2026

PLANETARY HEALTH
CORE CURRICULUM

FOR HEALTH STUDENTS
IN SWITZERLAND

FROM KNOWLEDGE
TO TRANSFORMATIVE ACTION
FOR HEALTH EQUITY
WITHIN PLANETARY BOUNDARIES

PHUSE
Planetary Health
Education

SMIFK : CIMS

fkg
css

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Note on the Use of Language and Editorial Tools

Throughout the development of this curriculum, the authors employed generative artificial intelligence-based systems (ChatGPT-5.5, OpenAI; Claude Version Sonnet 4.6; DeepL Translate and DeepL Write) to assist in articulating, organising and refining the document.

1. Abbreviations

AMEE	The International Association for Health Professions Education
CC	Core Curriculum
FKG/CSS	Swiss Health Conference
HEIs	Higher Education Institutions
ILOs	Intended Learning Outcomes
PH	Planetary Health
PHE	Planetary Health Education
PHRC	Planetary Health Report Card
PHUSE	Swiss Network for Planetary Health Education
SMIFK/CIMS	Joint Commission of the Swiss Medical Schools
WHO	World Health Organisation
SBK/ASI	Swiss Nursing Association

2. Authorship

The 'Planetary Health Core Curriculum for Health Students in Switzerland' is a project by PHUSE (www.phuse.ch). The swissuniversities-funded network is a national initiative to facilitate the integration of transformative Planetary Health Education (PHE) into health-centred study programmes, teaching healthcare facilities, and higher education institutions (HEIs) across Switzerland. This curriculum is the product of an extensive process of collaboration, reflection, consultations and review processes. A final review was conducted by an advisory group composed of national and international experts in the field of Planetary Health and healthcare education (→ see Chapter 3). The Joint Commission of the Swiss Medical Schools (SMIFK/CIMS) and the members of the Swiss Health Conference (FKG/CSS) reviewed and formally endorsed the Curriculum in June and July 2026.

- **Founding Universities**: PHUSE was founded by the following six institutions:

  University of Basel (Leading House), ETH Zurich, Swiss Tropical and Public Health Institute (SwissTPH), University of Geneva, University of Lausanne and Geneva School of Health Sciences (HES-SO)

- **Authors & Contributors**: A group composed of professors, students, curriculum coordinators and health professionals from various disciplines and healthcare institutions in Switzerland contributed to drafting the curriculum:
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3. Advisory Board

The Core Curriculum underwent a comprehensive review in April 2026 by an advisory board composed of nationally and internationally renowned experts in the fields of Planetary Health and Health Education:

Experts ***(in alphabetical order)***	**Institution**
Sixtine Bonart	Swiss Medical Students' Association, Vice President for Medical Education
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Dr. Jelena Malogajski	Planetary Health Alliance, Education Director
Juliette Mattijsen	Planetary Health Alliance, European Hub, 2023-2025
Prof. Ana Maria Vicedo Cabrera	University of Bern, Prof. for Climate Epidemiology & Public Health
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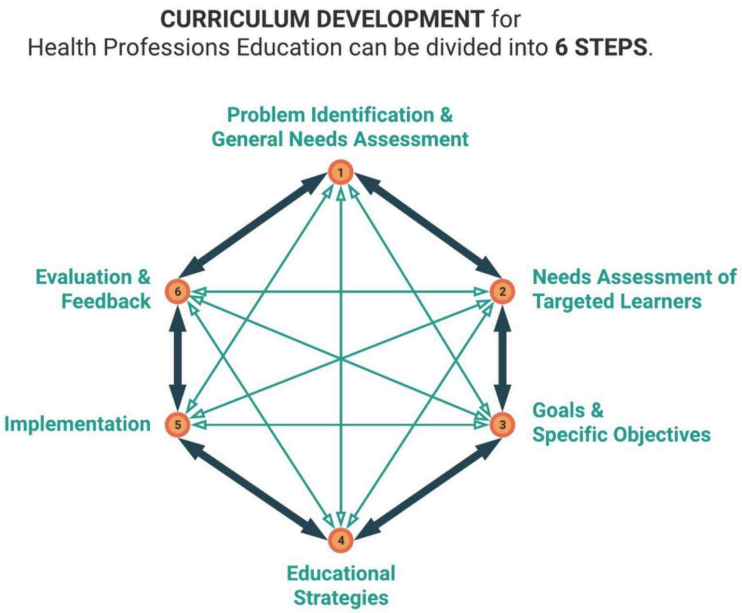
Prof. Suzanne Suggs	Università della Svizzera italiana, Prof. of Social Marketing, Vice-President of the Swiss School of Public Health (SSPH+)

4. Curricular Development

This Planetary Health Core Curriculum was conceptualised based on the six-step approach to curriculum development as proposed by Thomas et al. (2022):



©MedEdModels; developed by Thomas et al. (2022)

4.1. Problem Identification & General Needs Assessment	In March 2025 the swissuniversities-funded PHUSE project was launched to promote the integration of transformative PHE in health-centred study programmes and teaching healthcare facilities in Switzerland. Prior to this, there was no national network or platform to coordinate the emerging efforts to advance PHE and ensure a high-quality standard and transformative elements in health education across the country. The student-led initiative of the Planetary Health Report Card (PHRC) Switzerland published in April 2025 revealed that only three HEIs in Switzerland (namely, the Universities of Lausanne, Basel and Geneva) attained scores that surpassed the international average. A national needs assessment survey was conducted in May 2025 amongst stakeholders (sent to teaching staff, students, faculty members, health professionals from various HEIs in Switzerland). With over 50 responses, the survey underlined the need for a) national collaboration on PHE across faculties and professions, b) a shared agreement on the Planetary Health competencies relevant for health professions' education and c) introducing accountability mechanisms to support implementation.

4.2. Needs Assessment of Targeted Learners	In 2020, the Swiss Youth Health Alliance submitted a joint statement to the Swiss Health Ministry, signed on behalf of over 10'000 health students in nursing, human medicine, midwifery, pharmacy, health technology, physiotherapy, chiropractic, health promotion and prevention, occupational and language therapy, demanding to urgently prepare the Swiss health system for climate change and promote sustainable healthcare. The statement also called for an increase in interdisciplinary learning formats and educational programmes that enable young health professionals to actively participate in health policy. In autumn 2025, a series of workshops was conducted with an interdisciplinary group of health students, teaching staff and faculty members. The purpose of these workshops was to inform the curriculum by understanding the current situation of PHE in Switzerland, identifying gaps in existing study programmes and collecting feedback, ideas, better practice examples and needs for the future of PHE in Switzerland.
4.3. Goals & Specific Objectives	The curriculum may serve as an orienting framework to map existing teaching, identify gaps and guide the further integration of competencies to prepare future health professionals to deliver system-wide changes to mitigate and adapt to the ecological crises and to mainstream Planetary Health as a transversal curricular theme. **Scope**: This curriculum is aimed at health education at both bachelor's and master's level. The competency-based intended learning outcomes (ILOs) defined in this curriculum are designed to be applicable for all health students[1] at Swiss HEIs and should be adapted to the respective professional and local context, scope of practice and level of clinical involvement. **Quality Assurance and Validation**: The curriculum was reviewed by an expert advisory group composed by national and international experts in the field of Planetary Health and health education (→ see chapter 3). The SMIFK/CIMS and the FKG/CSS reviewed and formally endorsed the curriculum in June/July 2026 for the following eleven profession groups represented by the respective committees: 1) human medicine, 2) nursing, 3) midwifery, 4) physiotherapy, 5) nutrition and dietetics, 6) health promotion and prevention, 7) osteopathy, 8) occupational therapy, 9) biomedical laboratory diagnostics, 10) optometry and 11) medical-technical radiology.

[1] In this document, the term 'health students' refers to all students enrolled in health-centred study programmes at Swiss HEIs, obtaining a professional qualification to work in the health system, whether in care delivery, public health, management or support functions.

	Limitations: For future needs assessments and the next revision, it is necessary to place greater emphasis on incorporating the perspectives of civil society, patients/clients and Indigenous Peoples in order to inform the curriculum. Furthermore, respective authorities should be involved to officially validate and endorse the curriculum for other health-centred study programmes (e.g. pharmacy, psychology, veterinary medicine, dentistry, chiropractic, health sciences, health communication, speech and language therapy and health technology). Beyond that, integrating PHE into all standard education programmes is crucial for the socio-ecological transformation but not within the scope of this curriculum.
4.4. Educational Strategies	**Horizontal and longitudinal integration through spiral curriculum approach**: The curriculum will be implemented: a) **horizontally** by integrating relevant ILOs into existing specialty-specific courses (e.g. cardiology, psychiatry, paediatrics, obstetrics). To support implementation and take into account the rapidly emerging science and changing guidelines in sustainable healthcare and prevention, better-practice-examples and practical guidance will be collaboratively developed and published on the PHUSE website through PHUSE member institutions. b) **longitudinally** by ensuring that Planetary Health competencies are developed progressively across all years of study, through a combination of dedicated teaching formats (where appropriate) and the coordinated alignment, reinforcement and quality assurance of existing Planetary Health teaching. All ILOs should be introduced at the bachelor's level and progressively deepened and expanded throughout the master's level following a spiral curriculum approach. **Knowledge transfer through modular e-learning**: Development of national, modular and freely-available Planetary Health e-learning through the PHUSE-initiative until March 2027 to support centralised, high quality knowledge transfer and Planetary Health competency acquisition at all HEIs. **Transformative Education through In-Person Courses**: This e-learning is combined with local in-person courses, based on strategies of transformative education such as critical reflection, affective learning, presentations and collective sense-making. These courses focus on the development of skills necessary to act as agents of change for promoting health equity within the planetary boundaries. This is operationalised through action-oriented learning, inter- and transdisciplinary formats that support learners in critically examining their

	assumptions, attitudes as well as professional roles and in translating knowledge into action.
4.5. Implementation	To ensure meaningful and equitable implementation across Swiss HEIs, all health students should progressively develop and demonstrate Planetary Health competencies by horizontal and longitudinal exposure across their bachelor's and master's programmes. Responsibility for implementation at the local level lies with the respective universities, programme directors, deans or leads of interprofessional teaching modules, supported by local PHE specialists where available, and documented through curriculum mapping. Respective faculties remain responsible for adapting the curriculum flexibly to their specific context. Given the different areas of specialisation, they may place varying emphasis on the listed ILOs. At least one mandatory learning activity per study cycle (i.e. bachelor's and master's programme) must explicitly address Planetary Health competencies through applied or reflective formats (e.g. problem-based learning, role play, project work or supervised reflection), ensuring a spiral approach with progressive deepening and application across study cycles. **Continuous adaptation**: Existing Planetary Health teaching formats within HEIs should be continuously adapted by respective programme directors or faculty members, in co-creation with the local students and taking into account their feedback, since demands of learners change over time. Additionally, new scientific insights, frameworks and concepts should be continuously included and pedagogical methods adapted according to needs. New political and societal developments as well as new projects, initiatives and options for actions should be regularly included. **Faculty Development**: The PHUSE-subproject of the University in Basel will develop and conduct a faculty development "Teach the Teachers"-course until March 2027, to build capacity for Planetary Health and transformative education within the health faculties in Switzerland. **Curriculum Mapping**: The PHUSE-subproject of the ETH Zurich will integrate the ILOs of this curriculum into a curriculum mapping tool for health education (LOOOP) so that HEIs using the tool can track the implementation of the curriculum and compare the implementation across Switzerland. All ILOs of this curriculum are linked to the Swiss national outcome catalogue for medical education 'Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland' (PROFILES) as well as the profession-specific and the general competencies for health professions, as defined by the FKG/CSS, to facilitate the implementation.

	PHUSE Network: All HEIs that are official PHUSE members formally endorse the curriculum and commit to its implementation. The local implementation will be supported by active members of the PHUSE network who are experts of their local contexts and HEIs and who will advocate for a meaningful integration of the curriculum into their study programmes.
4.6. Evaluation & Feedback	**Assessment Philosophy**: While integrating Planetary Health topics into traditional assessments such as multiple-choice questions and Objective Structured Clinical Examinations (OSCEs) is important and easily implementable (e.g. OSCE on clinical reasoning), assessment approaches should align with the transformative aims of the curriculum and go beyond knowledge recall.[2] Since this curriculum's learning outcomes require learners to question assumptions, show initiative, engage emotionally with ecological crises and advocate for structural change, assessment must be aligned accordingly. If assessment focuses primarily on factual recall, it risks contradicting the intended transformative aims. **Recommended Assessment Methods**: Programmatic assessment is the recommended overarching framework for assessment as it explicitly aligns with both competency-based health education and transformative education frameworks. It replaces isolated examinations with longitudinal multi-source evidence, best suited to capture the complexity of transformative competencies. Where full programmatic assessment infrastructure is not yet in place, building blocks such as the following methods are recommended: • Reflective portfolios: A longitudinal record of the learner's evolving assumptions, emotional responses and professional commitments in relation to Planetary Health. Assessed for depth of premise questioning and specificity of intended action, not positional correctness. Entries may be written, visual or multimodal. • Advocacy project with structured reflection: The learner designs and executes a real macro-level advocacy action: a policy brief, a public communication, a presentation to a decision-maker. Assessment evaluates both the advocacy product and the learner's reflection on resistance encountered and assumptions revealed. • Planetary Health science communication with or without climate sensitive health counselling: The learners are asked to conceptualize, conduct, reflect and finally present in class on a conversation they have with a self-chosen member of society (e.g.

[2] As outlined in the White Paper on Medical Education and Students of the SMIFK/CIMS in February 2026.

family member, work colleague, their own doctor/health professional etc.) on certain planetary health facts and resulting options for action and receive peer feedback.
- Peer dialogue assessments: Structured dialogue in which learners defend a position on a contested Planetary Health issue and engage with peer challenge. Importantly, the quality of reasoning and the capacity to revise a position are what is assessed, not the position itself.
- Critical incident analysis: The learner identifies a real moment (clinical, civic or institutional) in which a Planetary Health tension became visible or was poorly handled, analyses its structural dimensions and proposes an alternative course of action based on reliable resources. Assessment focuses on systemic thinking and honest self-implication.
- Further methods: Group presentations, critical appraisal of research paper on a Planetary Health-related topic.

A variety of formats is welcomed. These formats give room for learners to honestly document uncertainty, while enabling the evaluation of critical reflection, professional identity development as well as the ability to translate knowledge into action.

A Note on Grading:
Standard numeric grading is structurally unsupportive for transformative goals. It rewards convergence on correct answers and penalises the honest documentation of uncertainty. Where formal grades are required, competency-based descriptors, transparent co-constructed criteria and heavy weighting of longitudinal evidence are strongly preferred over single-point summative scores. The goal of assessment here is not to sort learners but to accompany their transformation and to hold institutions accountable for making that transformation genuinely possible.

Feedback and Revision:
The quality and timeliness of the curriculum and its implementation will continuously be evaluated through the following two steps:

a) the yearly Planetary Health Report Card evaluation, conducted by a collaboration between students and faculty members.
b) the curriculum mapping on LOOOP.

The curriculum will continuously be open for feedback. Local teaching staff and students are invited to give feedback to the national PHUSE team. In case the PHUSE network can be sustained in the long term beyond the swissuniversities funding, the curriculum can be revised based on this feedback, the PHRC evaluation and the latest evidence. It can also be validated for additional health professions and re-endorsed by respective authorities (SMIFK/CIMS and FKG/CSS, for other health professions to be defined) every five years.

5. Planetary Health Core Curriculum

5.1. The Need for Planetary Health Education

Planetary Health reminds us that human health and the health of Earth's ecosystems are inseparably linked. Today's accelerating crises are already eroding the foundations of well-being and social equity. These challenges represent the most significant threats to public health of the 21st century – yet they also present an opportunity to fundamentally rethink how we live, learn and act.[1]

Addressing these challenges requires more than technical solutions – a profound cultural, societal and economic transformation is necessary.[2] Health professionals, in particular, hold a unique responsibility to inspire and mobilise individuals, communities and institutions for safeguarding human health and a healthier planet.[3] Education is central to this process. In the context of Planetary Health, this means preparing health professionals to:

- recognise and act on the systemic links between environment, health, political, social and economic systems and promote co-benefits;
- advocate for health equity within planetary boundaries[4];
- actively contribute to the socio-ecological transformation; and
- co-create healthcare that respects the planet's ecological limits and fosters resilience.

Dominant health and biomedical education and practice often take a sickness-based perspective instead of a health-based one, focusing on individual risk factors and clinical care.[5,6] Planetary Health expands this lens by integrating ecological, social and commercial determinants of health, social and interspecies justice and intergenerational responsibility. Transformative education goes beyond cognitive learning – it nurtures values, attitudes and behaviours like empathy, self-efficacy, humility and a sense for social justice.[7] This empowers health professionals to serve as trusted voices and agents of change in their communities.

Momentum is growing worldwide. Planetary Health Education has been rapidly expanding across the globe and its importance for health curricula is recognised internationally: the Consensus Statement on Planetary health and education for sustainable healthcare[8] by the International Association for Health Professions Education (AMEE) and the Planetary Health Roadmap and Action Plan[9] by the Planetary Health Alliance highlight the urgency of curricular transformation. This call is backed by the World Health Organization[10], World Medical Association[11], International Council of Nurses[12], International Confederation of Midwives[13], World Physiotherapy[14], World Federation of Occupational Therapists[15], Association for Diagnostics & Laboratory Medicine[16], European Council of Optometry and Optics[17], International Pharmaceutical Federation[18], European Federation of Psychologists' Associations[19], International Union for Health Promotion and

Education[20] and European Public Health Association[21], who are all calling on the urgency and relevance for health professionals to be educated and act on Planetary Health.

In Switzerland, initiatives such as the Planetary Health Strategy[22] of the Swiss medical association FMH, the strategy of the Swiss nursing association SBK Pflege 2030[23]/Soins 2030[24], the position paper on Planetary Health[25] by the Swiss Association of Occupational Therapy EVS/ASE, the position paper on the role of nutritionists[26] by the Swiss Association of Nutritionists SVDE/ASDD and the revised PROFILES catalogue for medical education that came into force in autumn 2025[27] reflect this shift. Together, these strategies emphasise the responsibility and opportunity for health education to lead the way in addressing the socio-ecological crisis.

By building on these efforts, this core curriculum aims to enable future and current health professionals and members of Swiss Higher Educational Institutions to act as agents of change, and drivers for the socio-ecological transformation, fostering health equity and well-being within the planetary boundaries.

5.2. The Need for Transformative Education

This curriculum is grounded in the principles of transformative education, which understands learning as a process of critical reflection that can lead to shifts in perspectives, attitudes, the understanding of professional roles and in actions.[28] Drawing on Mezirow's theory of transformative learning[29], it moves beyond the mere transmission of knowledge and links facts to emotions. It thereby explicitly engages learners in challenging taken-for-granted assumptions, rethinking societal norms, values, their role in the world and the human relation to the more-than-human world.

In line with international guidance, including UNESCO's roadmap for education for sustainable development[30], this curriculum emphasises learner agency, collective learning, systems thinking and future orientation. Learners are encouraged to see themselves not only as future health professionals but also as agents of change in shaping just, resilient and sustainable health systems and societies. Reflection, dialogue, emotional engagement and action are therefore treated as core pedagogical elements rather than optional additions. In this, it builds on the concept of "head, heart and hand" introduced by the Swiss pedagogic Johann Heinrich Pestalozzi (1746-1828). Including these three elements allows educational processes to bridge the gap from knowledge to transformative action.

The principles of transformative education align with other emerging frameworks such as the Inner Development Goals which emphasise personal and relational capacities (e.g. being, thinking, relating, collaborating and acting).[31] They are also reflected in the Future Skills framework, which highlights competencies such as self-efficacy, systems thinking, anticipatory skills and transformative action as essential for navigating complex global challenges.[32]

Transformative education links individual, institutional and political levels of change:

- ➔ *At the **micro** level, learners can change their behaviour, reduce their ecological footprint and make sustainable choices. These often have health co-benefits e.g., active transport, plant-rich diets. As health professionals, this level also includes patient counselling and effective communication strategies to motivate such behaviour.*
- ➔ *At the **meso** level, learners can use their societal roles, e.g. as health professionals to advocate for changes beyond the individual level. Actions include supporting active and public transport to the workplace or healthy food service in the institution.*
- ➔ *At the **macro** level, health professionals can engage in public and political discourse, advocate for climate-resilient health systems, sign petitions, talk to politicians, use the means of direct democracy etc.*

Importantly, transformative Planetary Health Education requires epistemic plurality.[6] Dominant biomedical and EuroWestern paradigms are complemented by Indigenous and other non-Western ways of knowing that emphasise relationality, reciprocity and interdependence between human health and the more-than-human world.[33] Indigenous frameworks, such as relational concepts of health, land-based knowledge, and the principle of responsibility to future generations, offer valuable perspectives for reimagining health beyond anthropocentric, extractive and growth-oriented models.[34] By highlighting the importance of integrating multiple knowledge systems with humility and respect, this curriculum aims to equip future health professionals with the capability of ethical reflection, intercultural dialogue and transformative action in diverse contexts.

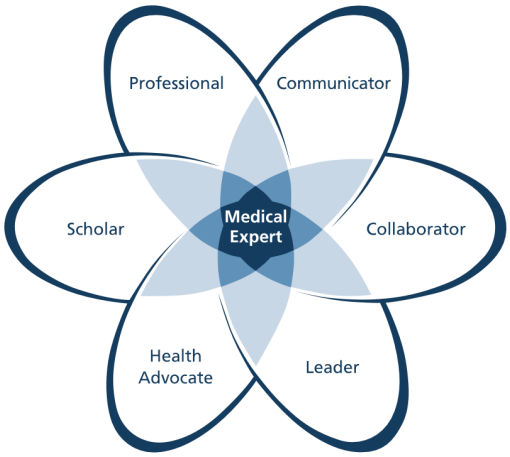
5.3. Frameworks and Resources

The intended learning outcomes defined in this curriculum build on the key frameworks for health professions' education in Switzerland:

a) the revised Swiss national outcome catalogue for medical education 'Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland' (PROFILES[27]), which came into force in 2025 and emphasises the importance of including environmental and ecological aspects in medical education.

b) the guideline documents by the Swiss health conference (FKG/CSS) for profession-specific competencies at bachelor's level for students in nursing, midwifery, physiotherapy, nutrition and dietetics, health promotion and prevention, osteopathy, occupational therapy and medical-technical radiology (2021)[35], as well as the general competencies for health professions at master's level (2024)[36] underlining the importance of the respective health students developing a sustainable professional practice and acting as health advocates to develop health promotion and prevention measures.

This curriculum aims to specify the learning outcomes on Planetary Health (e.g. sustainable healthcare, health advocacy) and thereby aims to contribute to the fulfilment and implementation of the FKG/CSS competency catalogues and the PROFILES learning objectives. These national frameworks for health professions' education are based on the CanMEDS Model[37], which was developed in Canada and is applied worldwide. This model defines and describes the competencies that healthcare professionals must demonstrate in order to meet the needs of the people for whom they provide services. These competencies are defined in terms of seven roles that are common to all healthcare professions:



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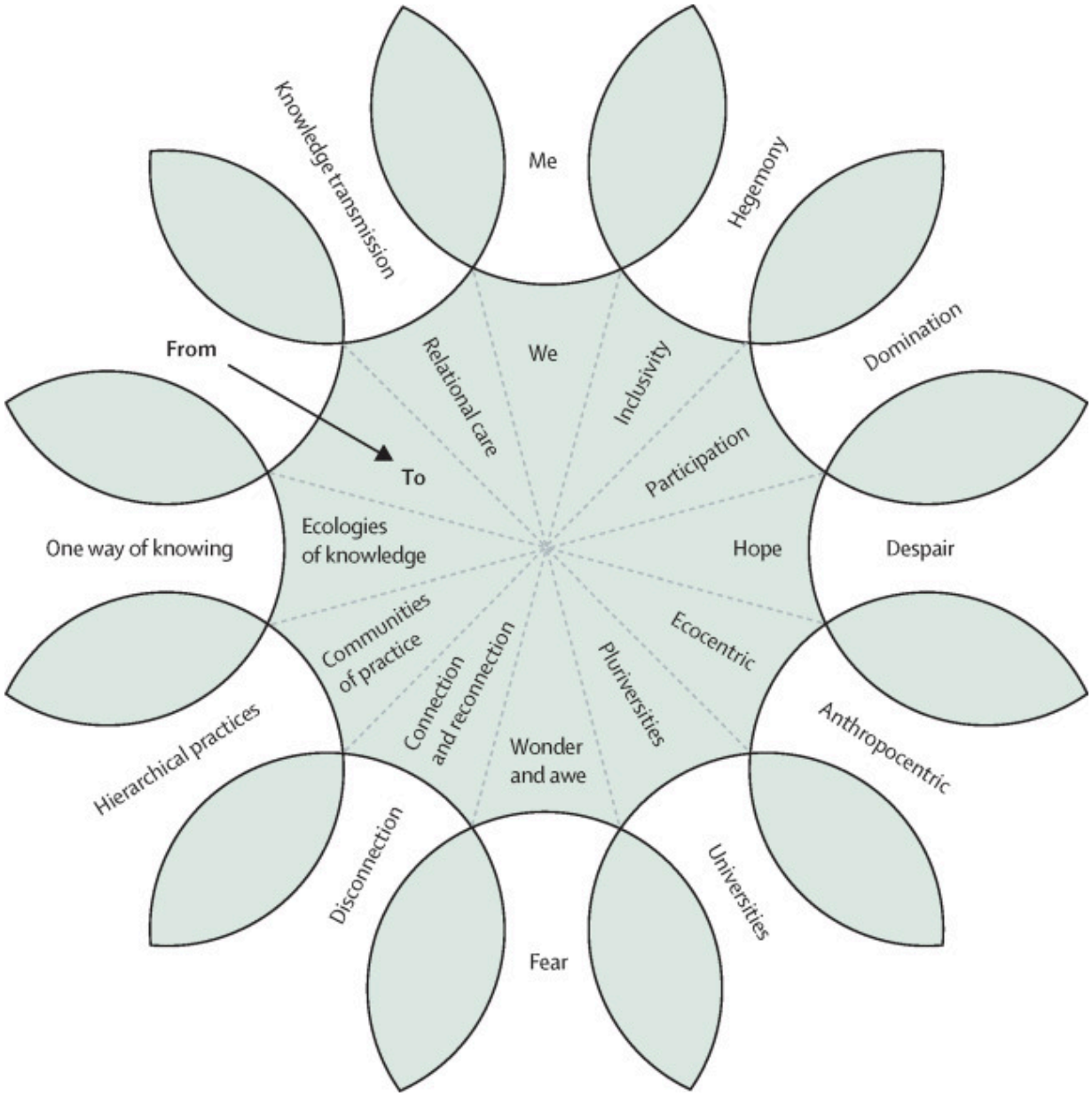
In formulating this curriculum, the authors have drawn on the pioneering work of a number of international organisations and similar initiatives abroad, including:

- Planetary Health Educational Framework, Planetary Health Alliance[6]
- Climate & Health Core Concepts for Health Professionals, Global Consortium on Climate and Health Education[38]
- ASPHER Public Health Curriculum (Planetary Health Chapter, p. 217)[39]
- Transforming and scaling up health professionals' education and training, WHO[40]
- Transformative Teaching Framework by Mezirow[29]
- Global systematic scoping review of Planetary Health Education[41]
- AMEE Consensus Statement: Planetary Health and Education for Sustainable Healthcare[8]
- The Lancet One Health Commission 2025 report[42] and the nine core competencies[43]
- German Medical Learning Objectives Catalogue NKLM[44]
- Roadmap for Planetary Health and Sustainable Health Systems for Canadian Medical Professionals[45]
- Education for Sustainable Healthcare Curriculum UK[46]
- Handbook on Strengthening Climate Literacy in the Health Professions Austria[47]
- Earth for All: A Survival Guide for Humanity, Club of Rome[48]
- Education for Sustainable Development: a roadmap, UNESCO[30]
- Inner Development Goals: Transformational Skills for Sustainable Development[31]

The directionality of this curriculum is based on the approach to Planetary Health Education by Redvers et al. (Lancet Planetary Health, 2023)[28]:



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5.4. Learning Outcomes

The pages below present the intended learning outcomes (ILOs) as individual items, though they are highly interconnected. The great speed at which Planetary Health Education is evolving is constantly leading to new developments, which might not yet be covered here but can be added to on an iterative basis (→ see chapter 4).

This curriculum provides competency-based, transdisciplinary ILOs for students in health-centred study programmes in Switzerland. The ILOs are designed to be applicable across health professions and should be adapted to the respective professional and local context, scope of practice and level of clinical involvement. While it serves as an orientation framework for all health-centred study programmes, this curriculum is officially endorsed by the Swiss health conference (FKG/CSS) and Joint Commission of the Swiss Medical Schools (SMIFK/CIMS) for the following eleven health professions: 1) human medicine, 2) nursing, 3) midwifery, 4) physiotherapy, 5) nutrition and dietetics, 6) health promotion and prevention, 7) osteopathy, 8) occupational therapy, 9) biomedical laboratory diagnostics, 10) optometry and 11) medical-technical radiology.

Learning outcomes and transformative actions address change at the micro (individual/clinical), meso (institutional/societal) and macro (policy) levels. This curriculum organises its ILOs into knowledge, skills, attitudes and actions for ease of institutional mapping. These categories are not a learning sequence, transformation does not move linearly from knowledge to action but cycles through all four domains simultaneously. The 'Actions' category names competencies that explicitly bring together cognition, reflection, values, skills and confidence which lead to effective action. Institutions are encouraged to design action-oriented learning activities that combine ILOs, as illustrated in the example below.

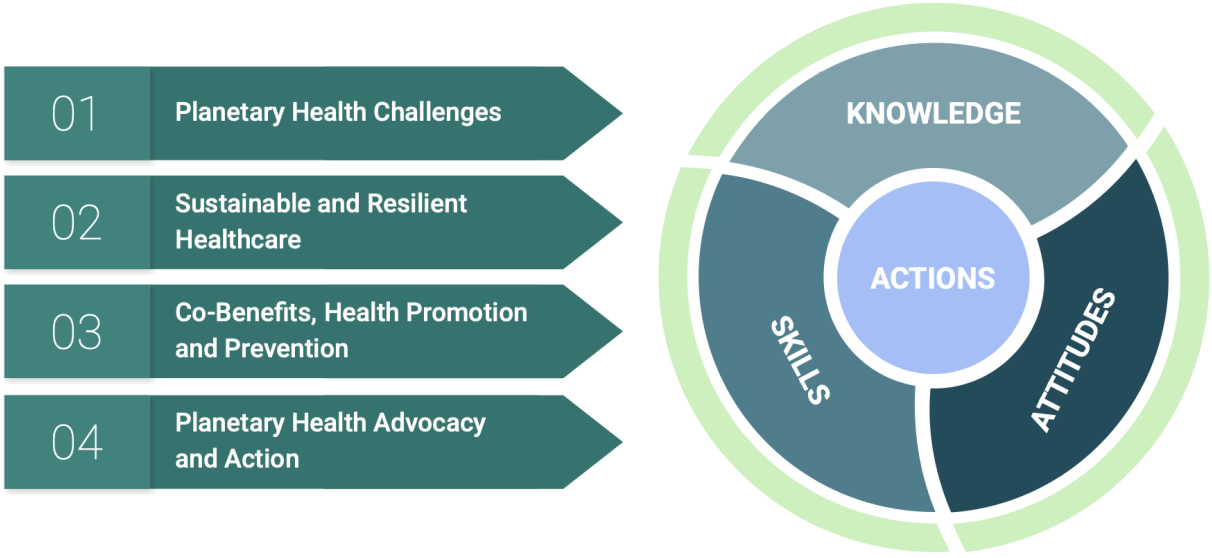
Example of Combined Learning Activity for Transformative Agency:

“Identify a structural determinant of Planetary Health that is directly relevant to their professional context (e.g. a national food policy, a hospital procurement practice or a municipal transport plan). Drawing on systems thinking and at least one non-biomedical knowledge perspective, develop a concrete advocacy position (written, visual or oral) and present it to peers for critical dialogue. In a subsequent written reflection, articulate what assumptions about their professional role this process challenged and what one action they are prepared to take as a result.”

ILOs: 1.1.6., 1.1.7., 1.1.10., 1.2.3., 1.2.4., 1.3.4., 1.4.1., 4.1.8., 4.3.3., 4.3.4., 4.4.3., 4.4.4.

The format in which learners demonstrate competency (written reflection, peer dialogue, advocacy product, presentation, portfolio entry, case analysis or other) is to be determined at institutional level, documented through curriculum mapping and aligned with the assessment philosophy in chapter 4.

For horizontal integration into specialty-specific areas (e.g. cardiology, psychiatry, pediatrics, obstetrics), the curriculum serves as an orienting framework to include Planetary Health competencies. It does not list concrete knowledge and facts given the rapidly emerging science and changing guidelines in sustainable prevention, health promotion and healthcare. A collection of specialty-specific international guidelines can be found on the PHUSE website.[49] In selected ILOs illustrative examples have been included as foot notes to make the intended competencies more tangible and accessible to the reader.



Overview of the Planetary Health Core Curriculum and the structure of the intended learning outcomes, PHUSE (2026)

1. Planetary Health Challenges

1.1. Knowledge

Learners will be able to:

1.1.1. Explain the framework of Planetary Health, its key ideas and how it relates to converging concepts[3].
1.1.2. Describe the planetary boundaries and the concept of climate tipping elements.
1.1.3. Illustrate the impacts of human activity on ecosystems[4] and describe the concept of the Great Acceleration.
1.1.4. Analyse hazards related to climate[5], pollution and biodiversity loss and explain their mechanisms of impact on population health[6] and the health of other species[7], connecting these impacts to their future professional context.
1.1.5. Analyse the direct and indirect health impacts of planetary crises[8], explain why some populations are more vulnerable than others[9] and evaluate the implications for professional practice, including gaps in current professional education and training.
1.1.6. Explain the social, ecological and commercial determinants of health and apply this framework to a relevant Planetary Health case.
1.1.7. Describe and apply systems thinking tools[10] to analyse root causes of Planetary Health challenges.
1.1.8. Explain the socio-political and economic drivers of the Anthropocene[11] and their implications for health equity.
1.1.9. Discuss how historic emissions of overconsumption and colonial resource extraction have produced disproportionate health burdens for marginalised groups and most affected people and areas, applying intersectionality and decolonial frameworks.
1.1.10. Outline the role of international and national politics, governance mechanisms[12] and health professionals in addressing Planetary Health challenges.

[3] e.g. One Health, EcoHealth, Global Health.
[4] e.g. biodiversity loss, pollution, land use/cover change, nutrient overloading, climate change, resource scarcity and marine degradation.
[5] e.g. extreme weather events, heat, sea level rise, air pollution, vector distribution and ecology, water scarcity and reduced food production.
[6] e.g. the correlation between environmental degradation, the associated lack of resources, armed conflict, war and gender-based violence.
[7] e.g. antimicrobial resistance, zoonotic disease, mass extinction.
[8] e.g. injury and mortality from extreme weather events, heat-related illness, respiratory illness, zoonoses, water-, vector- and food-borne diseases, non-communicable diseases, anti-microbial resistance, allergies, mental and psychosocial health and impacts on healthcare facilities and health systems.
[9] e.g. women and girls, elderly, chronically ill or marginalised people.
[10] e.g. the iceberg model for systems change.
[11] e.g. globalisation, extractivism, (neo-)colonial dependencies, neoliberal growth paradigm.
[12] e.g. UNFCCC Paris Agreement, the Nationally Determined Contributions, the WHO ATACH initiative or participatory decision-making processes such as Citizens' Assemblies.

1.2. Attitudes

Learners will be able to:

1.2.1. Articulate their own sense of ethical responsibility as a future health professional in the face of ecological crises, including any tensions or uncertainties this raises.

1.2.2. Discuss the tension between principles of equity, solidarity and intergenerational and interspecies justice and the constraints of their professional practice, articulating where they would prioritise and why.

1.2.3. Engage with non-biomedical knowledge systems (e.g. Indigenous or non-western) and reflect how they challenge assumptions about health and their professional role and articulate concrete implications for their professional practice.

1.2.4. Reflect how relational worldviews[13] challenge assumptions in their training and reframe human health as inseparable and interdependent from the more-than-human world and articulate how this confrontation shifts their professional self-understanding.

1.2.5. Practise perspective-taking by engaging with the documented or lived experience of marginalised or vulnerable groups affected by planetary crises and perceive how this shifts their professional approach.

1.3. Skills

Learners will be able to:

1.3.1. Communicate the health impacts of environmental crises effectively to patients, clients, colleagues, policymakers and the public, using audience-tailored strategies that consider health literacy, cultural context and values.

1.3.2. Critically evaluate scientific evidence on Planetary Health for accuracy, interpret findings, identify and understand biases and their relation to policy.

1.3.3. Critically evaluate information for accuracy, identify and counter disinformation and apply evidence-informed public communication strategies on Planetary Health across traditional and digital media for diverse audiences.

1.3.4. Integrate systems thinking into professional problem-solving and decision-making.

1.3.5. Identify and manage environment-sensitive conditions[14] and integrate environmental risks into clinical or professional decision-making.

1.4. Actions

Learners will be able to:

1.4.1. Examine an assumption embedded in their prior education or professional training that may conflict with Planetary Health principles, articulate its source and commit to concrete changes in their professional practice as a result.

[13] e.g. Indigenous worldviews, salutogenesis, Planetary or One Health.

[14] e.g. heat-related illness, respiratory or vector-borne disease.

1.4.2. Analyse cases from their future professional context (real or simulated) and identify how planetary crises affect the health of a specific patient or community, including implications for their own professional role and responsibilities.

1.4.3. Process their emotional responses to ecological crises in a structured collective setting, articulate how these connect to their professional responsibility and identify actions they are prepared to take as a result.

2. Sustainable and Resilient Healthcare

2.1. Knowledge

Learners will be able to:

2.1.1. Describe the environmental footprint of healthcare systems in different contexts, identify its main emission sources and explain the main drivers of unsustainable health care practices and overtreatment.

2.1.2. Explain the principles of resilience, robustness, sufficiency and sustainable healthcare, including health promotion, prevention, low-carbon and low-intervention care and apply them to their professional context[15].

2.1.3. Evaluate sustainable prevention, health promotion and healthcare practices[16] for feasibility in their professional context, identifying institutional obstacles to implementation.

2.1.4. Explain the principles of emergency preparedness and disaster risk reduction in health systems and identify environment-related hazards for the functioning of health systems, including impacts on service delivery, infrastructure and supply chains.

2.1.5. Discuss the role of ethical and sustainable procurement, waste reduction, resource stewardship and supply chain responsibility in healthcare.

2.1.6. Describe Swiss and international organisations and initiatives contributing to Planetary Health and analyse whether and how they contribute to the socio-ecological transformation.

2.1.7. Outline challenges of social sustainability in the health workforce (e.g., burnout, equity, working conditions) and the implications on the overall health system's resilience.

2.1.8. Explain the salutogenic framework and contrast it with the pathogenic orientation of conventional health policy and healthcare, identifying its implications for sustainable and person-centred care.

[15] e.g. by applying the Sustainability in Quality Improvement framework or a Life Cycle Assessment.

[16] e.g. deprescribing, green and social prescribing, low-intervention care, smarter medicine, low-carbon alternatives.

2.2. Attitudes

Learners will be able to:

2.2.1. Work effectively with other professions across disciplines and sectors to address Planetary Health challenges and reflect on power dynamics, tensions, productive possibilities and their contribution to collaborative, respectful practice.

2.2.2. Confront the ethical complexity of providing care under environment-related disruptions and resource constraints and articulate how sustainable healthcare aligns with excellent care.

2.2.3. Sustain a commitment to protecting vulnerable populations disproportionately affected by climate-related events by identifying concrete ways their future professional decisions will reflect this commitment[17].

2.2.4. Examine their own understanding of high-quality care for gaps in sustainability and equity and articulate concrete changes to their reasoning and decision-making which could lead to better, more sustainable and equitable care.

2.2.5. Examine their own procurement, prescribing and treatment assumptions for environmental and equity implications and articulate specific changes they are committed to make.

2.3. Skills

Learners will be able to:

2.3.1. Apply principles of sustainable healthcare in clinical reasoning and practice, critically evaluate decisions for their environmental and social impacts and propose evidence-informed alternatives.

2.3.2. Identify a procurement or supply chain practice within a known health institution and develop and present a concrete sustainability proposal, addressing structural barriers to change.

2.3.3. Apply basic principles of emergency preparedness in clinical or community settings, including recognizing and responding appropriately to environment-related health risks.

2.3.4. Adapt clinical decision-making and care delivery in the context of resource constraints, disrupted infrastructure or increased patient demand during environment-related events.

2.3.5. Communicate effectively with patients, clients, colleagues and communities before, during and after environment-related events, including risk communication and health protection advice (e.g. during heat waves, pandemics) under conditions of uncertainty, ambiguity and evolving evidence.

2.3.6. Act as agents of change by engaging with interprofessional, transdisciplinary and community-based initiatives and modelling sustainable and resilient practices within their professional network and institutions.

2.3.7. Formulate a research question relevant to a Planetary Health challenge in their professional field and apply principles of sustainable and equitable research practice in its design.

[17] e.g. by effectively screening and providing initial support for individuals affected by gender-based violence.

2.4. Actions

Learners will be able to:

2.4.1. Identify a practice, process or policy within a prevention, health promotion or healthcare setting that contributes to environmental degradation or system vulnerability[18] and propose a feasible alternative that improves sustainability or resilience while maintaining or improving quality of care[19].

2.4.2. Identify a structural feature of the health system or institution they are trained within that inhibits sustainable practice or resilience and initiate or propose one specific meso-level action to challenge it, documenting what resistance or support they encounter.

2.4.3. Analyse a climate-related disruption scenario[20] and reflect on how their professional role would change under conditions of uncertainty, resource constraint or increased demand and derive consequences for current practice, preparedness and prevention.

3. Co-Benefits, Health Promotion and Prevention

3.1. Knowledge

Learners will be able to:

3.1.1. Explain the concept of health and environmental co-benefits and their impacts on population health outcomes (e.g. non-communicable diseases and disability-adjusted life years) and healthcare costs.

3.1.2. Recognise interventions with potential for health and environmental co-benefits and describe real-life successful examples, e.g. promoting plant-rich diets (e.g. Planetary Health Diet), active mobility and public transport, improving access to green spaces, fostering community engagement.

3.1.3. Describe the principle of 'Health for All Policies,' explaining how it integrates health considerations across sectors and provide examples of policies that generate co-benefits for human, animal and ecosystem health.

[18] e.g. resource use, procurement or care pathways.
[19] e.g. for clinical setting discontinuing use of desflurane or launching a 'gloves-off' campaign.
[20] e.g. heatwave, supply chain failure or extreme weather event.

3.1.4. Evaluate behaviour change strategies[21], appraise their limitations and critically examine the adequacy of individual behaviour-change approaches relative to structural determinants of health when addressing Planetary Health challenges.

3.2. Attitudes

Learners will be able to:

3.2.1. Situate opportunities for health and environmental co-benefits within their own professional context, articulate how they would actively leverage one and reflect on what structural constraints would need to change to make this possible.
3.2.2. Examine their own assumptions about sufficiency and community participation and articulate where these align or conflict with sustainable health policy principles.
3.2.3. Engage with a democratic or participatory process (real or simulated)[22] and reflect on what it reveals about power and inclusion in health decision-making.
3.2.4. Commit to promoting structural change beyond individual behaviour modification and articulate the reasoning behind this commitment.

3.3. Skills

Learners will be able to:

3.3.1. Critically integrate co-benefit considerations (e.g., diet, mobility, nature) into professional practice and patient/client counselling.
3.3.2. Develop a concrete advocacy message or policy brief applying a Health-for-All-Policies perspective to a Planetary Health-relevant issue at local or institutional level and justify the policy argument to a peer audience.
3.3.3. Engage in participatory processes and transdisciplinary collaboration to strengthen community-based and democratic healthcare models.
3.3.4. Apply principles of behaviour change strategies and patient-centred communication strategies that acknowledge emotions, values and concerns (e.g. fear, resistance, eco-anxiety) in their professional interactions.

3.4. Actions

Learners will be able to:

3.4.1. Identify co-benefit interventions relevant to their professional context, develop an advocacy strategy for it and take one initial concrete step towards executing it, reflecting on the barriers encountered.
3.4.2. Engage in a patient, client or community dialogue (real or simulated) on a co-benefit intervention, reflect on the emotional, cultural and ethical dimensions encountered and articulate how it enables or constrains individual actions and health outcomes.
3.4.3. Reflect on the limits of individual behaviour change approaches, examine their own assumptions about individual responsibility and agency and articulate a position on the role of health professionals in promoting systemic change.

[21] e.g. motivational interviewing or climate-sensitive communication.
[22] e.g. citizens' assembly or youth council.

4. Planetary Health Advocacy and Action

4.1. Knowledge

Learners will be able to:

4.1.1. Explain the concept of socio-ecological transformation and its relevance for Planetary Health.
4.1.2. Define and differentiate interspecies, reproductive, intra- and intergenerational justice and discuss their implications for health equity.
4.1.3. Describe alternative economic frameworks[23] and their implications for health systems and human, animal and ecosystem health.
4.1.4. Explain the concept of social tipping points and their potential for sustainable change.
4.1.5. Distinguish between ecological footprint and handprint and identify opportunities for health professionals to increase their handprint.
4.1.6. Explain the psychological dimensions of individual and collective reaction to ecological crises, including eco-anxiety, solastalgia and resilience-building[24] and critically examine their interpretation as context-appropriate or pathological.
4.1.7. Identify examples of transformative action and advocacy initiatives in Switzerland.
4.1.8. Discuss the role of health professionals as advocates in socio-ecological transformation.

4.2. Attitudes

Learners will be able to:

4.2.1. Practise empathic engagement with the lived experience of those disproportionately affected by the planetary crises and articulate how this shifts their sense of professional obligation.
4.2.2. Process their own emotional response to the ecological crises in a structured collective setting, articulate how this shapes their capacity for sustained advocacy and navigate eco-anxiety and moral distress by drawing on reflective practice and peer support.
4.2.3. Engage with a transformative approach and reflect on what it offers and what tensions it creates for their professional identity.

[23] e.g. Doughnut Economics, Wellbeing-Economy, Post-Growth, Circular Societies.
[24] e.g. mental health co-benefits of active engagement.

4.3. Skills

Learners will be able to:

4.3.1. Reflect on their ecological footprint, identify ways to enhance their handprint and examine the structural factors that constrain or enable individual change, articulating meso- or macro-level actions alongside individual actions.

4.3.2. Engage in individual and collective resilience-building practices.

4.3.3. Lead or organise a health-related advocacy initiative[25] for socio-ecological transformation, and reflect on the structural obstacles, power dynamics and assumptions about professional agency the experience revealed.

4.3.4. Communicate effectively and respectfully about socio-ecological transformation and social tipping points, applying evidence-informed, disinformation-aware and audience-specific communication strategies.

4.4. Actions

Learners will be able to:

4.4.1. After processing ecological grief or eco-anxiety in a structured collective setting, articulate concrete actions they are prepared to take as a health professional in response to what arose.[26]

4.4.2. Analyse a current Swiss health or environmental policy using lenses of socio-ecological justice, commercial determinants of health or intergenerational equity, identifying where health professionals have influenced or failed to influence its development.

4.4.3. Take and defend a position as a health professional within a contested Planetary Health policy debate[27], articulate the values and assumptions shaping their stance and identify where these may conflict with health equity commitments.

4.4.4. Design, organise and carry out a structural advocacy action on a Planetary Health issue, reflect on the power dynamics, resistance and assumptions about professional agency it revealed.

4.4.5. Sustain involvement in a collective resilience-building practice or community action over time, documenting how this shapes their long-term-capacity and motivation to contribute to the socio-ecological transformation.

[25] e.g. a campaign, a policy brief to a decision-maker, a public action or an institutional proposal.

[26] completes the emotional arc opened in 4.2.2.

[27] e.g. carbon taxation, meat subsidies, divestment of pension funds or health insurances, pharmaceutical lobbying, equitable access to reproductive healthcare or healthcare resource allocation.

5.5. Key Definitions

To ensure a shared understanding, key definitions are outlined in the following glossary. These definitions may evolve over time and the meaning of individual terms may vary depending on the context and target audience.

Agency/Agents of Change
Agency refers to the capacity of individuals and groups to act intentionally and effectively to influence social, institutional, and systemic conditions. In Planetary Health Education, developing competencies as agents of change enables health professionals to translate knowledge and values into meaningful action for health equity within planetary boundaries.

Epistemic Plurality
Epistemic plurality refers to the recognition and inclusion of multiple ways of knowing, including scientific, Indigenous, local and experiential knowledge. In Planetary Health Education, epistemic plurality supports critical reflection on dominant paradigms and can foster more inclusive and just approaches to health.

Doughnut Economics
Doughnut Economics is an economic framework that aims to meet the needs of all people within the planet's ecological limits. It combines a social foundation, below which human well-being is compromised, with an ecological ceiling defined by the planetary boundaries. In the context of Planetary Health, it provides a model for designing a safe and just space for humanity to thrive, offering a vision for health systems, economies and societies that promote human well-being while remaining within ecological limits.

Great Acceleration
The Great Acceleration refers to the unprecedented exponential growth in global human activity and its impacts on ecosystems since the mid-twentieth century. It is characterised by parallel, rapid increase in socio-economic trends (such as production, consumption, energy and resource use) and corresponding, severe disruptions to Earth system indicators. In the context of Planetary Health, it highlights the scale and speed at which human-driven changes are harming ecological systems and, in turn, human health and well-being.

Health Advocacy
Health advocacy refers to the actions of health professionals, individually and collectively, to influence policies, practices and social conditions that determine health and well-being, with the aim of improving health outcomes, protecting vulnerable populations and reducing inequities. In the context of Planetary Health, it includes engaging with social, commercial and ecological determinants of health, promoting environmental justice and supporting the systemic transformations needed to safeguard health within planetary boundaries.

Health Co-Benefits

Health co-benefits of environmental action are interventions or policies that simultaneously create positive outcomes for human health, environmental sustainability and social well-being. Examples include interventions or policies strengthening active mobility, public transport, sustainable diets and access to green spaces.

Health Equity

Health equity refers to fair opportunities for all people to attain their highest possible level of health, which requires removing avoidable and unjust differences in health and their underlying determinants. In the context of Planetary Health, it includes intergenerational and interspecies justice and recognises that environmental degradation and climate change disproportionately affect marginalised and historically disadvantaged communities as well as future generations.

Health for All Policies

This approach seeks to align policies across sectors with the goal of improving population health, well-being and equity, while also considering environmental sustainability. It emphasises the bidirectional relationship between health and other policy domains, recognising both how policies shape health and how improved health and health systems contribute to broader societal outcomes. It goes beyond the Health in All Policies concept by proactively promoting policies that generate co-benefits for health, sustainability and broader societal goals simultaneously.

Indigenous Knowledge Systems

Indigenous knowledge systems are place-based, relational ways of knowing developed through long-standing relationships between Indigenous Peoples and their environments. These systems emphasise interconnectedness, reciprocity, responsibility and respect for more-than-human life and contribute essential perspectives to health and planetary stewardship.

More-than-human

More-than-human describes an understanding that human life is inseparable from and dependent on a broader web of living and non-living systems, including animals, plants, ecosystems and natural processes. In the context of Planetary Health, it highlights the interdependence between human and non-human systems and encourages approaches that take into account the integrity and well-being of the entire Earth system, rather than focusing solely on human health.

Planetary Boundaries

Planetary boundaries describe scientifically defined limits within which humanity can safely operate to maintain Earth system stability. Exceeding these boundaries increases the risk of large-scale, potentially irreversible environmental and health impacts. As of 2026, seven out of nine planetary boundaries have been transgressed.

Planetary Crises

Planetary crises refer to the interconnected global environmental challenges that threaten the

stability of the Earth system and human well-being, most prominently climate change, biodiversity loss and pollution. These crises share common drivers, reinforce one another and together undermine ecosystems, health and the conditions necessary for sustainable and equitable societies.

Planetary Health

Planetary Health examines the interdependence between Earth's ecosystems and human health. The human-made planetary crises, namely climate change, biodiversity loss and pollution, pose the greatest existing threat to human health of the 21st century. Planetary Health is both a solutions-oriented scientific field and a social movement dedicated to advancing health equity and well-being within the planet's ecological limits, ensuring a safe and just future for all.

Post-Growth

Post-Growth describes economic and societal approaches that move beyond continuous economic growth as a primary goal. Instead, this framework emphasises human well-being, ecological sustainability and social justice within planetary boundaries. In the context of Planetary Health, Post-Growth perspectives highlight sufficiency, care and equity as foundations for health systems that operate within ecological limits.

Reproductive Justice

Reproductive justice refers to the right of all people to maintain personal bodily autonomy, to decide whether or not to have children and to parent children in safe, healthy and supportive environments. The framework recognises that environmental degradation such as climate change and pollution can affect reproductive health and pregnancy outcomes and the conditions in which people raise families, often disproportionately impacting marginalised communities and limiting their reproductive rights and choices.

Social, Ecological and Commercial Determinants of Health

The determinants of health encompass the conditions in which people are born, grow, live, work, and age. Social determinants include socioeconomic and political factors; ecological determinants include environmental conditions such as climate, biodiversity, and pollution; commercial determinants refer to corporate practices, market forces and power structures that influence health.

Social Tipping Points

Social tipping points refer to critical thresholds within social systems at which relatively small changes in behaviours, norms, policies, or technologies can trigger rapid, large-scale, and self-reinforcing societal transformations.

Socio-Ecological Transformation

Socio-ecological transformation refers to the fundamental restructuring of social, economic and political systems to ensure human well-being within planetary boundaries. It involves shifts in values, institutions, power relations, and patterns of production and consumption.

Sufficiency

Sufficiency refers to the principle of reducing resource use and consumption to levels compatible with ecological limits while ensuring that basic human needs and well-being are met for all. In Planetary Health, it includes avoiding overdiagnosis and overtreatment, prioritising appropriate and effective care and supporting lifestyles and systems that promote health within planetary boundaries.

Sustainable Healthcare

Sustainable healthcare is the provision of high-quality care that meets current health needs while minimising environmental harm, respecting planetary boundaries, promoting social equity and preserving resources for future generations. It includes prevention-oriented care, low-carbon clinical practice, ethical procurement, resilient and robust health systems.

Systems Thinking

Systems thinking is an approach to understanding complex problems by examining relationships, feedback loops and underlying structures rather than isolated events. In Planetary Health, systems thinking supports both the identification of root causes and the design of interventions that account for interconnected social, ecological and economic factors.

Transformative Education

Transformative education is an approach to learning that challenges assumptions, fosters reflection of one's own perspectives, values and professional identities, links facts to emotions and empowers learners to act as agents of change. In health professions education, it supports learners in questioning dominant assumptions and developing the capacity to contribute to systemic change.

Well-Being Economy

Well-being economy is an economic model that builds on the Post-Growth framework and prioritises well-being over economic growth, aiming to meet decent living standards, strengthen equity and regenerate ecosystems. In Planetary Health, the well-being economy provides a framework for aligning health systems, public policy and economic activity with long-term health equity and ecological resilience.

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7. Appendix

7.1. List of environmentally relevant PROFILES items in the revised PROFILES catalogue

Based on the publication by Berendonk et al (Swiss Medical Weekly, 2025):

CR 1.08	Integrate the foundations of basic medical sciences into their clinical reasoning and the selection of relevant procedures and investigations, respecting the principles of sustainable healthcare and environment
CR 1.09	establish a patient-centred, shared management plan and deliver high-quality, cost-effective, and sustainable preventive and curative care, including when dealing with a patient who is vulnerable and/or polymorbid (elderly) or who suffers from a terminal illness
CR 1.10	demonstrate safe and environmentally responsible prescribing
CR 1.24	take into account the economic, social, cultural, and ecological aspects of health maintenance prevention and care at individual and community levels
CR 1.27	Integrate sustainable health care into practice (management, procedures and investigations) and recognize the relationship between environment and individual or population health
CR 4.03	recognize and be aware of the complexity of disease outbreaks, epidemics, pandemics, and mass casualties; recognize and respond to climate-induced events.
CR 4.05	address the psychosocial, insurance, financial and environmental aspects of handicap and chronic diseases
CR 4.08	identify and engage in opportunities for continuous improvement of the healthcare system, based on a critical understanding of the continuous transformation of medicine, society, and environment
CR 5.02	incorporate health surveillance activities into interactions with individual patients (discussing lifestyles, counselling). Such activities include, but are not limited to screening, immunization and disease prevention, risk and harm reduction measures, including from environmental hazards, and health promotion
CR 5.03	work with a community or population to identify the determinants of health that affect them, how to address them and promote system-level change in a socially and environmentally accountable manner

CR 5.05	inform the population on the risks of climate change and biodiversity loss on health. Advocate for systemic actions to mitigate these impacts on health and adapt to global changes
EPA 1.08	Review the patient's health behaviour, lifestyle, and environmental risk exposure as part of a routine check-up, or as far as possible, and assess the patient's opinions, representations and expectations
EPA 4.02	Justify an informed, evidence-based rationale for ordering tests (when appropriate, based on integration of basic medical disciplines as they relate to the clinical condition); take into account cost-effectiveness and environmental impact of ordering
EPA 9.07	Contribute to the literacy of patients regarding environmental and ecological safety
EPA 9.08	Assess age-specific environmental risks and propose safety measures (i.e. fall risk in elderly, self-medication)
SSP O7.3	dietary counselling including a healthy and sustainable nutrition
SSP O7.4	environmental and psychosocial aspects of chronic condition

7.2. List of Planetary Health ILOs mapped to PROFILES 2 items

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
1	**Planetary Health Challenges**		
1.1	**Knowledge**		
1.1.1.	Explain the framework of Planetary Health, its key ideas and how it relates to converging concepts.	CR	1.23
		CR	5.5
1.1.2.	Describe the planetary boundaries and the concept of climate tipping elements.	CR	1.23
		CR	5.5
1.1.3.	Illustrate the impacts of human activity on ecosystems and describe the concept of the Great Acceleration.	CR	1.23
1.1.4.	Analyse hazards related to climate, pollution and biodiversity loss and explain their mechanisms of impact on population health and the health of other species, connecting these impacts to their future professional context.	CR	1.23
		CR	5.2
		CR	5.5
		EPA	7.9
1.1.5.	Analyse the direct and indirect health impacts of planetary crises, explain why some populations are more vulnerable than others and evaluate the implications for professional practice, including gaps in current professional education and training.	CR	1.23
		CR	4.1
		CR	4.4
		CR	4.5
		CR	4.6
		EPA	7.4
		SSP	O7.24
1.1.6.	Explain the social, ecological and commercial determinants of health and apply this framework to a relevant Planetary Health case.	CR	1.8
		CR	1.23
		CR	1.24
		CR	4.1
1.1.7.	Describe and apply systems thinking tools to analyse root causes of Planetary Health challenges.	CR	1.23
		CR	1.24
1.1.8.	Explain the socio-political and economic drivers of the Anthropocene and their implications for health equity.	CR	1.24
		CR	4.4

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
		CR	4.7
1.1.9.	Discuss how historic emissions of overconsumption and colonial resource extraction have produced disproportionate health burdens for marginalised groups and most affected people and areas, applying intersectionality and decolonial frameworks.	CR	1.19
		CR	1.23
		CR	4.4
		CR	7.6
		SSP	O7.24
1.1.10.	Outline the role of international and national politics, governance mechanisms and health professionals in addressing Planetary Health challenges.	CR	1.21
		CR	1.22
		CR	1.23
		CR	1.24
		CR	4.8
1.2.	**Attitudes**		
1.2.1.	Articulate their own sense of ethical responsibility as a future health professional in the face of ecological crises, including any tensions or uncertainties this raises.	CR	1.19
		CR	1.21
		CR	1.25
		CR	4.3
		CR	7.6
1.2.2.	Discuss the tension between principles of equity, solidarity and intergenerational and interspecies justice and the constraints of their professional practice, articulating where they would prioritise and why.	CR	1.20
		CR	1.25
		CR	4.4
		CR	5.5
1.2.3.	Engage with non-biomedical knowledge systems (e.g. Indigenous or non-western) and reflect how they challenge assumptions about health and their professional role and articulate concrete implications for their professional practice.	CR	6.4
1.2.4.	Reflect how relational worldviews challenge assumptions in their training and reframe human health as inseparable and interdependent from the more-than-human world and articulate how this confrontation shifts their professional self-understanding.	CR	1.25
		CR	7.4
		CR	7.7

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
1.2.5.	Practise perspective-taking by engaging with the documented or lived experience of marginalised or vulnerable groups affected by planetary crises and perceive how this shifts their professional approach.	CR	1.13
		CR	1.17
		CR	1.25
		CR	4.4
		CR	4.6
		CR	7.5
		EPA	7.4
		SSP	O7.24
1.3.	**Skills**		
1.3.1.	Communicate the health impacts of environmental crises effectively to patients, clients, colleagues, policymakers and the public, using audience-tailored strategies that consider health literacy, cultural context and values.	CR	2.2
		CR	2.9
		CR	5.5
		CR	7.4
		CR	7.7
		EPA	9.7
1.3.2.	Critically evaluate scientific evidence on Planetary Health for accuracy, interpret findings, identify and understand biases and their relation to policy.	CR	1.25
		CR	6.2
		CR	6.4
1.3.3.	Critically evaluate information for accuracy, identify and counter disinformation and apply evidence-informed public communication strategies on Planetary Health across traditional and digital media for diverse audiences.	CR	6.2
		CR	6.4
1.3.4.	Integrate systems thinking into professional problem-solving and decision-making.	CR	1.25
		CR	4.8
1.3.5.	Identify and manage environment-sensitive conditions and integrate environmental risks into clinical or professional decision-making.	CR	1.8
		CR	1.9
		CR	1.10
		CR	1.20
		CR	1.27

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
		CR	4.3
		CR	4.4
		CR	5.3
		EPA	1.8
		EPA	4.2
		EPA	7.9
		EPA	7.10
		EPA	9.7
		EPA	9.8
1.4.	**Actions**		
1.4.1.	Examine an assumption embedded in their prior education or professional training that may conflict with Planetary Health principles, articulate its source and commit to concrete changes in their professional practice as a result.	CR	1.25
		CR	6.1
		CR	7.7
1.4.2.	Analyse cases from their future professional context (real or simulated) and identify how planetary crises affect the health of a specific patient or community, including implications for their own professional role and responsibilities.	CR	3.1
		CR	4.1
		CR	4.3
		CR	7.7
1.4.3.	Process their emotional responses to ecological crises in a structured collective setting, articulate how these connect to their professional responsibility and identify actions they are prepared to take as a result.	CR	7.7
		CR	7.9
2	**Sustainable and Resilient Healthcare**		
2.1.	**Knowledge**		
2.1.1.	Describe the environmental footprint of healthcare systems in different contexts, identify its main emission sources and explain the main drivers of unsustainable health care practices and overtreatment.	CR	1.24
2.1.2.	Explain the principles of resilience, robustness, sufficiency and sustainable healthcare, including health promotion, prevention and low-carbon and low-intervention care and apply them to their professional context.	CR	1.8
		CR	1.24
		CR	2.8
		CR	4.1
		CR	4.2

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
		EPA	4.2
		EPA	7.9
		EPA	7.10
2.1.3.	Evaluate sustainable prevention, health promotion and healthcare practices for feasibility in their professional context, identifying institutional obstacles to implementation.	CR	1.10
		CR	1.24
		CR	4.2
		CR	5.2
		EPA	7.9
		EPA	7.10
		SSP	O4.2
		SSP	O7.3
2.1.4.	Explain the principles of emergency preparedness and disaster risk reduction in health systems and identify environment-related hazards for the functioning of health systems, including impacts on service delivery, infrastructure and supply chains.	CR	4.3
2.1.5.	Discuss the role of ethical and sustainable procurement, waste reduction, resource stewardship and supply chain responsibility in healthcare.	CR	7.6
		CR	1.27
2.1.6.	Describe Swiss and international organisations and initiatives contributing to Planetary Health and analyse whether and how they contribute to the socio-ecological transformation.	CR	1.24
		CR	1.27
		CR	4.8
2.1.7.	Outline challenges of social sustainability in the health workforce (e.g., burnout, equity, working conditions) and the implications on the overall health system's resilience.	CR	3.4
		CR	7.9
		SSP	O6.8
		SSP	O6.9
		SSP	O7.4
2.1.8.	Explain the salutogenic framework and contrast it with the pathogenic orientation of conventional health policy and healthcare, identifying its implications for sustainable and person-centred care.	CR	4.8
2.2.	**Attitudes**		

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
2.2.1.	Work effectively with other professions across disciplines and sectors to address Planetary Health challenges and reflect on power dynamics, tensions, productive possibilities and their contribution to collaborative, respectful practice.	CR	3.1
		CR	3.2
		CR	3.3
		CR	7.8
2.2.2.	Confront the ethical complexity of providing care under environment-related disruptions and resource constraints and articulate how sustainable healthcare aligns with excellent care.	CR	7.6
		CR	1.20
		CR	1.24
2.2.3.	Sustain a commitment to protecting vulnerable populations disproportionately affected by climate-related events by identifying concrete ways their future professional decisions will reflect this commitment.	CR	1.9
		CR	1.17
		CR	4.4
		CR	4.5
		EPA	7.4
		EPA	7.14
		SSP	O7.24
2.2.4.	Examine their own understanding of high-quality care for gaps in sustainability and equity and articulate concrete changes to their reasoning and decision-making which could lead to better, more sustainable and equitable care.	CR	1.20
		CR	1.25
		EPA	7.10
2.2.5.	Examine their own procurement, prescribing and treatment assumptions for environmental and equity implications and articulate specific changes they are committed to make.	CR	1.10
		CR	1.25
		EPA	7.9
		EPA	7.10
2.3.	**Skills**		
2.3.1.	Apply principles of sustainable healthcare in clinical reasoning and practice, critically evaluate decisions for their environmental and social impacts and propose evidence-informed alternatives.	CR	1.9
		CR	1.24
		CR	1.27
		CR	6.2
		CR	6.3
		EPA	7.9

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
		EPA	7.10
		SSP	O4.2
		SSP	O7.3
2.3.2.	Identify a procurement or supply chain practice within a known health institution and develop and present a concrete sustainability proposal, addressing structural barriers to change.	CR	1.27
		CR	2.2
		CR	4.2
2.3.3.	Apply basic principles of emergency preparedness in clinical or community settings, including recognizing and responding appropriately to environment-related health risks.	CR	1.24
		CR	4.1
		CR	4.3
		EPA	1.8
		SSP	O4.2
2.3.4.	Adapt clinical decision-making and care delivery in the context of resource constraints, disrupted infrastructure or increased patient demand during environment-related events.	CR	1.5
		CR	4.3
		CR	7.6
		EPA	7.10
		SSP	O4.2
		SSP	S9.11
2.3.5.	Communicate effectively with patients, clients, colleagues and communities before, during and after environment-related events, including risk communication and health protection advice (e.g. during heat waves, pandemics) under conditions of uncertainty, ambiguity and evolving evidence.	CR	1.13
		CR	1.23
		CR	1.24
		CR	1.25
		CR	2.2
		CR	2.8
		CR	3.2
		SSP	O4.2
		SSP	O4.3
		SSP	S9.11
2.3.6.	Act as agents of change by engaging with interprofessional, transdisciplinary and community-based initiatives and modelling	CR	4.8
		CR	5.3

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
	sustainable and resilient practices within their professional network and institutions.	CR	5.5
2.3.7.	Formulate a research question relevant to a Planetary Health challenge in their professional field and apply principles of sustainable and equitable research practice in its design.	CR CR CR	1.20 6.2 6.5
2.4.	**Actions**		
2.4.1.	Identify a practice, process or policy within a prevention, health promotion or healthcare setting that contributes to environmental degradation or system vulnerability and propose a feasible alternative that improves sustainability or resilience while maintaining or improving quality of care.	CR CR EPA EPA EPA EPA EPA	4.2 4.8 7.9 7.10 9.2 9.3 9.8
2.4.2.	Identify a structural feature of the health system or institution they are trained within that inhibits sustainable practice or resilience and initiate or propose one specific meso-level action to challenge it, documenting what resistance or support they encounter.	CR CR EPA	4.8 5.3 9.8
2.4.3.	Analyse a climate-related disruption scenario and reflect on how their professional role would change under conditions of uncertainty, resource constraint or increased demand and derive consequences for current practice, preparedness and prevention.	CR CR	1.25 7.7
3	**Co-Benefits, Health Promotion and Prevention**		
3.1.	**Knowledge**		
3.1.1.	Explain the concept of health and environmental co-benefits and their impacts on population health outcomes (e.g. non-communicable diseases and disability-adjusted life years) and healthcare costs.	CR CR	1.23 1.24
3.1.2.	Recognise interventions with potential for health and environmental co-benefits and describe real-life successful examples, e.g. promoting plant-rich diets (e.g. Planetary Health Diet), active mobility and public transport, improving access to green spaces, fostering community engagement.	CR CR CR EPA SSP	1.9 2.9 5.2 1.8 O4.3

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
		SSP	O7.3
3.1.3.	Describe the principle of 'Health for All Policies,' explaining how it integrates health considerations across sectors and provide examples of policies that generate co-benefits for human, animal and ecosystem health.	CR	1.19
		CR	1.21
		CR	1.23
		CR	4.2
3.1.4.	Evaluate behaviour change strategies, appraise their limitations and critically examine the adequacy of individual behaviour-change approaches relative to structural determinants of health when addressing Planetary Health challenges.	CR	1.24
		CR	2.7
		CR	4.2
		EPA	1.8
		SSP	O4.3
		SSP	O7.3
3.2.	**Attitudes**		
3.2.1.	Situate opportunities for health and environmental co-benefits within their own professional context, articulate how they would actively leverage one and reflect on what structural constraints would need to change to make this possible.	CR	1.25
		CR	4.8
		CR	5.3
		EPA	7.10
3.2.2.	Examine their own assumptions about sufficiency and community participation and articulate where these align or conflict with sustainable health policy principles.	CR	1.24
		CR	1.25
3.2.3.	Engage with a democratic or participatory process (real or simulated) and reflect on what it reveals about power and inclusion in health decision-making.	CR	4.8
3.2.4.	Commit to promoting structural change beyond individual behaviour modification and articulate the reasoning behind this commitment.	CR	4.8
		CR	5.3
3.3.	**Skills**		
3.3.1.	Critically integrate co-benefit considerations (e.g., diet, mobility, nature) into professional practice and patient/client counselling.	CR	1.9
		CR	1.13
		CR	2.7
		CR	2.9
		CR	5.2

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
		EPA	1.8
		SSP	O4.3
		SSP	O7.3
3.3.2.	Develop a concrete advocacy message or policy brief applying a Health-for-All-Policies perspective to a Planetary Health-relevant issue at local or institutional level and justify the policy argument to a peer audience.	CR	2.2
		CR	5.5
3.3.3.	Engage in participatory processes and transdisciplinary collaboration to strengthen community-based and democratic healthcare models.	CR	5.3
3.3.4.	Apply principles of behaviour change strategies and patient-centred communication strategies that acknowledge emotions, values and concerns (e.g. fear, resistance, eco-anxiety) in their professional interactions.	CR	2.1
		CR	2.2
		CR	2.3
		EPA	7.7
		EPA	7.13
		SSP	O6.8
		SSP	O7.4
		SSP	S9.11
3.4.	**Actions**		
3.4.1.	Identify co-benefit interventions relevant to their professional context, develop an advocacy strategy for it and take one initial concrete step towards executing it, reflecting on the barriers encountered.	CR	1.23
		CR	4.2
		CR	5.1
3.4.2.	Engage in a patient, client or community dialogue (real or simulated) on a co-benefit intervention, reflect on the emotional, cultural and ethical dimensions encountered and articulate how it enables or constrains individual actions and health outcomes.	CR	1.24
		CR	2.2
		CR	7.4
3.4.3.	Reflect on the limits of individual behaviour change approaches, examine their own assumptions about individual responsibility and agency and articulate a position on the role of health professionals in promoting systemic change.	CR	1.25
		CR	5.1
		CR	7.2
		CR	7.4
4	**Planetary Health Advocacy and Action**		
4.1.	**Knowledge**		

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
4.1.1.	Explain the concept of socio-ecological transformation and its relevance for Planetary Health.	CR	4.8
4.1.2.	Define and differentiate interspecies, reproductive, intra- and intergenerational justice and discuss their implications for health equity.	CR	1.21
		CR	7.6
4.1.3.	Describe alternative economic frameworks and their implications for health systems and human, animal and ecosystem health.	CR	1.24
		CR	4.7
		CR	5.5
4.1.4.	Explain the concept of social tipping points and their potential for sustainable change.	CR	1.24
		CR	4.8
4.1.5.	Distinguish between ecological footprint and handprint and identify opportunities for health professionals to increase their handprint.	CR	4.8
4.1.6.	Explain the psychological dimensions of individual and collective reaction to ecological crises, including eco-anxiety, solastalgia and resilience-building and critically examine their interpretation as context-appropriate or pathological.	CR	1.24
		SSP	O5.5
		SSP	O6.8
		SSP	O7.4
		SSP	S9.11
4.1.7.	Identify examples of transformative action and advocacy initiatives in Switzerland.	CR	4.8
		CR	5.5
4.1.8.	Discuss the role of health professionals as advocates in socio-ecological transformation.	CR	3.1
		CR	4.8
4.2.	**Attitudes**		
4.2.1.	Practise empathic engagement with the lived experience of those disproportionately affected by the planetary crises and articulate how this shifts their sense of professional obligation.	CR	1.17
		CR	1.23
		CR	2.1
		CR	7.1
		CR	7.4
4.2.2.	Process their own emotional response to the ecological crises in a structured collective setting, articulate how this shapes their capacity for sustained advocacy and navigate eco-anxiety and moral distress by drawing on reflective practice and peer support.	CR	1.25
		CR	7.2
		CR	7.9

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
4.2.3.	Engage with a transformative approach and reflect on what it offers and what tensions it creates for their professional identity.	CR	1.25
		CR	4.8
		CR	5.5
4.3.	**Skills**		
4.3.1.	Reflect on their ecological footprint, identify ways to enhance their handprint and examine the structural factors that constrain or enable individual change, articulating meso- or macro-level actions alongside individual actions.	CR	1.25
		CR	5.3
4.3.2.	Engage in individual and collective resilience-building practices.	CR	3.4
		CR	5.3
		CR	5.5
		CR	7.9
4.3.3.	Lead or organise a health-related advocacy initiative for socio-ecological transformation, and reflect on the structural obstacles, power dynamics and assumptions about professional agency the experience revealed.	CR	4.8
		CR	5.5
4.3.4.	Communicate effectively and respectfully about socio-ecological transformation and social tipping points, applying evidence-informed, disinformation-aware and audience-specific communication strategies.	CR	2.2
		CR	6.2
		CR	6.3
4.4.	**Actions**		
4.4.1.	After processing ecological grief or eco-anxiety in a structured collective setting, articulate concrete actions they are prepared to take as a health professional in response to what arose.	CR	3.2
		SSP	O6.8
		SSP	S9.11
4.4.2.	Analyse a current Swiss health or environmental policy using lenses of socio-ecological justice, commercial determinants of health or intergenerational equity, identifying where health professionals have influenced or failed to influence its development.	CR	1.19
		CR	1.20
		CR	1.22
		CR	5.3
		CR	5.5
		CR	6.7

PH Code	PH Intended Learning Outcomes	PROFILES Chapter	PROFILES 2 Code
4.4.3.	Take and defend a position as a health professional within a contested Planetary Health policy debate, articulate the values and assumptions shaping their stance and identify where these may conflict with health equity commitments.	CR	1.19
		CR	1.20
		CR	5.1
4.4.4.	Design, organise and carry out a structural advocacy action on a Planetary Health issue, reflect on the power dynamics, resistance and assumptions about professional agency it revealed.	CR	2.2
		CR	5.3
		CR	5.5
4.4.5.	Sustain involvement in a collective resilience-building practice or community action over time, documenting how this shapes their long-term-capacity and motivation to contribute to the socio-ecological transformation.	CR	5.3
		CR	6.1

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