your NMA liaison officer!

Team 2016 EXECUTIVE DESK



Residents 1 assuming an official position
per country 1 NMA Liaison Officer

EXECUTIVE COMMITTEE



Residents per country



IRELAND

Fiona Cianci – ED – President
Naomi Petty-Saphon – ED
Eve Robinson – EC
Chantal Migone – EC
Lois O'Connor – EC
Abbey Collins – EC



SPAIN

Alicia González Antelo – ED – Secretary
Elena Ojeda – ED
Efraín Pantoja – EC
Paula Peremiquel – EC
Julio Muñoz – EC
Fátima Mori – EC



FRANCE

Damiano Cerasuolo – ED – Treasury
Hélène Rossinot – ED
Paul Bregeant – EC
Pauline Boucheron – EC
Laetitia Satilmis – EC
Jordan Scheer – EC



PORTUGAL

Miguel Cabral – ED – Communication Lead
Rita Sá Machado – ED
Francisco Pavão – EC
Tiago Adrego – EC
Sara Cerdas – EC
Guilherme Duarte – EC



ITALY

Paola Anello – ED – Webmaster, Research Lead
Michela Longone – ED
Davide Golinelli – EC
Eleonora Porzio – EC
Giuseppe Spataro – EC
Francesco Aquino – EC



UNITED KINGDOM

Alberto Mateo – ED – Vicepresidency
Ruth Du Plessis – ED
Caroline Tait – EC
Joanne McCarthy – EC
Andrew Rideout – EC
Helen Green – EC



CROATIA

Damir Ivankovic – ED – Internships Lead
Vesna Stefancic – ED
Maja Vajagic – EC
Zeljka Drausnik – EC



THE NETHERLANDS

Titia Van't Hof – ED
Ashis Brahma – EC
Lilian van der Ven – EC
Daisy Ooms – EC



Get involved!

EuroNet MRPH is present in 8 countries in Europe. The easiest way to start your EuroNet MRPH career and be part of us is approaching your national representatives by viewing the contact details of your NMA. Then you can have a look at our core activities to check out the different areas we are involved in.

If any questions arise, feel free to contact us !

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The articles in this newsletter reflect the views of the authors.

