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# DELIVERABLE 024 - Dissemination Final Report

WP2 Ministry of Health, Slovakia & EHMA

# WP2 Final Dissemination Report D024



Joint Action Health Workforce  
Planning and Forecasting

Ministry of Health of the Slovak Republic  
European Health Management Association



### TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	<b>3</b>
<b>1 INTRODUCTION</b> .....	<b>4</b>
1.1 INTRODUCTION TO THE JOINT ACTION.....	4
1.2 ROLE OF THE DISSEMINATION IN THE JOINT ACTION .....	5
1.3 MAIN OBJECTIVES OF THE DISSEMINATION STRATEGY .....	5
<b>2 PARTNERS IN THE JOINT ACTION</b> .....	<b>5</b>
<b>3 PRESENTATION OF THE WP2 TEAM</b> .....	<b>6</b>
3.1 PRESENTATION OF THE CORE TEAM MEMBERS .....	6
<b>4 JOINT ACTION KNOWLEDGE BROKERS NETWORK</b> .....	<b>7</b>
4.1 START AND EXPANSION OF THE NETWORK.....	8
4.2 MANAGING OF KNOWLEDGE BROKERS.....	9
4.3 GUIDELINES FOR THE REQUEST OF KNOWLEDGE BROKERS' INPUT.....	10
<b>5 JOINT ACTION STAKEHOLDER ANALYSIS</b> .....	<b>12</b>
<b>6 DISSEMINATION STRATEGY</b> .....	<b>13</b>
6.1 DISSEMINATION POLICY.....	13
6.2 THE CONCEPT OF THE DISSEMINATION .....	15
6.3 MESSAGE OF THE DISSEMINATION .....	15
6.4 OBJECTIVES OF THE DISSEMINATION .....	15
6.5 MILESTONES OF THE DISSEMINATION STRATEGY .....	17
<b>7 DISSEMINATION DELIVERABLES AND ITS USE IN THE JA</b> .....	<b>18</b>
<b>8 COMMUNICATION STRATEGY OF WPS' DELIVERABLES</b> .....	<b>21</b>
8.1 D041 REPORT ON TERMINOLOGY GAP ANALYSIS .....	22
8.2 REPORT ON THE APPLICABILITY OF THE WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PROFESSIONALS IN A EUROPEAN UNION CONTEXT (WHO REPORT) – PART OF D041.....	23
8.3 D052 HANDBOOK ON HEALTH WORKFORCE PLANNING METHODOLOGIES ACROSS EU COUNTRIES (HANDBOOK) .....	24
8.4 D061 USER GUIDELINES ON QUALITATIVE METHODS IN HEALTH WORKFORCE PLANNING AND FORECASTING (USER GUIDELINES) .....	26
8.5 WP2 DISSEMINATION TOOLS USED WITHIN THE DISSEMINATION ACTIVITIES .....	27
<b>9 JOINT ACTION DISSEMINATION CHANNELS</b> .....	<b>28</b>
9.1 EXTERNAL DISSEMINATION CHANNELS .....	28
9.2 INTERNAL DISSEMINATION CHANNELS .....	31
<b>10 SUSTAINABILITY OF THE PROJECT THROUGHOUT THE DISSEMINATION TOOLS</b> <b>31</b>	
<b>11 CONCLUSIONS</b> .....	<b>32</b>
<b>ANNEXES</b> .....	<b>33</b>



### EXECUTIVE SUMMARY

This document aims to provide a final overview on the Joint Action on Health Workforce and Planning dissemination activities implemented throughout the project.

The dissemination activities and thus this document have been based on the Dissemination plan (D023), which foresaw a wide range of instruments and tools to efficiently organise and structure the way in which the Joint Action dissemination activities would have been managed.

The first version of the Dissemination plan aimed at presenting WP2, showing the initial dissemination activities, how WP2 is associated with other Work Packages, and describing the role of associated and collaborating partners. Furthermore, the document offered a compiled version 1 of stakeholder analysis, dissemination strategy and created platform for the effective use of dissemination channels and the use of dissemination deliverables. At the end of the document we have provided a risk analysis and conclusions.

Version 2 of the Dissemination plan was complemented in a number of chapters of the original plan, and furthermore provided new information that were conducted in the first and second year of the Joint Action.

Version 3 of the Dissemination plan is a compilation of two previous versions as well as their logical follow-up with the main focus on dissemination strategy. It was complemented with deliverables' communication strategy of the core Work Packages within the Joint Action. It also provides new information that were conducted up to date. Compared to the previous editions, the following sections were updated:

1. the chapter on Joint Action Stakeholder analysis was rewritten as in the meantime we have conducted final Stakeholder Analysis document as an amalgamation of the three stages of the analysis process
2. the chapter on Dissemination deliverables and its use in the JA was complemented with communication strategy of the core WPs' deliverables
3. the chapter on Milestones of the dissemination strategy was complemented with the latest updates e.g. on the project website .



### 1 INTRODUCTION

Quality and availability of the health services in the European Union are closely linked and depending on the health workforce. Measures are needed in all Member States. Central and East European Member States face the migration of young health professionals, while other Member States face regional imbalances with a lack of health workers in rural and remote areas, skills mismatches, an ageing workforce with insufficient new recruits and a dependency on health professionals from other countries. Member States recognise benefits of European collaboration to tackle these challenges, sharing each other's expertise and knowledge. In contrast to this challenge the ageing population and the demand it may place upon health services call for urgent solutions and future planning of health care services.

Europe's internal market allows for workforce mobility, but results in a number of challenges too. To meet these challenge workforce development initiatives such as new schools, trainers and curricula are needed. With the increased and observed flexibility the health workforce is much more mobile and so there arises the challenge to deploy it evenly and in a self-sufficient way across European Member states.

#### 1.1 INTRODUCTION TO THE JOINT ACTION

The principal goal of the Joint Action Health Workforce Planning and Forecasting is to work towards improving the knowledge base of the health workforce (hereinafter HWF). The platform offered through the EU Joint Action (hereinafter JA) should act in terms of planning methodologies and the creation of a cooperation platform across the workforce planning and forecasting fields. Furthermore the JA aims to create the guidelines for health workforce planning and forecasting issues and to work towards better monitoring of the HWF by access to timely data, focusing on mobility and migration in the EU and Europe, towards better knowledge and calculations methods for predicting health workforce needs, and towards higher impact of HWF planning and forecasting on policy decision making.

The general objective of this action is to help countries to move forward with their planning process and to prepare the future of the HWF by creating the platform for collaboration and exchange between Member states (hereinafter also MSs). This action wants to MSs and Europe in their capacity to take effective and sustainable measures to address the supply and demand for health workers.

The Joint Action works towards:

- better understanding of terminology,
- better monitoring of the HWF by access to timely data,
- updated information on mobility and migration trends in the EU,
- guidelines on qualitative and quantitative planning methodology,
- increased qualitative and quantitative planning capacity,
- estimation of future skills and competencies needed in the health workforce,
- a platform for cooperation to find possible solutions on the expected shortage,
- increased the impact of HWF planning and forecasts on policy decision making.



### 1.2 ROLE OF THE DISSEMINATION IN THE JOINT ACTION

The role of Work Package 2 team has been to facilitate coherent, effective and sustainable external and internal communication of the JA and to ensure that its objectives, activities, results and deliverables are known to all identified stakeholders and wider audience on European, national and regional level. The general idea behind the Joint Action in terms of dissemination has been the word **T.E.A.M.** meaning “**T**ogether **E**verybody **A**chieves **M**ore“. Thus all dissemination activities were conducted in the way of making people working together and to enable MSs and all of the partners to benefit from the JA results and outputs.

WP2 was primarily responsible for the external communication throughout the JA duration as well as for the presentation of results to target groups and to the wider audience. The target groups were addressed via the choice of specific communication channels.

### 1.3 MAIN OBJECTIVES OF THE DISSEMINATION STRATEGY

The general objectives of the dissemination strategy were:

- to make the project known to relevant target groups and stakeholders
- to ensure that the results and deliverables are known to all partners and available to all key audiences and target groups
- to raise and maintain constant awareness about effective health workforce planning and forecasting
- to bring together knowledge, experience and best practice in order to achieve the objectives
- to help WP 7 - Sustainability Work Package - to put the JA conclusions high on the EU agenda

Following the **general objectives**, we set the specific objectives of the dissemination strategy:

- **providing effective start up dissemination of the JA objectives**
- **providing effective dissemination of the JA outputs and results**

The dissemination strategy constituted a separate chapter of the dissemination plan document.

## 2 PARTNERS IN THE JOINT ACTION

Following chapter of the describes different types of partners involved in the project, their roles and responsibilities towards project and content management.



There are 3 types of partners in the Joint Action. These categories are as follows:

- **Main partner**  
The main partner of the Joint Action is FPS Federal Public Service Health, Foodchain Safety and Environment in Belgium represented by the Programme manager Michel Van Hoegaerden and WP1 leader Tina Jacob
- **Associated partners**  
There are 30 associated partners participating on the Joint Action at the moment under coordination of the Belgian Federal Public Service for Health. The number of partners is high already but there is still room for joining the network.
- **Collaborating partners**  
Collaborating partners play an important part in Joint Action progress as their valuable inputs may increase the scientific content of the JA, and furthermore help in dissemination of results within EU Member states. The collaborating partners have no contracted JA budget and therefore they do not receive EU funding for JA activities. Currently the Joint Action is involving 62 collaborating partners and is open for those who share the interest to join. To attract new collaborating partners, WP1 represents the JA at various conferences and meetings and is also using communication channels such as newsletters for other organisations related to the health workforce planning as much as possible. Within this communications, WP1 systematically mentions that there is still a room for joining and that all new partners are welcomed.

The Chafea Guide for the Applicants 2012 indicates the main responsibilities of the main partner and the associated partners. The overview of these responsibilities along with the procedure for joining of the collaborating partners is included in Annex 1.

### 3 PRESENTATION OF THE WP2 TEAM

The organisation responsible for all dissemination activities has been the Ministry of Health of the Slovak Republic (hereinafter SK MoH) as the leader of Work Package 2. The supporting organisation acting as the co - leader within the Work Package has been the European Health Management Association (hereinafter EHMA). The combination of these two organizations was leveled out, as EHMA had several years of experience in the field of health management and also in participation on similar kind of projects opposed to the SK MoH as the newcomer in Joint Action field, willing to get on track and gain fruitful experience in the management of Joint Actions.

#### 3.1 PRESENTATION OF THE CORE TEAM MEMBERS

Teams make very essential platform for achieving the common goal and play important role in effective functioning of the organization. This very basic rule can be applied on



the Joint Action programme as well. As Henry Ford once said: Coming together is a beginning. Keeping together is progress. Working together is success.

As there have been two organizations covering the competencies of WP2 and even though they act as one team their roles within the project were divided accordingly:

**The Ministry of Health of the Slovak Republic** has been primarily responsible for overall dissemination activities, dissemination channels, deliverables and its use in the JA and also in risk mitigation processes related to Work Package 2.

The core team members on behalf of Ministry of Health of the Slovak republic have been **Zuzana Matlonova** acting as WP leader and **Miroslava Gogova** acting as fixed member of the team. The main responsibilities of WP2 have been the overall conduction of WP2 main tasks and ensuring that all WP2 outcomes and deliverables met quality standards and usability criteria.

**The European Health Management Association's** responsibilities included to start up and maintain the network of In-country and professional knowledge brokers. On behalf of EHMA, the main contact person has been **David Smith** who has been primarily responsible for the above mentioned In-country and professional knowledge brokers and communication flows within this network. More detailed information on the network is provided in the chapter on In-country knowledge brokers.

Dissemination interfaced with all Work Packages within the Joint Action as the content of the dissemination activities and materials was prepared on the basis of a strong cooperation with other WPs under the supervision of the coordinator of the Joint Action, the Federal Public Service Health, Food chain Safety, Environment and the Programme Manager Michel Van Hoegaerden. Thus it was fundamental to keep close touch with all Work Packages . This allowed to reach the smooth dissemination of project's results and outcomes.

#### 4 JOINT ACTION KNOWLEDGE BROKERS NETWORK - REPORT

One of the objectives of the dissemination Work Package was to inform key stakeholders, and to engage them in using outcomes and outputs in order to make the Joint Action (JA) as sustainable as possible. This led to increased interest in the outputs of the JA, and successfully supported the development (and expansion) of network for stakeholders in and across Member States.

To achieve this goal the JA brought together knowledge brokers at both an in-country and professional level. In-country knowledge brokers acted as key links to take the learning from the JA into practice within the Member States and professional knowledge brokers did the same with European professional, patient and society organizations within the JA. The network of knowledge brokers supported the Action and in-country developments related to health workforce forecasting and planning by:

- Promoting the JA and its results;



- Providing key information to the JA;
- Supporting the development of national and professional platforms for health workforce planning and forecasting;

With these outlined goals in mind, it is important to emphasise that the knowledge broker network was not a central instrument for data collection for the whole Joint Action, i.e. that it was not an instrument that brought out all requests for all WPs and consequently saw to it that the requested data was gathered. The KB network has not been introduced as an instrument to prevent fragmentation of data requests.

### 4.1 START AND EXPANSION OF THE NETWORK

This section describes the steps that were taken in building and expanding the knowledge broker network.

#### *Step 1: Involving Associated Partners and recruiting knowledge brokers in their MSs*

The following countries are involved in WP2 with a designated knowledge broker:

- Belgium
- Bulgaria
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Italy
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- UK

The official network has been, in terms of countries involved, a success, with room for improvement in terms of active involvement of some knowledge brokers.

#### *Step 2: Involving Collaborating Partners and recruiting knowledge brokers in their MSs*

Collaborating Partners have been invited to join the knowledge brokers' network under the exact same tasks and conditions as associated partners. The added value for them was to get involved in the JA, and to be able to improve their national planning and forecasting mechanisms.

#### *Involving neighboring countries in the JA*

Neighbouring countries were actively involved in several Joint Action dissemination activities, namely Conferences, Stakeholder meetings and events. This allowed to extend the Joint Action network beyond the geographical 'borders' of the partners.

#### *Effectively involving Professional Knowledge Brokers*

The JA involved the following stakeholders from a European level as associated partners:

- Council of European Dentists (CED)
- Standing Committee of European Doctors (CPME)
- European Federation of Nurses Associations (EFN)





- European Hospital and Healthcare Federation (HOPE)
- Pharmaceutical Group of the European Union (PGEU)
- European Union of Medical Specialists (UEMS)

Professional Knowledge Brokers have a similar profile to in-country knowledge brokers, therefore having the same roles and responsibilities. They were involved:

1. as a complementary source of information;
2. if one of the WP-leaders needed to acquire data or information concerning a specific professional group;
3. if input from Member States needed to be validated
4. as founding members of Stakeholder forum

### 4.2 MANAGING OF KNOWLEDGE BROKERS

The European Health Management Association (EHMA) coordinated the network of in-country and professionals knowledge brokers. As such, the association

- managed the requests from other Work Package leaders in the JA;
- tracked of the time the knowledge brokers have been involved in the JA;
- informed knowledge brokers on JAs outputs and results;
- created a tool for sharing good practices within the in-country and professional knowledge brokers network;
- supported the input from the knowledge brokers
- managed the quarterly web seminars.

#### *When to consult the network?*

The knowledge brokers' network were set to support the successfully implementation of a Work Package, especially when the available contact points in the WP did not suffice. The following questions (and answers) were defined to guide in determining whether the support were needed:

1. I have a request that doesn't relate to the JA.  
→ This network concerns requests related to the JA only. Please contact WP2 Work Package leaders (both [Zuzana.Matlonova@health.gov.sk](mailto:Zuzana.Matlonova@health.gov.sk) and [David.Smith@EHMA.org](mailto:David.Smith@EHMA.org)) with your request and they will try to help you.
2. I have a request for the Member States or professional organisations that are already involved in my WP.  
→ Do contact the responsible persons from the Member States or POs in your WP; the KB network does not provide an added value.
3. I want to involve more Member States in the implementation of my WP and I would like to get information from Member States currently not involved in my WP or from POs  
→ First of all, please note that Member States signed up for the WPs they have a direct interest in. The fact that they are not involved in your WP might indicate less interest to get involved in this particular piece of work. Contact EHMA using the official request form. We will then see the number of remaining available days and the added value of the JA as a whole following consideration together with WP1.



4. I have a request for additional (possibly complimentary) information to the data provided by the Member States already involved in my WP.  
→ Both the professional and in-country knowledge brokers are there for such requests. If information cannot be produced by the WP itself and the contact points directly involved the KB can be of support. Please specify your request using the guidelines.
5. I have a request for MSs or professional organisations not involved in the JA.  
→ We can bring your query to the recruited knowledge brokers from these countries. Please note that they do not have the obligation to respond - their involvement is voluntary. Expectations about their feedback should be realistic.

### 4.3 GUIDELINES FOR THE REQUEST OF KNOWLEDGE BROKERS' INPUT

In order to achieve successful coordination EHMA developed guidelines for information request. The guidelines were instrumental in effective coordination of the network and the right use of a valuable resource for information. They have been validated through the first request for input by WP-leader the Centre for Workforce Intelligence and are updated since. The approach to the guidelines were to strike the right balance between acquiring the right amount of information without becoming an 'administrative burden', while clarifying the request to the network members as much as possible in advance so that the request would have been as clear as possible. The final version of the guidelines can be found in Annex 3. The schematic overview is included in Annex 4.

#### *Motivating knowledge brokers and acquiring timely responses*

Motivating the knowledge brokers started with assuring that they were not demotivated by requests. The guidelines and well-phrased requests were the visible product of this stage, which was preceded by a process in which EHMA together with the requesting WP-leader aimed to translate the request into an easy-to-respond-to form. This also helped reducing the number of necessary clarifications from the respondents, which saved time and resulted in better quality results. In one case, the network has been actively involved in the shaping of the request, providing feedback concerning its added-value and feasibility.

Secondly, consistent follow-up were provided by EHMA. It has been important to recognize that participating in the JA is not a primary goal or activity of knowledge brokers. That being said, 10 days for each year were foreseen in the agreement with Associated Partners in the Joint Action meaning that there was an explicit commitment from the knowledge brokers to contribute to the Joint Action in this role.

Lastly, EHMA and WP-leaders planned requests around certain periods, i.e. the summer months when many knowledge brokers were on leave, and around identified busy periods such as May and December.

Summarizing, on a day-to-day basis EHMA undertook the following activities in managing the network:

- EHMA kept track of responses and agrees with WP-leaders to communicate responses on a certain moment,



- In the process of an inquiry, EHMA was responsible for getting qualitative responses as soon as possible. In practice this means that EHMA made the necessary clarifications as quickly as possible, and reacted to irresponsive knowledge brokers (e.g. knowledge brokers that have left their employer),
- EHMA reminded knowledge brokers of requests if necessary. If Knowledge Brokers did not respond EHMA inquired why, and explore whether this is a structural issue. If so, an alternative knowledge broker was sought,
- The aim was to acquire feedback from at least 90% of the associated partners (i.e. 16 partners).

### *Receiving and reviewing quality input*

Validating whether responses were useful and complete was done by WP-leaders. Possible additional clarifications were done through EHMA.

Checking whether input from Member States represented the actual in-country situation posed a greater challenge, as there were no or few resources to peer-review. However validation occurred when knowledge brokers deliver information to the JA, which then was used by Work Package leaders in implementing that Work Package, and which was reviewed by the Member States represented in the JA.

### *Informing knowledge brokers on JAs outputs and results*

Knowledge brokers were not just contact points to deliver information to the Joint Action, but also to disseminate relevant findings and practices within their country. EHMA's role in this process were to extract the right public information from the different Work Packages, and to disseminate the information among the knowledge brokers. Based on the stakeholder analysis suggestions were made on who to contact in-country. In order to achieve this aim, EHMA inquired during WP-leader meetings whether there was any relevant information to share. In-country knowledge brokers were signed to the upcoming newsletters moving towards a sustainable and active network. With the potential the knowledge brokers network offers it was important to use it wisely and only for the most important requests.

As mentioned above, 'official' requests were made through WP2 using the guidelines for requests by WP-leaders. In other words: only WP leaders could make inquiries for the knowledge broker network. This means that for 'random requests' the knowledge broker network and the JA were not responsible for follow-up or the collecting of feedback.

However, the JA promoted a culture of information sharing and the building of a community.

### *The aim: Providing conditions for the development of an active and sustainable network*

The aim was to deliver the right conditions to develop a sustainable network in which knowledge brokers are active in addition to the JA activities formulated in the introduction.



The way to measure success was to ask knowledge brokers whether they had the right platforms for activity and whether they were happy with the platforms offered by the Joint Action.

Knowledge brokers' activity in informal network proved their own added-value. Consequently the working of the informal network, and how it related to other European networks such as the Internal Market Information Contact Points, aimed to inform WP7 on the sustainability of the network.

Several opportunities for implementation were made available, including the newsletter and the Joint Action website (e.g. a forum). Activities and creating a 'network feeling' were also supported through webinars and meetings during JA conferences.

## 5 JOINT ACTION STAKEHOLDER ANALYSIS REPORT

The goal of the stakeholder analysis was to identify stakeholders in the Member States involved in the Joint Action (JA) on health workforce planning, and to understand their interests in the Joint Action's outputs. The analysis contains information obtained through a network of In-country knowledge brokers especially to list all key stakeholders at national level and identify their interests, exchange knowledge on preferred ways of interaction, figure out preferred dissemination channels, get in touch with stakeholders and involve them actively in JA happening. Furthermore, the Joint Action provided a platform for communication between EU member states on health workforce planning, as this topic has gained importance with the imminent deficiency of health workers in Europe.

The document presents methodology used in the three phases of analysis, explaining approach to the analysis, its elaboration and implementation process and initial data processing. While processing, the stakeholders were divided into three basic levels: Political, Strategic and Implementation, further processing of data and analysis respected this basic division. Every stakeholder level was described and so were the organization types relating to each level of basic division.

The analysis of stakeholders' interests varied. 45.5 % of the stakeholders responded that their interest to JA was high to very high. A large majority of the responding 70.4% stakeholders showed from medium to very high interest. The issue with this number is that those who made an effort to respond to the questionnaire were more likely to have an interest in the Joint Action, but otherwise these results are very promising.

The lowest interest was with the stakeholders categorized in the 'implementation group'. Almost 30% had a low to very low interest in the Joint Action. Different (possibly complementary) hypotheses could explain these numbers: stakeholders on this level had a lower interest in the Joint Action and its results because the results were not directly useful to them, and/or the stakeholders on this level need to be better informed about how the Joint Action can produce results in their benefit.

The analysis further indicated that the highest motivation with regard to the three level divisions was at the political level. Furthermore there was a significant correlation between the stakeholder level and their interest. However, there was no



correlation between interest in the Joint Action and the country stakeholders came from.

Additionally, the most dominant motives per stakeholder level were gathered and divided up into four groups based on dominant topics: networking & expertise, information & data, European Union context, and local & national effects. This analysis also included an overview of the differences and similarities across respondent levels. This information brought forth the conclusion that both the political and implementation level emphasize the importance of the development and dissemination of EU-level strategies that can guide national strategies.

The compiled version of the Stakeholder analysis, including methodology, processes, results and outcomes was made available at our website <http://healthworkforce.eu/work-package-2/> upon its agreement by E.B. The full list of stakeholders who were identified during the Stakeholder analysis Part I is in Annex 5 of this document.

## 6 DISSEMINATION STRATEGY REPORT

WP2 facilitated coherent, effective and sustainable external communication of the JA and ensured that its objectives, activities, results and deliverables were known to all identified stakeholders and wider audience on EU and national/regional levels. The General idea that guided all dissemination activities was to “make people work together” , enabling all of the partners to benefit from the JA results.

The prime goal of the dissemination activities was to inform the stakeholders about the results of the work being carried out in the joint action.

To ensure that the project was taken up and embedded in the community, the Dissemination Plan explained how the outcomes of the project were shared with the stakeholders, relevant institutions and organizations. Thus the Dissemination plan encompassed the answer to following questions:

- Why to disseminate - objectives of the dissemination
- What to disseminate - the message that the JA conveys
- To whom to disseminate - the target groups/ stakeholder analysis
- How to disseminate - what dissemination channels will be used
- When to disseminate - the timing based on planned month of delivery of the particular deliverables

### 6.1 DISSEMINATION POLICY

For all project dissemination activities a dissemination overally policy was set on the following criteria:



- Time: all of the activities had to comply with the information within given timeframe
- Language availability: all information had to be made available in English
- Effectiveness: personnel staff in the dissemination activities had to have expertise in content preparation and in carrying out the dissemination activities
- Cooperation: content of the dissemination activities and materials had to be done on the basis of strong cooperation with other WPs
- WP2 was fully responsible for visual identity and overall image of the JA

### Housestyle and overall check of the JA

In order to keep the project's look and feel compact and unified, WP2 took the initiative and created overall housestyle and graphic template for all of the deliverables. The prime purpose of this exercise was to make all of the deliverables unified in one housestyle and graphical layout, so that they would appear aligned and project related. In this way, WP2 made sure that the project visual identity and corporate spirit were successfully kept. On the other hand, WP2 worked to ensure that the overall design was also pleasing to the eye.

Special attention was paid to the deliverables' visual aspects and overall check. WP2 was responsible for overall language check of the final documents and compliance with the housestyle and minimal dissemination requirements. All of the documents that were disseminated outwards respected the graphic housestyle, predefined font and included the logo of Joint Action, as well as the logo of EU. It was also approved to use the logo of the organization that issues the deliverable. To make the visuals and compliance with these dissemination rules as simple and comfortable as possible, WP2 created the above mentioned template for final deliverables. This template was approved by EB and was made available on the common working space (Sharepoint) Template basically included the first page with all of the logos and required graphics, as well as outline for table of contents, chapters, subchapters and annexes. In this way we managed to make the graphical alignment least demanding for our project partners.

### Professional check of the documents/deliverables

In order to reach high level of professional standard, final deliverables benefited from editorial assistance from a professional writer/editor. This editorial assistance concerned not only WP2 deliverables but moreover all important Joint Action deliverables of the core work packages. All of the requirements on the professional editor are fully available in Annex 6 of this document.

In order to make this process as simple as possible with minimum administrative burden, WP1 took this initiative and addressed universities that act as joint action associated partners. We targeted to find the professional editor among our partners for multiple reasons. Most and foremost, the advantage would be that the appointed person understands the general principles of Joint Action administratively and contentwise which makes a comparable advantage.

Dr. Marius Ungureanu was approved by EB as appropriate personnel able to conduct the job role. Furthermore, he possessed a knowledge of health workforce field and being a





researcher from the university he guaranteed fully awareness of academic writing principles.

### 6.2 THE CONCEPT OF THE DISSEMINATION

The dissemination strategy, planning and implementation were managed by WP2 along with the supervision of the coordinator. The strategy was managed by the project procedures involving:

- Executive Board for agreeing on releases of dissemination materials and publications on the project website
- WP 2 leader assisted by the WP1 for conceptual and operational planning of the dissemination activities, assuring quality control mechanisms, accuracy and relevance of the disseminated information

The main objectives of the Dissemination plan were actions that ensured the results and deliverables of the JA to be available.

A wide range of purposes of the dissemination was represented by raising awareness, information and engagement of different target groups - policy decision makers, our partners, professional organizations and other organization bodies interested in the JA outputs and results.

### 6.3 MESSAGE OF THE DISSEMINATION

The key message of the project has been: **„Joint workforce planning and forecasting today for better healthcare of tomorrow.”** The key message strongly reinforced the fact that joint efforts of organizations involved in the joint action had one common goal: a united platform for collaboration and exchange between Member States (MS) to support them to prepare the future of the health workforce.

The implicit message of the dissemination was to work jointly and teamlike to follow the main objective: create a strong platform for cooperation and exchange between Member states using various dissemination channels to reach the target groups.

The key message was defined by the process of logo creation as the message that defined the joint action endeavours, keeping in mind clearness and simplicity. The language of the message and overall communication of the joint action was carefully chosen to be appropriate for the target audience and preferably non-technical language was used where it was possible so that the message of various documents was clear for different kind of audiences.

### 6.4 OBJECTIVES OF THE DISSEMINATION



The main objectives of the dissemination strategy were actions undertaken to ensure that the results and deliverables of the Joint Action were available in time to all target audience groups. Specific objectives in terms of dissemination were:

- Providing effective start-up dissemination of JA objectives
- Providing effective dissemination of JA outputs and results

### *Providing of effective start up dissemination of JA objectives*

Effective start up dissemination was of crucial significance for further healthy flow of the JA dissemination and therefore WP2 was striving to provide high quality dissemination of JA objectives and planned activities within the 1<sup>st</sup> year of JA dissemination. Methods to be used to follow the objectives were :

- Strategic planning of the dissemination
- Establishment of network of In-country and professional knowledge brokers
- Stakeholder analysis
- External elaboration of logo and web page
- Production of promotional leaflet

The results of dissemination endeavors in the very first year of the dissemination were as follows:

- Stakeholder analysis approved by the Executive Board
- Network of In-country knowledge brokers established with high response rate
- Visual identity - logo and overall housestyle created and approved by the Executive Board
  - Minimal set of templates produced
  - Promotional leaflet produced
  - Organizing of the conference in Bratislava
  - Newsletters issued every three months

### *Providing of effective dissemination of JA outputs and results*

During the second and third year of the dissemination WP2 continued to keep on with the quality dissemination in terms of delivering good outputs and results. Methods to be used to follow the objectives were:

- Strategic planning of the dissemination deliverables
- Stakeholder analysis - active participation of all associated partners
- External production of HWF Guide

The outputs of dissemination activities in the 2<sup>nd</sup> and 3<sup>rd</sup> year of the dissemination has been as follows:

- Newsletter quarterly produced
- Successful organization of 3 conferences (Rome, Varna, Mons)
- Website fully operational - <http://healthworkforce.eu/>
- HWF Guide approved by the Plenary Assembly and distributed
- Spreading out the Final dissemination report & recommendations to the appropriate stakeholders





### 6.5 MILESTONES OF THE DISSEMINATION STRATEGY

#### 1. First period Dissemination plan and stakeholder analysis

Month of delivery: 4

Description: In compliance with the specific objective no 1 there is need for the first period Dissemination plan. Stakeholder analysis is integral part of this plan

Level of publicity: all stakeholders and project partners

Dissemination channel used: website

Target audience: partners of the project, WP members, EU Commission, Chafea

Current status: The Stakeholder analysis was conducted throughout the network of In-country knowledge brokers and is consistently being updated. The analysis was approved by Executive Board meeting.

#### 2. Fully operational dedicated website

Month of delivery: 28

Description: Operational dedicated JA website was one of the most important dissemination tools for the second JA period (2nd and 3rd year). Website was designed and operated in a sustainable way also after the completion of JA activities. Along with the static website it was delivered along with WP5 and WP6 webportals. In this respect we have elaborated detailed functional requirements and requirements regarding technical functionalities that were reflected in the public procurement. The website has been finalized and approved by the EB in October 2015. It is fully accessible via the domain name [www.healthworkforce.eu](http://www.healthworkforce.eu) as per the results of the EB members voting on choosing the domain.

Level of publicity: public

Dissemination channel used: current website, e - mail sent to all partners, social media

Target audience: partners of the project, stakeholders, all public

#### 3. Next period Dissemination plans and stakeholder analysis

Month of delivery: 28

Description: In compliance with the specific objective No 2 there was need for the next period Dissemination plan. Revised stakeholder analysis was integral part of these plans. The Dissemination plan included the update on the activities being already conducted and also on the foreseen activities that went along with the initial dissemination strategy.

Level of publicity: public

Dissemination channel used: website, e - mails

Target audience: partners of the project, stakeholders and all public

#### 4. Edit chapters of HWF and publication of final HWF Guide

Month of delivery: 30, 33

Description: Assembling of content delivered by each WP leader and performance of the final editing and coherent layout for publication. Publication and distribution of final HWF Guide.

Level of publicity: all stakeholders

Dissemination channel used: website, e - mail, newsletter, social media

Target audience: all stakeholders



### 7 REPORT ON DELIVERABLES' DISSEMINATION AND ITS USE IN THE JA

Following the objectives of the JA there were set the main deliverables that had to be followed and achieved throughout the JA duration. In the following chapter, there is provided the list of deliverables with their description, month of supposed achievement, level of publicity of each deliverable, dissemination channel used while delivering and definition of target audience.

#### **Visual identity-JA logo and housestyle**

Month of delivery: 4

Description: Creation of universal logo usable also after the completion of JA activities. The logo represented one of the crucial first period deliverables for building of JA visual identity.

Level of publicity: all public

Dissemination channel used: current website, e - mail, newsletter

Target audience: all public

Implementation strategy: The logo was public procured and is the integral part (along with EU logo) of all official documents/deliverables, correspondence, official e-mail communicatins, etc. We can state that the logo has become the visual representative of our corporate identity. It represents figures that are connected by the green cross. This represents the Essentials of this project - making people in health workforce together in order to ensure sustainable future for health workforce. Two figures holding the cross are blue that represents the health sector. The cross they are holding is green which underlines the sustaibility of the future in health workforce.

Evaluation of effectiveness: The logo was approved by the Executive Board

#### **In-country and Professional Knowledge Brokers Network**

Month of a delivery: 2

Description: A key aspect of implementing the JA and creating tangible outcomes has been a network of in-country and professional knowledge brokers. These knowledge brokers has been important in promoting the JA in the Member States and therewith creating its impact, are a resource for information and further building the network of European workforce planners. Professional knowledge brokers enabled to cross-check and involve the expertise of the EU stakeholders representing different professionals. This deliverable consisted in database entailing in-country and professional knowledge brokers.

Level of publicity: all stakeholders

Dissemination channel used: e - mail, newsletter, monthly webinars

Target audience: nominated personnel per each associated partner

Implementation strategy: We have created the network of in country knowledge brokers and professional knowledge brokers. The members of the network have been functioning as the ambassadors between Joint Action and their in-country stakeholders. They were of tremendous help while conducting Stakeholder analysis version 1 and version 2. Furthermore they acted as conductors of various tasks that are being carried out upon various Work Packages requests. To motivate and feed the network, we are holding regular webinars with KBs in order to share the overall information and progress and also to discuss on the issues that are being encountered.

Evaluation of effectiveness: WP1 leader, EU Commission and Chafea review



### **Stakeholder analysis**

Months of delivery: 4, 12, 24, 36

Description: The stakeholder analysis has been a continuous exercise mapping the key players in the Member States and EU professional organizations involved in health workforce planning and forecasting. The analysis has been a cornerstone for further dissemination activities, and provides key data on experts to involve both as a target group and as a resource.

The stakeholder analysis was updated regularly as per the initial plan.

Level of publicity: all stakeholders

Dissemination channel used: website, e - mail, newsletter

Target audience: scientific community only

Implementation strategy: The stakeholder analysis was conducted via the network of In-country knowledge brokers who made a list of stakeholders and identified the possible options for exchange information, data, etc. with these stakeholders. In the second phase they conducted the interviews with the stakeholders and provided good base of quality and quantity data. The quantity data has already been analyzed, presented at the executive board meeting and approved unanimously. Furthermore we have analyzed the quality data stemming from the analysis. Such as, the quantitative data, also the qualitative data are reflected into recommendations and were presented to knowledge brokers, stakeholders and our project partners.

Evaluation of effectiveness: Programme manager and WP leaders review, Chafea review

### **Dissemination plan**

Month of delivery: 4, 14, 26

Description: Production of complex dissemination strategy. Integral part of the first period Dissemination plan was style and publishing guide. The quality of the Dissemination plan relies on a well-performed stakeholder analysis that provides specific target groups to be reached through different channels. The Dissemination plan has been updated on annual basis.

Level of publicity: all stakeholders

Dissemination channel used: website, e - mail, newsletter

Target audience: all stakeholders

Implementation strategy: WP2 created the complex Dissemination plan based on the up to date knowledge of the Joint Action, reflecting the actual needs of the dissemination aspect of the project

Evaluation of effectiveness: Executive Board approval

### **Promotional leaflet**

Month of delivery: 6

Description: Editing, publication and distribution of promotional leaflet for broad public with focus on the promotion of JA objectives and planned activities. Leaflet also contained logo - JA visual identity and distribution was realized following the stakeholder analysis and first period Dissemination plan.

Level of publicity: all stakeholders

Dissemination channel used: website, e - mail

Target audience: public

Implementation strategy: For the first period of the dissemination, we have created and distributed two leaflets. The leaflets were distributed via our website (where they



are free to download at <http://healthworkforce.eu/work-package-2/> ). Leaflets were also distributed during first Joint Action Conference that took place in Bratislava. Special leaflet was created for promotional purposes to Gastein Conference where our Joint Action was represented and promoted.

Evaluation of effectiveness: Executive Board approval

### Newsletters

Month of delivery: 1,4, 7,10,13,16, 19, 22, 25, 28, 31, 34

Description: Newsletters of 3 months frequency with timing adaptable according to JA events and meetings, milestones, political occasions or presidency activity. Maximum 12 newsletters were foreseen.

Level of publicity: all stakeholders

Dissemination channel used: website, e - mail, social media

Target audience: public

Implementation strategy: WP2 prepared proposals of the newsletter and after the programme manager and WP1 leader approval the newsletter was distributed to all associated, collaborating partners, other stakeholders and others that signed up. Furthermore the newsletters releases were made free to view and download at our website.

Evaluation of effectiveness: Programme manager and WP1 approval

### Fully operational website

Month of delivery: 28

Description: Operational dedicated JA website was one of the most important dissemination tools for the second JA period (2nd and 3rd year). Website was designed and operated in a sustainable way.

Level of publicity: all public

Dissemination channel used: newsletter, e-mail, conferences, workshops, current Weebly website

Target audience: public

Implementation strategy: WP2 delivered the first part of the website that consists of the informative content on the project.

Evaluation of effectiveness: Executive board approval

### 3 planned conferences

Month of delivery: M10 - Bratislava, M22 - Rome, M35 - Varna + Closure Event in Mons

Description: 3 planned JA conferences are aimed on the engaging the stakeholders in order to increase the impact of the JA activities.

Level of publicity: all public

Dissemination channel used: newsletter, website, e-mail

Target audience: public

Implementation strategy: WP2 assisted WP5 and WP7 in conference content preparations along with the assistance of programme manager and WP1

Evaluation of effectiveness: Programme manager and WP1 leader approval

### Final HWF Guide

Month of delivery: 33



Description: Publication a distribution of final HWF Guide according to stakeholder analysis and next period Dissemination plan.

Level of publicity: all public

Dissemination channel used: newsletter, website, In-country knowledge brokers network

Target audience: public

Implementation strategy: Content of the Guide depended upon WP4, 5, 6 and 7 outputs while language corrections was responsibility of WP2. WP2 made sure that proper English was used.

Evaluation of effectiveness: Executive Board approval

### **JA layman technical report**

Month of delivery: 34

Description: Publication of final layman technical report on the website and dissemination throughout final third conference.

Level of publicity: all public

Dissemination channel used: newsletter

Target audience: public

Implementation strategy: WP2 made sure that the final message of the Joint Action was understandable and that all partners comprehend the concept and results of the Joint Action. For this reason WP2 distributed the questionnaire for participants of last conference as the ex-post inquiry.

Evaluation of effectiveness: Evaluation of the questionnaire by WP2

### **Final dissemination report**

Month of delivery: 36

Description: Technical summary of all dissemination activities in the form and structure defined by Chafea.

Level of publicity: scientific community only

Dissemination channel used: website

Target audience:

Implementation strategy: WP2 elaborated the summary report on all dissemination activities carried out throughout the Joint Action duration.

Evaluation of effectiveness: Chafea review

## **8 COMMUNICATION STRATEGY OF WPs' DELIVERABLES**

Communication strategy of WPs' deliverables arose from the need of more effective dissemination of JA core WPs' deliverables. The strategy allowed us to support raising general awareness of our products in relation to general public audience. In the following chapter we provide the communication strategy for some examples deliverables: D041, WHO Report as a part of D041, D052 and D061.

In order to make this strategy effective, WP2 worked on:

- 1) focussing on the scope of the deliverables
- 2) indentifying relevant target groups



- 3) determine the most appropriate dissemination channels including WP 2 dissemination tools

### 8.1 D041 REPORT ON TERMINOLOGY GAP ANALYSIS

#### Scope of the deliverable:

The data gap analysis on the process and results of the OECD-WHO-EUROSTAT Joint Questionnaire on non-monetary healthcare statistics, aimed to support the improvement of the data collection scheme by contributing to a better understanding of available data within the EU Member States and by providing recommendations to improve data collection. Together with our deliverables on planning methodologies and qualitative data collection, it fitted in the overall aim of the Joint Action to support Member States in developing a reliable health workforce planning system.

The document provided 24 recommendations that address partly the data supplying Member States, partly OECD, Eurostat and WHO. These recommendations were grouped around the following 5 main overarching recommendations:

- 1/ National data collection should be improved by developing strategic directions.
- 2/ National HWF data collectors and owners (such as ministries of health, professional chambers, health workforce planners and data providers) should work together to achieve better HWF data flow at the national level.
- 3/ International data collecting organisations should facilitate the training and working in partnership with data providers and the JQ National Focal Points, in order to demonstrate the usefulness of international HWF data collection.
- 4/ The JQ data collection in the activity status data categories of health workforce (“Licensed to Practice”, “Practicing” and “Professionally Active”) in both headcount and full-time equivalent (FTE) should be improved.
- 5/ Strategic changes in data categorisation at the international level for the nursing, midwifery and caring professions should be implemented.

#### Identification of relevant target groups for D041:

There were identified two primary target groups for this deliverable:

- international level - international organizations interested in data (OECD, WHO, Eurostat)
- country level (country representatives, ministries of Europe)

#### Applied dissemination channels:



WP4 involved lots of organizations, being explicit 100 individuals from 44 organizations. We segmented the target groups:

➤ General awareness dissemination

This dissemination included communication to all of associated and collaborating partners as well as other stakeholders who are interested in Joint Action results and are included in our external partner mailing list. All of the partners were encouraged to disseminate the deliverable further to the relevant stakeholders and partners in their professional field. The partner organizations were encouraged to upload the report on their websites, make a mention of it in the intra organizational newsletters, make a mention of it at various related events and meetings.

➤ Specific (targeted) dissemination

This dissemination included very targeted communication in form of printed D041 document along with personalized accompanying letters. The recipient included: representatives of OECD, EUROSTAT, WHO Headquarters, WHO Europe, European Commission (DG Sante) and research organizations.

## 8.2 REPORT ON THE APPLICABILITY OF THE WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PROFESSIONALS IN A EUROPEAN UNION CONTEXT (WHO REPORT) - PART OF D041

### Scope of the document:

The document reports on the research and meetings held under the umbrella of the Joint Action to explore the applicability of the WHO Code of Practice to EU in the specific context of the European Single Market. By reporting on the participants views and presenting experiences, it aimed at initiating a dialogue and supports further discussions. The Report helped in gaining insights about the views of different stakeholders on the applicability of the WHO Code in the context of mobility of health personnel within the EU, together with mapping good implementation practices of Member States from a wider context.

It was divided into 3 reading paths that helped the reader to concentrate on the contexts that are of major interest/relevance to him/her.

1/ The Implementation Path: aimed for those who are interested in the implementation of certain provisions of the Code and want to improve the current scope of the implementation.

2/ The “From theory to practice“ Path: aimed for those who want to gain insight into the essential policy elements relating to the implementation of the Code.

3/ The “From understanding EU policy context to acting“ Path: aimed for policy makers of EU countries wishing to understand the specificities of the EU environment.

### Target groups of the WHO Report:





This document was aimed for three main target groups:

- policy level of different governments/member states
- The EU Commission
- All JA partners aiming for general awareness raising

### Applied dissemination channels:

Even though the WHO Report was not a official deliverable, we applied the same procedures as in the case of regular deliverables. The dissemination was directed towards the two major target groups:

- **General awareness dissemination** including all of the project associated and collaborating partners and stakeholders. All of the parnters were advised (as in the previous case) to disseminate the material further to their professional networks, make a mention in the intra organizational newsletter, upload the reports on their website and make a promotion on the attended events and meetings.
- **Specific disseimantion**  
This dissemination was targeted at specific groups of stakeholders to be addressed. The individual print outs of the document was sent over along with the personalized letters. These included: European Commission, European Parliament, WHO Headquarters, WHO Europe.

### 8.3 D052 HANDBOOK ON HEALTH WORKFORCE PLANNING METHODOLOGIES ACROSS EU COUNTRIES (HANDBOOK)

#### Scope of the deliverable:

Handbook of Planning Methodologies is a collection of good practices of planning of 7 countries. The content of the Handbook targets three groups in relation to handbook path:

- **Implementation path**

For those countries that would like to implement a planning system from scratch, the handbook consists of suggestions and needed guidelines on how to implement the planning system, this may be useful for central and eastern European countries but also for those who are newbies in the field of planning systems and mothodologies

- **From theory to practice path**

This path offers theoretical knowledge about the methods of planning and is aimed for those who want to gain not only the theory knowledge but also see some practical applications

- **Improving/ developing path**

This path is aiming at countries that already do have their planning systems but are looking for possible improvements and thus further development of their planning systems. This path will provide them with





new insights and solutions

The document is fully structured and includes these main elements:

- Introduction, main concepts
- Main elements, how do each of the 7 countries deal with forecasting models, what the goals and organisation of planning systems are etc. Comparison among 7 planning systems of these countries: matrix.
- Conclusions and recommendations on timing of systems, strengths and weaknesses of systems. Minimum planning requirements. Suggestions/advice specific for countries to develop and implement planning systems.
- Detailed description of 7 planning systems (key elements)

### Target groups of the Handbook:

There were identified two primary target groups for this deliverable:

- planners at national level
- political level (country representatives)

For planners, as the most relevant target group, the handbook represents the knowledge instrument to implement, improve or develop a planning system in their country. Planners can find a lot of answers and data related to practical planning issues.

The political level is relevant as the Handbook represents instrument for those countries where there is no planning in place.

### Dissemination channels to be applied:

The communication of the Handbook was closely connected to another deliverable of WP5 - Web platform D053, which represents the communication in web format of the content of the Handbook. The Handbook was transformed in a web format way, in order to be more readable.

In order to make the Handbook more recognizable, we got the Handbook registered. WP2 was responsible to get the Handbook registered as e-book. The Handbook's International Standard Book Number is: **978-80-89825-00-4**.

### The Handbook should be referred to as:

Malgieri, Annalisa - Michelutti, Paolo - Van Hoegaerden, Michel. 2015. *Handbook on Health Workforce Planning Methodologies across EU countries* [online]. Ministry of Health of the Slovak republic, 2015. p. 344, ISBN 978-80-89825-00-4  
available at: < <http://healthworkforce.eu/work-package-5/>>

The dissemination was directed towards two major groups:

- All partners for general awareness raising



All of the partners were advised (as in the previous case) to disseminate the material further to their professional networks, make a mention in the intra organizational newsletter, upload the reports on their website and make a promotion on the attended events and meetings.

➤ Specific dissemination

This dissemination was targeted at specific groups of stakeholders to be addressed. The individual print outs of the Handbook were sent along with the personalized letters to the following recipients:

- Ministers of health of the 7 countries that contributed to the chapters of the Handbook (The Netherlands, Great Britain, Denmark, Finland, Norway, Spain)
- WHO (Headquarters, Europe)
- OECD
- European Parliament
- European Commission

#### 8.4 D061 USER GUIDELINES ON QUALITATIVE METHODS IN HEALTH WORKFORCE PLANNING AND FORECASTING (USER GUIDELINES)

##### Scope of the deliverable:

This document describes the qualitative methods used by partners in Work Package 6 in the Joint Action on Health Workforce Planning and Forecasting. Qualitative methods are those which are used to gather and process information on the key factors which are likely to affect the supply and demand of health workforces (through techniques such as interviews) and includes methods to describe and quantify potential futures.

##### Target group of the deliverable:

The User Guidelines are aimed broadly at health care country representatives, policy makers, workforce planners and forecasters in Member States and stakeholder organisations in the European Union who would like to apply qualitative methods to commence or improve their health workforce planning and forecasting in their specific national contexts. This group includes those health policy makers focused on the methods, description and analysis where qualitative methods will be used for the first time and thus is more of a technical nature.

##### Dissemination channels applied:

The communication on User Guidelines was aimed at WP6 partners. This distribution was done by WP6 team who have disseminated their document to their partners and networks.

The highly effective dissemination channel for D062 was the Conference on Improving Planning Methodologies and Data across Europe in Rome. WP6 leader Matt Edwards and WP6 content lead John Fellows delivered the presentation focusing on the Insights on



future skills and competencies of health workforce. The presentation interfered with the upcoming deliverable of Report of Future Skills and competencies.

### 8.5 WP2 DISSEMINATION TOOLS USED WITHIN THE DISSEMINATION ACTIVITIES

The most important dissemination channels within WP2 scope included mainly:

- **Website and newsletters** for general awareness raising

Website is the most efficient source of information as it compiles all projects outputs and information at one place. Website is aimed not only for Joint Action audience but also for wide range of variety audience including general public.

Newsletters are powerful media that cover wide range of the target groups including all our partners, stakeholders and external audience that is on our WP2 distribution list. We have used the last issue of the newsletter for presenting the approved deliverables of the core work packages. We plan to use this information channel for future. As the project is getting to its end, we are expecting more deliverables to be approved and finalized including our Final Guide on Health Workforce.

- **Network of Knowledge brokers (KBs) network** for more focused dissemination

Webinars that we hold on quarterly basis with the network of our In Country Knowledge Brokers proved to be essential dissemination channels in fostering the project results to the national level platforms. We have organized webinars focused on the approved core deliverables powered and supported by WPs content leads who presented the deliverables and provided solid platform for discussion with our KBs network..

- **Use of social media (Twitter and LinkedIn)**

Twitter communication is becoming very popular in business based and institutional communications. WP2 set up a Twitter account to inform our audience of the upcoming events, release of the deliverables as well as for promotion of our activities. Core WPs are encouraged to regularly send desired twitter messages to WP2 to be tweeted/posted - along with the pictures, these messages could include the photos - e.g. from the working groups of particular work packages. In this way we would make sure that we inform regularly our broad audience on the happening of JA. WP2 also used the hashtag #JAHWF, to built an unique 'twitter identity' for the project, in addition to the already mentioned account. This allowed successful interaction between partners, stakeholders and participants to conferences, through live twitting and commenting.

In addition to Twitter account WP2 have set up the LinkedIn account. On our LinkedIn we share the information on our events and on the release of new deliverables.



### 9 JOINT ACTION DISSEMINATION CHANNELS

Various dissemination channels served as the tools for maximizing the visibility of the project and consequently reach the target groups. A fully operational website played a central role in project dissemination activities but also other channels were used such as the project newsletter and Twitter and LinkedIn account. Generally we can divide the dissemination channels into two major groups - internal and external dissemination channels.

#### 9.1 EXTERNAL DISSEMINATION CHANNELS

The main external dissemination channels have been: website, leaflet, emails, printed materials, factsheets, newsletters, scientific publications, knowledge broker communication, conferences, external workshops, external press media etc.

The *major external dissemination channel* of the project have been represented by its *website*. The proposed structure of the website with timeframe and methodology along with the functional requirements and requirements regarding technical functionalities was presented to all WP leaders, EU Commission and Chafea representatives for discussion and comments. The website material was unanimously approved by EB.

The material on Functional requirements and requirements on technical functionalities was designed jointly with WP5 and WP6 as the final output, one integrated website that will reflect the needs of all 3 Work Packages. This document came out of the Website document elaborated by PGM as the first initiative to deliver the integrated unified web product. We considered various aspects as the inputs for the document. We have taken into account following aspects:

- Grant agreement as the basic document outlining minimum requirements for website and portals delivery
- Given budget and given human resources as stated in Annex II of Grant agreement to provide realistic insight into resources side
- Network of Experts as for them the website served as the instrument for sharing knowledge, publishing the scientific work and experience and on the other hand experts as those who feed the website's forum, in line commenting, thus those who will contribute to collaborative content building.
- Questionnaire survey that we have carried out during the material preparation as the instrument that provided with users' needs and expectation and aimed to build a clearer picture on IT literacy of the possible users
- Considerations of possible website platforms
- Internal meeting of WP2, WP5 and WP6 representatives to find the general consensus on the collaborative work

All of these factors were taken into thorough consideration in the first step. The second step was to analyse the functional requirements as the first step towards final product website. On the basis of minimum requirements as stated in Grant Agreement every Work Package involved elaborated separate list of functional requirements.



Further analysis conducted was the analysis of data coming out of the questionnaire survey. The survey outlined the future end users expectations and IT literacy level. Third analysis conducted was the analysis of three platforms. We have enlisted the platforms and assigned pros and cons to each one to understand the feasibility and limitations in the website's delivery.

The final conclusion was that the new website will be public procured respecting the general functional requirements and requirements regarding technical functionalities. The website will be build on a generic CMS platform.

Website is now fully operational under the domain name [www.healthworkforce.eu](http://www.healthworkforce.eu). It includes all essential project information, starting with overall introduction to the project, through WPs deliverables, news and events, partner area and contacts

**Newsletters** served as effective tools for spreading the most important information on JA happening in a reader friendly way. Newsletters provided the preliminary information on the current ongoings, upcoming events but they also served as the notifiers for the activities or information that require special attention of project partners. The Newsletter focused on a theme topic - e.g. highlighting the important upcoming events or as showcased in last newsletter, focus was put on the presentation of the deliverables. Newsletter also aimed to work as the micro-portals helping the reader through to the appropriate news section of the website.

**Leaflet, printed materials, factsheets** sent to all partners and stakeholders were another dissemination tools that were used to make the results of the Joint Action known to wider audience. The leaflets were made free to download at our website. The content of the leaflets conveyed the prime message of the JA, underlining the main goals, the structure of the JA, brief content description of each Work Package, as well as work being conducted. The texts were structured as brief yet highly informative. Both of the leaflets respected the dissemination policy rules and were in compliance with housestyle and visual identity of the JA.

**Scientific publications** were integral part of external dissemination channels. They have the advantage of lasting as they are part of the scientific database for public uses. Thus with this dissemination channel the target groups like students and researchers could be reached. Moreover, Universities as Semmelweiss University, University of Bremen, Medical University of Varna, Catholic University of Leuven and University of Eastern Finland that are integral part of the JA were addressed to provide the advice how to reach this target audience and make this dissemination channel work.

**Policy briefs** being a concise summary of a particular issue, the policy options to deal with it, and some recommendations on the best option, provided a good tool on how to reach a political level of the Joint Action. They were aimed at government policymakers and others who are interested in formulating or influencing policy. Work package 6 pioneered with preparation of 3 policy briefs related to their deliverable D062 Report on Future Skills and Competencies.



Participation in the **external workshops and conferences** organized by our partners' organizations and stakeholders represented a perfect opportunity to present the outputs and results of the Joint Action. Joining the conferences and workshops outside of the JA was made to ensure further sustainability and the continuance of the JA endeavors. The project coordinator's contributions to high-profile sessions at the European Health Forum Gastein (2014) and the Third Global Forum on Human Resources for health (2013) are good examples.

**Media** represented another channel that we used as they play essential part in external communication. In this way the information could reach relatively large but varying audiences in an effective way. Informing the media means **to inform the informers**.

We applied a strategic approach and remained realistic about the uptake by mainstream media, following a range of general rules when involving them:

- Plan the information that are going to be communicated
- Target audience with the information they might be possibly interest in
- Disseminate the information in appropriate form and content
- Assign the roles of responsibilities for specific activities

While disseminating via media, it was also important to recognize the right **media opportunities** and take into account various aspects. JTI Central Europe Programme recognized following opportunities:

- **Think interest** - make the events "retelling"/summary interesting for people
- **Think news** - when informing try to think about how your paper or media would report it
- **Think people** - the media are more interested in what people are doing than just in what projects are doing
- **Think communities** - what contribution has your project or people to the overall community<sup>1</sup>

**Press releases** also formed important tool for dissemination activities. Press releases were used to increase overall awareness about the JA activities and major events. We recognized the opportunity of press releases during JA's major events

When preparing press release we followed several guidelines:

- all formal standards are met /correct logos, datelines, correctness and veracity of the news/
- provide the professional content
- make sure that grammar and spelling are correct
- check the facts, names, places, numbers
- attach documents that might fresh up the news such as photos

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<sup>1</sup> European Regional Development Fund: Central Europe Programme 2007 - 2013, Project Communication and Publicity measures, available at: <http://www.central2013.eu/>



### 9.2 INTERNAL DISSEMINATION CHANNELS

Internal dissemination channels for the information dissemination were Sharepoint, e-mails, phone, teleconferences, etc.

The **main internal dissemination tool** has been the **Sharepoint** work space. Sharepoint is the web based tool that was created by the coordinator of the JA to share all the relevant JA documents at one place. Sharepoint served as storage space for meeting documents as invitations, agendas and meeting minutes as well as for working documents in the form of drafts or in the form of finals. Furthermore the portal contained calendar for tracking the JA events, meetings and also served as tool for preserving the contact list for the partners etc.

Furthermore, internal communication were organized via every day **email communication** within the relations of the programme manager and WP1 towards WP leaders and also among WP leaders, their teams and associated partners.

Internal communication was reinforced by monthly **conference calls** of WP leaders with programme manager and coordinator who are in charge of agenda and meeting minutes distribution and also control mechanism on the agreed tasks and deadlines.

## 10 SUSTAINABILITY OF THE PROJECT

The website was set as the main dissemination tool for project sustainability. Website, as one of the main communication and information hubs, has gathered not only the information on the project results and outcomes but as well as interactive portals playing essential role in further project sustainability. Thus it is inevitable to design it in a way that would support further interaction. We have identified two major key factors that might affect sustainability of the website:

- Additional financial resources after the JA is finished
- Network of Experts

The first key sustainability factor, financial resources after JA ending, is something that we, Joint Action members and leaders, cannot influence as we are not the grantor of finances and don't have any powers in this respect.

The latter factor, we can support through the network of experts who would be the ones nourishing the website content building in the future. To make sure that the experts will understand their roles and responsibilities, it is inevitable to support functioning of the network at the early stages within JA duration. In this respect WP2 and WP7 will cooperate and find out the best possible solution that would cover both Work Packages needs, functioning network of experts on one side and website sustainability on the other.





WP7 already took the initiative in this important deliverable and together with EC and other WPs and JA partners is in process to create a platform for collaboration and exchange of experts in Health Workforce Planning and Forecasting. This network is needed for multiple reasons in order to identify and help MSs across Europe to tackle the imbalance of health workforce. The deliverable D072 List of Experts was approved by WP leaders, EU and Chafea. And thus we are on the positive way to keep on the progress of the network.

The list of experts will assist the competent authorities to build planning capacity. The experts will agree to share a common responsibility in helping future roll-out plans to succeed, exchange good practice and take an active part in the updates of the JA tools.

As already mentioned above, they are intended to play important role after the project is finished. WP2 in cooperation with WP7 should support the consistency of the functioning network. This means that the preliminary strategy on the coherence should be thought of before the project is ended. The role knowledge brokers can play in this network should be part of that strategy as well.

First of all, we delivered the website that is easy in navigation, intuitive and yet straightforward. Two webportals (work in progress) should serve as the tools for in line discussions fulfilling the needs of WP5 and WP6 partners among which we include also JA experts.

## 11 CONCLUSIONS

Dissemination has been identified and then actively implemented as a fundamental tools to spread the knowledge of Joint Action in terms not only final product distribution but also in constant awareness rising among the stakeholders and wider audience that is interested in Joint Action outputs and results. This Dissemination plan served as the concept reflecting the needs and strategies for making the Joint action „visible“ to the external environment and that consequently leads to quality engagement of relevant stakeholders.

Building on the Dissemination plan, the WP2 carried out a wide range of activities that allowed the Joint Action to successfully disseminate deliverables, results and information through different means, both online and traditional.

A constant and fruitful collaboration between between all the WPs, led in this context by the WP2, made all the dissemination efforts possible and effective, also keeping in mind the future sustainability of the project.





### ANNEXES

#### **ANNEX 1: Definition of main partner and definition of associated and collaborating partners according to Chafea guide for applicants 2012:**

According to Chafea guide of applicants 2012 the main responsibilities are:

- The main partner has full responsibility to ensure that the Joint Action is implemented according to the grant agreement. He is responsible for the technical and financial management of the action, except where specifically stated otherwise in the grant agreement;
- All communication between the associated partners and the Chafea is done through the main partner.
- The main partner is responsible for the administrative and financial management of the action by providing the Chafea with all required documents and information, particularly in relation to payment requests (i.e. original accounting documents, signed copies of sub-contracts etc.). Where information from the associated partners is required, the main partner shall be responsible for obtaining and verifying this information and passing it on to the Chafea;
- The main partner shall inform the associated partners of any event which he/she is aware of that could be liable to substantially affect the implementation of the Joint Action;
- The main partner shall establish the payment requests on behalf of the partners, detailing the exact share and amount assigned to each partner, in accordance with the agreement, the estimated eligible costs as foreseen in Annex II of the grant agreement and the actual costs incurred.
- Where designated the sole recipient of payments on behalf of all of the partners, the main partner shall ensure that all the appropriate payments are made to the associated partners without unjustified delay and shall inform the Chafea of the distribution of the EU financial contribution among partners and of the date of transfer of funds to its associates;
- The main partner is responsible, in the event of audits, checks or evaluations, for providing all the necessary documents, including the accounts of the associated partners, originals or certified copies of the original accounting documents and certified and signed copies of sub-contracts, if any have been concluded by the partners.

The Chafea Guide for the Applicants 2012 indicates the following main responsibilities of the associated partners:

- The associated partners shall participate in the Joint Action, for which their costs are borne and to which they contribute financially;
- The main partner and its associated partners shall agree upon appropriate arrangements between themselves for the proper performance of the action. The partners are encouraged to conclude an internal co-operation agreement regarding their internal operation and co-ordination. The co-operation agreement shall include all aspects necessary for the management of the partners and the implementation of the action;



- The associated partners shall forward to the main beneficiary the data needed to draw up the reports, financial statements and other documents provided for in the grant agreement including its annexes;
- The associated partners shall ensure that all information to be provided to the Chafea is sent via the main partner;
- The associated partners shall inform the main partner immediately of any event liable to substantially affect or delay the implementation of the action of which they are aware;
- The associated partners shall inform the main partner of transfers between items of eligible costs;
- The associated partners shall provide the main partner with all the necessary documents in the event of audits, checks or evaluations.

Once a partner is interested, the procedure for joining is as follows:

- The organisation that would like to become collaborating partner should send an "expression of interest" to the general mailing address EUHWForce@health.belgium.be. There are no specific requirements for the organisation that wants to become a collaborating partner. But in order to keep track of our partners and have a basic knowledge of their fields of interest, we require at least a short presentation of the particular organisation (e.g. in the form of sending the website link) to know what its working field is, the reason why they want to participate and their contact information.
- Once WP1 receives this email, they contact the partner to explain the rules of joining and request the partner to indicate in which WP they want to be involved (or if they maybe only want to be involved at a general level)
- Once this information is received, WP1 makes sure that the new partner receives, from that moment on, all communication on the JA EUHWF and that they are added to the contact list, to the list of partners on the website, etc.
- If the partner wants to participate in a specific WP, WP1 sends this information to the WPLLeader(s) concerned with a request to include the new partner in the particular WP work.



### ANNEX 2: PRESENTATION OF OTHER COLLABORATORS

In general, WP2 closely cooperates with all Work Packages in terms of internal and external communication and various dissemination documents. It is essential to remark that WP2 in coordination with WP1 is the only one liable to publish information related to Joint Action Health Workforce Planning and Forecasting externally. In case that other WPs will need to disseminate information through other channels than stipulated in Dissemination strategy they shall always inform the WP2 and WP1 about the content and final addressee so that WP2 as focal point body for communication is always informed about any ongoings. Further policy guidelines for dissemination processes are explained in Dissemination strategy as important part of this document.

There is close cooperation among all Work Packages in the general dissemination processes. In here it is of importance to remark that although WP2 communicates with all WPs closely, specific collaboration is maintained with WP1, WP3 and WP7.

#### WP2 - WP1 cooperation

It is inevitable that these two Work Packages cooperate closely to ensure that the objectives meet with the expected outcomes not only in the area of dissemination processes but also in the JA as the whole. The cooperation of the two Work Packages is bond by the common work in the area of stakeholder analysis conduction, according to which we are able to identify the needs and motivations of our stakeholders and make sure that they will be properly involved and that their contribution to the JA will be of effective use.

The cooperation was demonstrated also in preparation of Stakeholder fora held during the first Joint Action Conference in Bratislava and second Joint Action conference in Rome. Further cooperation is demonstrated during the preparation phase of the upcoming Conference in Varna.

WP2 and WP1 cooperate in terms of stakeholders' engagement and also in terms of content aspects.

#### WP2 - core WPs cooperation

As dissemination team WP2 is responsible for disseminating the official documents and materials, it is obvious that it has to collaborate with all Work Packages in terms of material distribution, its promotion support and in promoting the engagement of relevant personnel. While content issues are responsibility of WP 4, 5, 6 and 7 dissemination activities are led in cooperation with WP2 as the WP2 team is the one responsible for official website content and for the upload of the official documents.

There is a visible connection with WP5 and WP6 as WP2 has committed to deliver the full website package, i.e. website along with two integrated webportals of WP5 and WP6. The cooperation among these three Work Packages is also expected in the future.

With all core work packages there is established cooperation via usage of In country knowledge brokers who were addressed at multiple occasions to help with conducting



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# DELIVERABLE 024 - Dissemination Final Report

## WP2 Ministry of Health, Slovakia & EHMA

of various exercises, especially getting in touch with different type of stakeholders to address them with questionnaires and specific requests.

### **WP2 - WP7 cooperation**

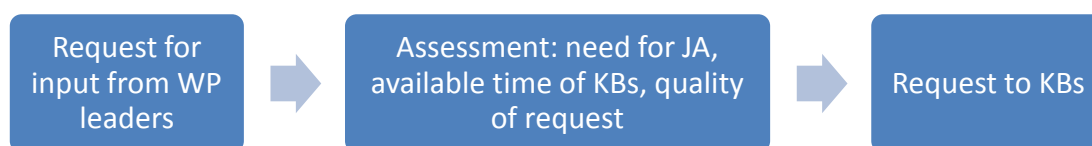
The cooperation with WP7 is of crucial importance from the early start of the project activities as upon the quality sustainability depends further sound future of the JA results. Being specific it is of grave significance to underline the cooperation in the area of In-country knowledge broker network sustainability and also the sustainability of the most relevant stakeholders and experts. From dissemination perspective, network of experts will play significant role in the website sustainability as described in chapter Sustainability of the project through dissemination tools.



### ANNEX 3: GUIDELINES FOR KNOWLEDGE BROKER REQUEST

Managing requests and keeping track of involvement

Work Package leaders need to send formal requests using the form below for involving knowledge brokers so EHMA is able to keep track of the demands and involvement of knowledge brokers.



- 1) In order to formalize the request and to assess the overall need for the JA WP-leaders are asked to fill in the very basic form that can be found in the Annex. It should take less than 5 minutes to fill in the form.
- 2) EHMA will review the quality of the request (e.g. are the questions clear? Is this something we should ask KBs? et cetera) and the available time of KBs. If necessary some clarifications will be made with the requesting WP-leader.
- 3) Request will be sent to KBs.

Notes:

- Please, send the requests as far in advance as possible. To make sure feedback is received on time at least 4 weeks need to be counted for the complete process, also depending on the time of year (e.g. slower response during the summer months).
- Please, clarify your request as much as possible. Vague requests will result in many questions, and finally in a delay of the responses.
- 

Requests are sent to EHMA Policy Analyst Paul Giepmans Paul.Giepmans@ehma.org by using the form below.

#### Managing responses

Responses to requests will be sent to EHMA who collects responses and sends them to WP leaders. EHMA is therefore only the point where KB send their responses to, and not responsible for the analysis of feedback. Depending on the request and the urgency this will be done as soon as possible or at a moment agreed between EHMA and the WP-leaders. WP1 will be informed by copying them into the conversation (i.e. emails) between EHMA and the WP-leaders.

On a day-to-day basis EHMA will undertake the following activities in managing the network:

- EHMA keeps track of responses and agrees with WP-leaders to communicate responses on a certain moment;
- In the process of an inquiry, EHMA is responsible for getting qualitative responses as soon as possible. In practice this means that EHMA will try to make the necessary clarifications as quickly as possible, and will react adequately to



irresponsive knowledge brokers (e.g. knowledge brokers that have left their employer)

### Informing KBs on JA output and results

In case WP-leaders do not ask for input but would like to disseminate materials or output through the KB network, materials can directly be send to EHMA. They will then be forwarded to knowledge brokers with the explicit request to disseminate the materials in their network. If specific target groups are explicitly identified that would be of added value.

### Form for requesting KBs input

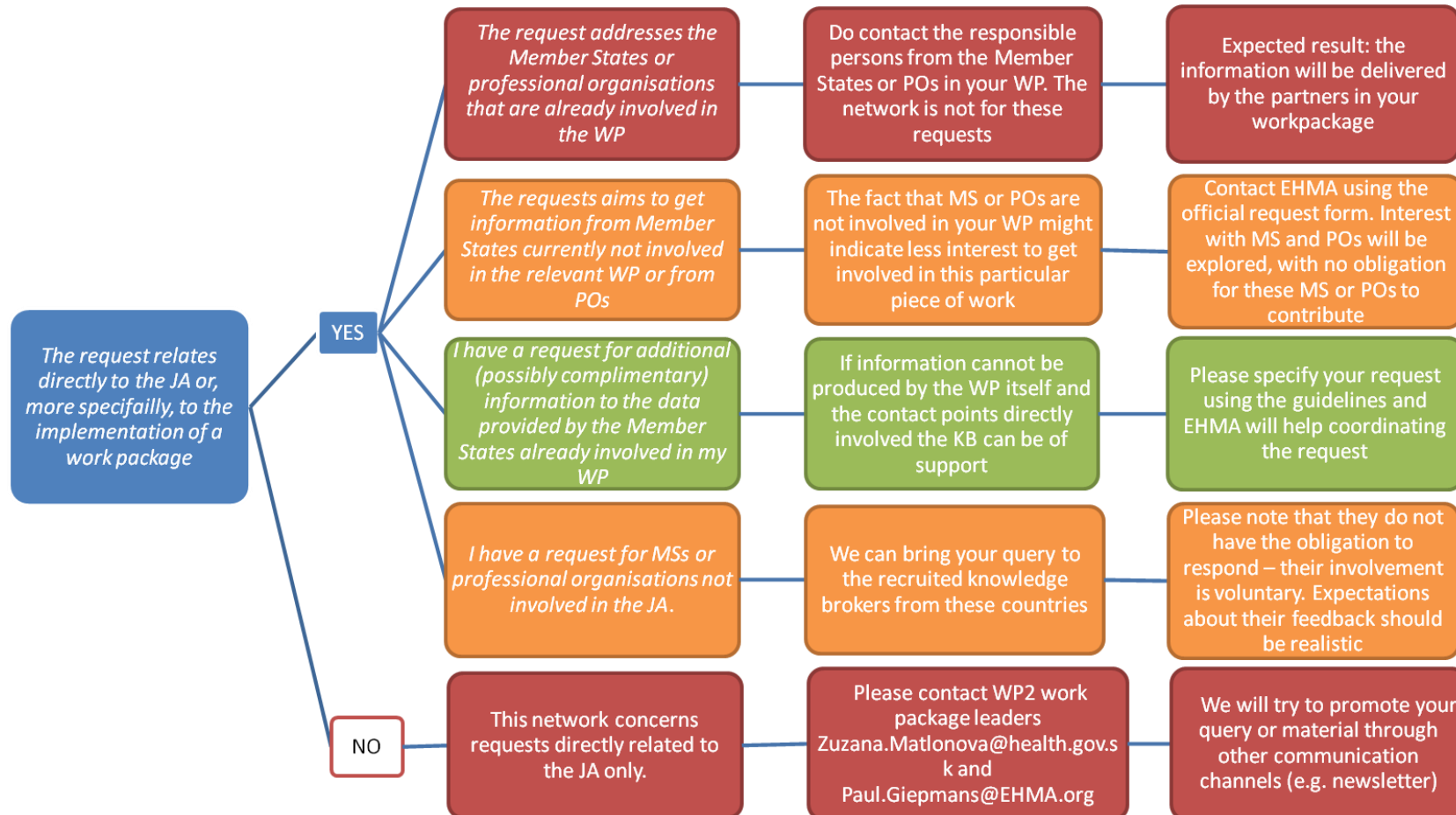
Name & email	
Work Package	
Aim of the request in approx. 50 words	<ul style="list-style-type: none"> <li>- If you are looking for a certain profile - what is that profile exactly? e.g. we are looking for an expert on workforce planning methodologies</li> <li>- If you are looking for data please specify. e.g. we are looking for information around minimum data set requirements in your Member State.</li> </ul>
Expected required time	e.g. 0,5 day
Deadline	e.g. Friday 30 August
Materials/files attached	e.g. Terms of Reference, a questionnaire, a template for providing information in the format you need
Clarification about why using KB network and not contact points in WP	e.g.: <ul style="list-style-type: none"> <li>- information not available in WP</li> <li>- Hope to include more countries that those involved in my WP</li> </ul>



# DELIVERABLE 024 - Dissemination Final Report

## WP2 Ministry of Health, Slovakia & EHMA

### ANNEX 4: SCHEMATIC OVERVIEW/DECISION TREE FOR THE INVOLVEMENT OF KNOWLEDGE BROKERS





### ANNEX 5: LIST OF IDENTIFIED STAKEHOLDERS BY ASSOCIATED PARTNER (IN THE ALPHABETICAL ORDER)

#### BELGIUM

SKD - Code	SKD - Name	SKD - Description
BE 01	Planning commission <a href="http://www.health.fgov.be/portal/Healthcare/Consultatiebodies/Planningcommission/">http://www.health.fgov.be/portal/Healthcare/Consultatiebodies/Planningcommission/</a>	The planning commission is a federal advisory body <sup>2</sup> , with a participation of representatives of the Communities. It's role is to: - Evaluate the needs of doctors and dentists, taking into account the evolution of medical cares, the quality of care and the demographic and sociologic evolutions of these professions. - Evaluate on a continuous way the impact of these evolutions on the access to studies.
BE 02	Federal Minister of Public Health <a href="http://www.laurette-onkelinx.be">www.laurette-onkelinx.be</a> <a href="http://www.health.fgov.be">www.health.fgov.be</a>	Federal authority on health care, in charge of the normative aspects of health care Currently still in charge of agreeing the healthcare professions and providing license to practice.
BE 03	Vlaamse Gemeenschap (& Minister) <a href="http://www.vlaanderen.be">http://www.vlaanderen.be</a>	Flemish authority on health care and education. In the future in charge of agreeing the healthcare professions and providing license to practice.
BE 04	Communauté française de Belgique (& Minister) <a href="http://www.federation-wallonie-bruxelles.be">http://www.federation-wallonie-bruxelles.be</a>	French speaking authority on health care and education. In the future in charge of agreeing the healthcare professions and providing license to practice.
BE 05	Deutschsprachige Gemeinschaft Belgiens (& Minister) <a href="http://www.dg.be">http://www.dg.be</a>	German speaking authority on health care and education. In the future in charge of agreeing the healthcare professions and providing license to practice.
BE 06	Order of Doctors <a href="http://www.ordomedic.be">http://www.ordomedic.be</a>	Competent authority for Deontology and License to practice of Doctors
BE 07	Order of pharmacists <a href="http://www.ordredespharmaciens.be">http://www.ordredespharmaciens.be</a>	Competent authority for Deontology and License to practice of Pharmacists
BE 08	Professional organizations of medical Doctors <a href="http://www.gbs-vbs.org">www.gbs-vbs.org</a>	There are 3 main unions for Doctors: - GBS - AbSyM - Kartel

<sup>2</sup> Defined by law : Art. 35octies – Royal Decree n°78 – 10 nov. 1967.





BE 09	Royal Academy of Medicine of Belgium <a href="http://www.armb.be">www.armb.be</a>	Scientific high authority of Medicine of Belgium
BE 10	Professional organizations of Pharmacists <a href="http://www.apb.be">www.apb.be</a> <a href="http://www.ophaco.org">www.ophaco.org</a>	There are 2 major organizations: <ul style="list-style-type: none"> <li>- Pharmaceutical Association of Belgium</li> <li>- Belgian Office of Cooperative Pharmacies</li> </ul>
BE 11	Professional organizations of Dentists <a href="http://www.dentiste.be">www.dentiste.be</a> <a href="http://www.incisif.org">www.incisif.org</a> <a href="http://www.vvt.be">www.vvt.be</a> <a href="http://www.vbt.be">www.vbt.be</a>	There are 4 unions of dentists in Belgium (2 French speaking, and 2 Dutch speaking) <ul style="list-style-type: none"> <li>- Société de médecine dentaire</li> <li>- Chambres syndicales dentaires</li> <li>- Verbond der Vlaamse Tandartsen</li> <li>- Vlaamse Beroepsvereniging Tandartsen</li> </ul>
BE 12	Professional organizations of Nurses  <a href="http://www.infirmieres.be">http://www.infirmieres.be</a> <a href="http://www.fnib.be">http://www.fnib.be</a> <a href="http://www.kpvdb.be">http://www.kpvdb.be</a> <a href="http://www.fnbv.be">http://www.fnbv.be</a> <a href="http://www.nvkvv.be">http://www.nvkvv.be</a> <a href="http://www.afip.be">http://www.afip.be</a> <a href="http://www.afiscep.be">http://www.afiscep.be</a> <a href="http://www.afiso.be">http://www.afiso.be</a> <a href="http://www.afisteb.be">http://www.afisteb.be</a> <a href="http://www.afiu.be">http://www.afiu.be</a> <a href="http://www.aievv.be">http://www.aievv.be</a> <a href="http://www.aigp.org">http://www.aigp.org</a> <a href="http://www.aievv.be">http://www.aievv.be</a> <a href="http://www.callus.be">http://www.callus.be</a> <a href="http://www.bvnpv.be">http://www.bvnpv.be</a> <a href="http://www.bvpv-sbip.be">http://www.bvpv-sbip.be</a> <a href="http://www.bvrv.be">http://www.bvrv.be</a> <a href="http://www.orpadt.be">http://www.orpadt.be</a> <a href="http://www.uobel.be">http://www.uobel.be</a> <a href="http://www.bvpv-sbip.be">http://www.bvpv-sbip.be</a> <a href="http://www.siznursing.be">http://www.siznursing.be</a> <a href="http://www.vbv.be">http://www.vbv.be</a> <a href="http://www.verplegingthuis.be">http://www.verplegingthuis.be</a> <a href="http://www.aiib-vukb.be">http://www.aiib-vukb.be</a> <a href="http://www.stomavlas.be">http://www.stomavlas.be</a> <a href="http://www.vvnb.be">http://www.vvnb.be</a>	They are several professional organizations of nurses in Belgium, with an umbrella organization of the major ones - UGIP (Union générale des infirmières belges): <ol style="list-style-type: none"> <li>1. ACN - Association belge des praticiens de l'art infirmier</li> <li>2. FNIB - Fédération nationale des infirmières de Belgique</li> <li>3. KPVDB - Deutschsprachige Krankenpflegevereinigung in Belgien</li> <li>4. FNBV - Federale Neutrale Beroepsvereniging voor Verpleegkundigen</li> <li>5. NVKVV - Nationaal verbond van katholieke Vlaamse verpleegkundigen en vroedvrouwen</li> <li>6. AFIP - Association francophone des infirmières spécialisées en santé mentale et psychiatrique</li> <li>7. AFISCEP - Association francophone d'infirmiers(ères) en stomathérapie, cicatrisation et plaies Belgique</li> <li>8. AFISO - Association francophone des infirmières de salle d'opération de Belgique</li> <li>9. AFISTEB - Association francophone des infirmiers de santé au travail en Belgique</li> <li>10. AFIU - Association francophone des infirmier(e)s d'urgence</li> <li>11. AIEP - Association d'infirmier(e)s spécialisé(e)s en éducation du patient</li> <li>12. AIEVV - Association belge des infirmier(e)s en endoscopie</li> <li>13. AIGP - Association des infirmier(e)s gradué(e)s de pédiatrie</li> </ol>



	<p><a href="http://www.vvizv.be">http://www.vvizv.be</a>  <a href="http://www.operatieverpleegkundige.be">http://www.operatieverpleegkundige.be</a>  <a href="http://www.vvro.be">http://www.vvro.be</a>  <a href="http://www.vvvs.be">http://www.vvvs.be</a>  <a href="http://www.infirmieres.be/compas">www.infirmieres.be/compas</a>  <a href="http://www.vlaamseverpleegunie.be">www.vlaamseverpleegunie.be</a></p>	<p>14. BVEV - Belgische vereniging van endoscopieverpleegkundigen  15. BVGV-Callus - Belgische vereniging gipsverbandmeesters  16. BVNV - Belgische vereniging voor neuro-verpleegkundigen  17. BVPV - Belgische vereniging van pneumologie verpleegkundigen  18. BVRV - Belgische vereniging voor revalidatie verpleegkunde  19. ORPADT - Organisatie van het paramedisch personeel der dialyse- en transplantatiecentra  20. UROBEL - Belgische vereniging voor urologisch verpleegkundigen en aanverwanten  21. SBIP - Société belge des infirmiers pneumologie  22. SIZ-Nursing - Société des infirmiers et infirmières de soins intensifs  23. VBVK - Vlaamse beroepsvereniging voor verpleegkundig kaderpersoneel  24. VBZV - Vlaamse beroepsvereniging voor zelfstandige verpleegkundigen  25. AIIB - VUKB - Association des infirmières indépendantes de Belgique - Vereinigung Unabhängiger Krankenplegerinnen Belgiëns  26. VLAS - Vlaamse stoma verpleegkundigen  27. VVBV - Vlaamse vereniging van verpleegkundigen in de bedrijfsgezondheidszorg  28. VVIZV - Vaamse vereniging van intensieve zorgen verpleegkundigen  29. VVOV - Vereniging van Vlaamse operatieverpleegkundigen  30. VVRO - Vereniging voor verpleegkundigen radiotherapie en oncologie  31. VVVS - Vlaamse vereniging voor verpleegkundigen spoedgevallenzorg  32. ComPAs - Association belge des praticiens de l'art infirmier exerçant auprès des personnes âgées  33. VVU - Vlaamse Verpleegunie</p>
BE 13	<p>Professional organizations of Mid-wives  <a href="http://www.nkvv.be">www.nkvv.be</a>  <a href="http://www.vlov.be">www.vlov.be</a>  <a href="http://www.sage-femme.be">www.sage-femme.be</a></p>	<p>They are 4 professional organizations of mid-wives in Belgium :</p> <ul style="list-style-type: none"> <li>- NKVV (Nationaal Verbond van Katholieke Vlaamse Verpleegkundigen en Vroedvrouwen)</li> <li>- VLOV (Vlaamse organisatie van de Vroedvrouwen)</li> <li>- UpSfb (Union professionnelle des</li> </ul>



		Sages-femmes belges) - AFSf (Association francophone des Sage-femmes Catholiques Grouped in the BMA (Belgian Midwives Association)
BE 14	Professional organizations of Physiotherapists <a href="http://www.axxon.be">www.axxon.be</a>	Axxon is the major organization, with 90 % + of the physiotherapists registered.
BE 15	National Institute of compulsory insurance against illness and invalidity <a href="http://www.inami.fgov.be">www.inami.fgov.be</a>	The national institute is a major player as 90 % + of the healthcare activities are classified and subject to reimbursement. The pricing of care activities are of major importance to the definition of the salary of the practitioners, which is a part of the attractiveness.
BE 16	Belgian Hospitals represented through the National Council of Hospitals <a href="http://www.health.belgium.be/eportal/Healthcare/Consultativebodies/Nationalcouncilforhospitalfaci/?fodnlang=en">http://www.health.belgium.be/eportal/Healthcare/Consultativebodies/Nationalcouncilforhospitalfaci/?fodnlang=en</a>	Hospitals are employers. BE presents a mix pattern of public and private hospitals, among which a large number of hospitals linked to the social insurance sector. The National Council addresses all hospitals policy-making issues.
BE 17	The Federal Planning Bureau (FPB) <a href="http://www.fpb.be">Federal Planning Bureau - Economic analyses and forecasts</a>	The FPB is a public agency. It conducts studies and projections on economic, social and environmental policy issues and on their integration within the context of sustainable development (e.g. aging population projections)

### FINLAND

SKD - Code	SKD - Name	SKD - Description
FI 01	<a href="http://www.stm.fi/en">Ministry of Social Affairs and Health (Finland)</a> <a href="http://www.stm.fi/en">http://www.stm.fi/en</a>	Central authority on health care
FI 02	Ministry of Education and Culture <a href="http://www.minedu.fi">http://www.minedu.fi</a>	<i>Ministry of Education and Culture is responsible for developing educational, science, cultural, sport and youth policies</i>
FI 03	Ministry of Employment and the Economy <a href="http://www.tem.fi/en">http://www.tem.fi/en</a>	The Ministry of Employment and the Economy (MEE) is responsible for the operating environment underpinning entrepreneurship and innovation activities, securing the functioning of the labor market and workers' employability, as well as for regional development.
FI 04	THL, National Institute for Health and Welfare <a href="http://www.thl.fi/en_US/web/en">http://www.thl.fi/en_US/web/en</a>	The National Institute for Health and Welfare (THL) is a research and development institute under the Finnish Ministry of Social Affairs and Health. THL seeks to serve the broader society



		in addition to the scientific community, actors in the field and decision-makers in central government and municipalities. The aim is to promote health and welfare in Finland.
FI 05	<u>Statistics Finland</u> <a href="http://www.tilastokeskus.fi/">http://www.tilastokeskus.fi/</a>	Statistics Finland combines collected data with its own expertise to produce statistics and information services.
FI 06	Valvira, national Supervisory Authority for Welfare and Health <a href="http://www.valvira.fi/en/">http://www.valvira.fi/en/</a>	Valvira is the National Supervisory Authority for Welfare and Health and a centralised body operating under the Ministry of Social Affairs and Health. Our statutory purpose is to supervise and provide guidance to healthcare and social services providers, alcohol administration authorities and environmental health bodies and to manage related licensing activities.
FI 07	KELA, <a href="http://www.kela.fi/web/en">http://www.kela.fi/web/en</a>	Kela provides basic social security for all persons resident in Finland, The schemes administered by Kela cover such areas of social security as family benefits, health insurance, rehabilitation, basic unemployment security, housing benefits, financial aid for students and basic pensions. In addition, Kela provides disability benefits, conscripts' allowances and assistance for immigrants.
FI 08	Ministry of Finance <a href="http://www.vm.fi/vm/en/01_main/index.jsp">http://www.vm.fi/vm/en/01_main/index.jsp</a>	The Ministry prepares economic and fiscal policy, drafts the annual Budget and offers experience in tax policy matters. It is responsible for drafting policy on the financial markets and State employer and human resources policy, and for the overall development of public administration.
FI 09	Kuntaliitto FAssociation of Finnish and Regional Authorities <a href="http://www.localfinland.fi/en/Pages/default.aspx">http://www.localfinland.fi/en/Pages/default.aspx</a>	The Association's goal is to promote the opportunities for local authorities to operate for the benefit of their residents. Representing all Finnish towns, cities and municipalities.
FI 10	Suomen Lääkäriliitto The Finnish Medical Association (FMA) <a href="http://www.laakariliitto.fi/en/">http://www.laakariliitto.fi/en/</a>	The Finnish Medical Association (FMA) is a professional organization of which almost all doctors practising in Finland are members
FI 11	TEHY <a href="http://www.tehy.fi/en">http://www.tehy.fi/en</a>	<i>Tehy is a Union of Health and Social Care Professionals, Tehy represents qualified health care professionals, social workers and students</i>



		<i>of these professions in both the private and the public sectors. Represents Nurses, Midwives and Physiotherapists in Finland</i>
FI 12	SuPer Finnish Union of Practical Nurses <a href="http://www.superliitto.fi/en/">http://www.superliitto.fi/en/</a>	SuPer is the largest union in Finland for those with an upper secondary level qualification in the social and health care sectors and for students of this field. The largest group within SuPer consist of members with a diploma in practical nursing.
FI 13	Hammaslääkäriliitto The Finnish Dental Association <a href="http://www.hammaslaakariliitto.fi/index.php?id=6404">http://www.hammaslaakariliitto.fi/index.php?id=6404</a>	The Finnish Dental Association is the trade union for dentists and dentistry students with a membership of 95 percent of Finnish dentists. The Dental Association fosters public appreciation of the dental profession and promotes Finnish oral health care.

### GERMANY

SKD - Code	SKD - Name	SKD - Description
DE1	Gemeinsamer Bundesausschuss Federal Joint Committee <a href="http://www.english.g-ba.de/">http://www.english.g-ba.de/</a>	Highest decision-making body of the joint self-government of physicians, dentists, hospitals and health insurance fund. Develops the health workforce planning guidelines
DE2	Bundesministerium fuer Gesundheit Ministry of Health <a href="http://www.bmg.bund.de/">http://www.bmg.bund.de/</a>	Federal ministry of health. Drafting of bills and ordinances and in charge of administrative regulation in the health sector.
DE3	Kassenärztliche Bundesvereinigung National Association of statutory health insurance physicians (also regional associations of statutory health insurance physicians) <a href="http://www.kbv.de/78.html">http://www.kbv.de/78.html</a>	Medical self-government bodies under public law. Comprised of the regional (state) associations. Represents all physicians working under statutory health physicians.
DE4	Department of Health in each of the 16 Länder (states)	For each state the highest governmental organization Involved in implementation of guidelines.
DE5	GKV Spitzenverband National Association of statutory health insurance funds <a href="http://www.gkv-spitzenverband.de/english/about_us/about_us.jsp">http://www.gkv-spitzenverband.de/english/about_us/about_us.jsp</a>	National health insurance providers, over 70 million people insured. Central association of the health insurance funds at federal level in accordance with section 217 a of Book V of the German Social Code (SGB V).



DE6	PKV Verband der privaten Krankenversicherungen National Association of private health insurance funds (my own translation) <a href="http://www.pkv.de/verband/">http://www.pkv.de/verband/</a>	Funds those not insured under statutory health insurance.
DE7	Bundespsychotherapeutenkammer National Chamber of Psychotherapists <a href="http://www.bptk.de">http://www.bptk.de</a>	Chamber of psychotherapists, represents at national level the interests of 12 regional chambers.
DE8	Deutscher Hebammenverband National Association of Midwives <a href="http://www.hebammenverband.de/verband">http://www.hebammenverband.de/verband</a>	Represents the interests of midwives. 17.500 members.
DE9	Deutscher Pflegeverband National Association of Nursing professionals <a href="http://www.dpv-online.de/verband.htm">http://www.dpv-online.de/verband.htm</a>	Represents the interests of nursing professionals.
DE10	Bundesvereinigung Deutscher Apothekerverbände Federal Union of German Associations of Pharmacists <a href="http://www.abda.de/986.html">http://www.abda.de/986.html</a>	Umbrella organization for 60.000 pharmacists in Germany through 17 chambers of pharmacists and 17 associations of pharmacists at state level.
DE11	Deutsche Krankenhausgesellschaft German Hospital Federation <a href="http://www.dkgev.de/dkg.php/cat/257/aid/10696">http://www.dkgev.de/dkg.php/cat/257/aid/10696</a>	Federation of national and state associations of hospital owners.
DE12	Medical faculties of major universities, for example in Goettingen, Leipzig, Berlin...	Train the future physicians

Note: nursing education in Germany ranges from university courses to apprenticeships. There would have to be a choice on whom to interview.

### HUNGARY

SKD - Code	SKD - Name	SKD - Description
HU 01	<u>Ministry of Human Resources - State Secretariat for Health</u>	Central authority for healthcare, protection of public health. Responsible for decision making, legislation of all health and related issues in coordination and cooperation with other relevant ministries and authorities. Responsible for professional and vocational postgraduate training and continuing medical education .





HU 02	<u>Ministry of Human Resources - State Secretariat for Education</u>	Central Authority for education. Oversees all education, including HWF. Draws up development plans, creates necessary legislation and ensures institutions reach the required quality standard. Organizes state public education activities and supports public education.
HU 03	Ministry of National Economy	Ministry of National Economy is a central body of state administration responsible for the areas of finance and redistribution the state budget finances, Ministry of Human Resources are linked to Ministry of National Economy in terms of state budget money inflow
HU 04	Office for Health Authorisation and Administration <a href="http://www.eekh.hu">www.eekh.hu</a>	Central authority for health professionals' registration and licensing, recognition and of medical qualifications. This office responsible for the implementation of Human Resources for Health Monitoring project (national HWF planning project)
HU 05	National Institute for Quality- and Organizational Development in Healthcare and Medicines (GYEMSZI) <a href="http://www.gyemszi.hu">www.gyemszi.hu</a>	Central authority and methodological center, was established on 1st of May 2011 based on Government regulation, by the merger of the National Institute for Strategic Health Research (ESKI), the National Institute of Pharmacy (OGYI), the Institute for Basic and Continuing Education of Health Workers (ETI), and the National Centre for Healthcare Audit and Inspection (OSZMK) into the Institute for Healthcare Quality Improvement and Hospital Engineering (EMKI), thus resulting a change in the latter's name. GYEMSZI as a general successor institute, continuously and invariably performs the tasks and duties of the predecessor institutes (ESKI, OGYI, ETI, OSZMK) and considers the commitments and declarations made by them valid for itself. GYEMSZI takes part in preparation of the national strategy for healthcare quality improvement and patient safety, the maintenance of the register needed for the functional integration and supervision of healthcare institutions, the performance of patient route organization and development policy tasks, the maintenance of the health care clinical audit and inspection system and this center manages health sector related EU projects. GYEMSZI acts as an employer institution, because it is owner of several





		hospitals and out-patient health care institutes. Hereby GYEMSZI is able to ensure the construction of a well focused methodological and development policy strategy for the health care sector.
HU 06	National Public Health and Medical Officer Service <a href="http://www.antsz.hu">www.antsz.hu</a>	The National Public Health and Medical Officer Service is national authority of healthcare institutions professional authorisation, supervision and public health issues.
HU 07	National Health Insurance Fund <a href="http://www.oep.hu">www.oep.hu</a>	National Health Insurance Fund. It contracts with the healthcare organisations/providers, conducts data on insured persons, this affect the finances flow.
HU 08	Hungarian Central Statistical Office <a href="http://www.ksh.hu">www.ksh.hu</a>	The Hungarian Central Statistical Office is a professionally independent public administration agency led by the government. The Office provides data for the parliament and public administration, social organizations, local authorities, scientific bodies, economic organizations, the general public and the media as well as for international organizations and users abroad.
HU 09	Hungarian Medical Chamber <a href="http://www.mok.hu">www.mok.hu</a>	Non-governmental professional organization of covering all medical doctors and specialists that provides professional and moral protection for its members. It represents members' interests; sets ethical standards; establishes policy guidelines; and advises on professional issues. The membership for doctors is mandatory in order to get licensed for practise.  HMC has a Dental Section responsible for legal and interest representation of dentists, dental practitioners and dental specialists.
HU 10	Council of the Hungarian Paramedic Professionals <a href="http://www.meszk.hu">www.meszk.hu</a>	Non-governmental professional organization of all paramedic professionals (nurses, midwives, physiotherapists etc.) Represents members' interests; sets ethical standards; establishes policy guidelines; and advises on professional issues. The membership for paramedic professionals is mandatory in order to practise.
HU 11	Hungarian Chamber of Pharmacists <a href="http://www.mgyk.hu">www.mgyk.hu</a>	Non-governmental professional organization of all pharmacists. Represent members' interests; set ethical standards; establish policy guidelines; and advise on professional issues. The membership is mandatory.
HU 12	National Hospital Association	Non-governmental association of hospitals. NHA



	<a href="http://www.korhazszovetseg.hu/">www.korhazszovetseg.hu/</a>	represents its member institutions' interests and makes consultations with the government on hospital issues.
HU 13	Medicina 2000 Polyclinic and Outpatient Healthcare Providers' professional Association <a href="http://www.medicina2000.hu">www.medicina2000.hu</a>	Non-governmental association of outpatient healthcare providers. Tasks: Representing members' interests and consultations with the government on out-patient care related issues.
HU 14	Hungarian Health Visitors' Association <a href="http://www.mave.hu">www.mave.hu</a>	Non-governmental association of health visitors. It is special hungarian profession on maternity and child care. HHVA represents its member institutions' interests.
HU 15	Hungarian Medical Universities and Faculties <a href="http://www.dote.hu">www.dote.hu</a> <a href="http://www.pote.hu">www.pote.hu</a> <a href="http://www.sote.hu">www.sote.hu</a> <a href="http://www.szote.u-szeged.hu/AOK/">www.szote.u-szeged.hu/AOK/</a>	Health professional education - undergraduate, postgraduate, CME-, research on medicine, health sciences and public health.
HU 16	Semmelweis University Health Services Management Training Centre <a href="http://www.hsmtc.hu">www.hsmtc.hu</a>	University institution with special focus on health workforce research and planning issues, with comprehensive national and international experiences. HSMTC supports decision making in health policy by evidence-based research activities in several health care system related topics.

### ICELAND

SKD - Code	SKD - Name	SKD - Description
IC 01	Ministry of Welfare <a href="http://eng.velferdarraduneyti.is/">http://eng.velferdarraduneyti.is/</a> E-Mail <a href="mailto:postur@vel.is">postur@vel.is</a>	Central authority for administration and policy making of health and health care, public health affairs, social affairs, and social security in Iceland. It is also responsible for employment legislation, labour inspection and labour market policy.
IC 02	Ministry of Education, Science and Culture <a href="http://eng.menntamalaraduneyti.is/">http://eng.menntamalaraduneyti.is/</a> E-mail <a href="mailto:postur@mrn.stjr.is">postur@mrn.stjr.is</a>	Central authority for upper secondary and higher educational issues and curricula for the above as well as matters regarding continuing education such as preparing a general policy and supervising its implementation. The ministry co-ordinates various projects in the fields of science, research and innovation and their integration with the formulation and implementation of the educational policy.
IC 03	Ministry of Finance and Economic Affairs <a href="http://www.ministryoffinance.is/">http://www.ministryoffinance.is/</a>	Ministry of Finance and Economic Affairs is a central body of state administration responsible for the areas of finance and redistribution of the state budget finances. Ministry of Welfare and



	E mail <a href="mailto:postur@fjr.is">postur@fjr.is</a>	Ministry of Education, Science and Culture are linked to Ministry of Finance and Social Affairs in terms of state budget money inflow.
IC 04	Directorate of Health <a href="http://www.landlaeknir.is/english/">http://www.landlaeknir.is/english/</a>	The Directorate of Health is a government agency headed by the Chief Medical Officer for Iceland. Among its present functions are an advisory role; to organise public health initiatives; to promote improvements of health care quality and to inspect the health care services and monitor health care workers; to collect and process data on health and health care services and promote research in that field; to handle complaints from health care users and to issue licences to practise to certified health care professionals and ensure that their education meets requirements.
IC 05	Statistics Iceland <a href="http://www.statice.is">http://www.statice.is</a> E mail <a href="mailto:information@statice.is">information@statice.is</a>	Statistics Iceland is the centre for official statistics in Iceland and collects, processes and disseminates data on the economy and society. Statistics Iceland is divided into four divisions - economic statistics, social statistics, business statistics and resources and services.
IC 06	Icelandic Health Insurance <a href="http://www.sjukra.is/english">http://www.sjukra.is/english</a> E mail <a href="mailto:sjukra@sjukra.is">sjukra@sjukra.is</a>	Icelandic Health Insurance is an integral part of social security in Iceland, providing a certain minimum insurance coverage. Among its functions are administration of health insurance and occupational injury insurance; negotiation on health care services and surveillance of quality and performance according to contracts.
IC 07	Icelandic Medical Association <a href="http://www.lis.is/">http://www.lis.is/</a>	The IMA is the central professional organisation of doctors in Iceland that includes the affiliated organisations of diverse specialities, local medical organisations as well as individual members. It negotiates salaries with the state, protects professional rights, issues the Icelandic Medical Journal and keeps a register of doctors.
IC 08	The Icelandic Nurses Association <a href="http://www.hjukrun.is/">http://www.hjukrun.is/</a>	The organisation is a professional and trade organisation and its purpose is in particular: to work towards improving public health in Iceland by encouraging effective nursing and better and more economical health service in Iceland; to uphold the cause of nursing and nurses; to encourage the development of nursing as a science; to negotiate with employers on behalf of members of the association regarding wages and working conditions and other matters covered by the mandate for negotiation at the time; to defend other interests and rights of its



		members with regard to their work in the nursing profession, and to represent them.
IC 09	The Icelandic Association of Licensed Practical Nurses <a href="http://www.slfi.is/">http://www.slfi.is/</a> (Icelandic)	The organisation is a professional and trade organisation. Its main purpose is: To work for the interests of its members, protect their rights and promote against any discrimination in wage payments and employment; to strengthen solidarity and cohesion among members; to promote and improve the education of members; to encourage members to maintain their skills and expand their knowledge; to promote cultural activities among its members; to collaborate with similar foreign associations; to enhance the accountability of the profession and be its advocate; to promote collaboration of those working in the health care sector and other public employees.
IC 10	The Pharmaceutical Society of Iceland <a href="http://www.lfi.is/">http://www.lfi.is/</a> (Icelandic)	The organization is a professional and trade organization. Its main purpose is: <ul style="list-style-type: none"> <li>• to promote healthy and proper medication</li> <li>• to promote professional work</li> <li>• to promote knowledge of other health care professionals and the public on pharmacology and pharmacists work</li> <li>• to protect the interests and rights of its members and safeguard the rights of its members</li> <li>• to promote improved employment conditions and increase pharmacists job satisfaction,</li> <li>• To promote unity and cooperation among pharmacists</li> </ul>
IC 11	The Icelandic Association of Midwives <a href="http://www.ljosmaedrafelags.is">http://www.ljosmaedrafelags.is</a> (Icelandic)	The organisation is a professional and trade organisation. Its main purpose is: To strengthen the midwifery profession and to enhance the interest of Icelandic midwives regarding their profession; to promote education and to promote the development of midwifery as a discipline; to protect the interests and rights of midwives regarding their wages and working conditions; to encourage midwives to maintain their skills and expand their knowledge; to enhance the accountability of the profession; to participate in health policy regarding matters of the profession and strengthen collaboration with other health care



		providers; to stimulate cooperation both at national and international level.
IC 12	The Icelandic Dentist Association <a href="http://www.tannsi.is/heim/">http://www.tannsi.is/heim/</a> (Icelandic)	The organisation is a professional and trade organisation. Its main purpose is: to promote collaboration and solidarity among Icelandic dentists and protect their interests and rights; to conduct the matters concerning dental activities and public welfare; to facilitate members to follow innovations in dental science and maintain and enhance their education; to increase the quality of life with improved dental health of the nation; to inform and educate the public and health authorities about dental care and dental health; to publish the Dental Review (Tannlæknablaðið), a dental journal.
IC 13	Icelandic Physiotherapy Association <a href="http://www.physio.is/">http://www.physio.is/</a> (Icelandic) E mail physio@physio.is	IPA is IMA is the central professional organization of physiotherapists in Iceland that includes the affiliated organizations of diverse specialties, local organizations as well as individual members. It protects the physiotherapy profession, support their demands and raises their professional credits.
IC 14	The School of Health Sciences University of Iceland <a href="http://english.hi.is/school_of_health_sciences/school_of_health_sciences">http://english.hi.is/school_of_health_sciences/school_of_health_sciences</a> E mail <a href="mailto:hi@hi.is">hi@hi.is</a>	Represents the scientific community in Iceland for public health and all the main health professions such as medicine, nursing and midwifery, pharmacy, dentistry, physiotherapy, occupational therapy.
IC 15	The School of Health Sciences at the University in Akureyri  <a href="http://english.unak.is/health-sciences">http://english.unak.is/health-sciences</a> E mail international@unak.is	Is part of the scientific community in Iceland for health professions such as nursing and occupational therapy.
IC 16	Landspítali, the National University Hospital <a href="http://www.landspitali.is/">http://www.landspitali.is/</a>	The main role of Landspítali - the National University Hospital of Iceland is threefold; service to patients, teaching and training of clinical staff and scientific research. The hospital offers diverse clinical services in outpatient clinics, day patient units, inpatient wards and clinical laboratories. The hospital's support offices provide a range of services related to human resources, finance and economics, information technology and operations. It is by far the biggest hospital in



IC 17	<p>Primary Health Care of the Capital Area  <a href="http://www.heilsugaeslan.is/?pageid=7878bcc1-78d7-46d8-b489-35350bf3486f">http://www.heilsugaeslan.is/?pageid=7878bcc1-78d7-46d8-b489-35350bf3486f</a></p>	<p>Iceland.</p> <p>Primary Health Care of the Capital Area operate fifteen health clinics and four additional specialized centres in Reykjavik and vicinity.</p> <p>The health care clinics offer various medical and nursing services, general medical service, general nursing care, infant and maternity service, school nursing, vaccinations for adults, health care for the elderly etc. The health clinics' activities are directed towards neighbourhood services and are expected to serve inhabitants of particular parts of the capital city area.</p>
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### ITALY

SKD - Code	SKD - Name	SKD - Description
IT 01	<p>Ministry of Health  <a href="http://www.salute.gov.it">www.salute.gov.it</a>  <a href="http://www.archeo.salute.gov.it/indexEnglish.jsp">www.archeo.salute.gov.it/indexEnglish.jsp</a></p>	<p>The Ministry of Health is the Italian central authority which has the functions pertaining to the State on the following subjects:</p> <ul style="list-style-type: none"> <li>- Healthcare, coordination of the national health service</li> <li>- Veterinary healthcare</li> <li>- Occupational healthcare, hygiene and food safety</li> </ul> <p>The Ministry operates in the institutional context ruled by the 2001 reform of the Constitution which introduced the State and Regions' power of concurrent legislation and the Regions' authority to make regulations on matters regarding:</p> <ul style="list-style-type: none"> <li>- healthcare</li> <li>- matters concerning healthcare, such as occupational health and safety, organization of professions, nutrition, scientific research</li> </ul> <p>The role of the State regarding health matters has gradually changed from a pre-eminent function of organizer and manager of services to that of equity guarantor in the implementation of the right to health, ruled by article 32 of the Constitution.</p>
IT 02	<p>Abruzzo Region  <a href="http://www.regione.abruzzo.it">www.regione.abruzzo.it</a></p>	<p>Regions are local government authority which have the role to guide, plan, coordinate and control the management of the territory.</p>



## DELIVERABLE 024 - Dissemination Final Report

### WP2 Ministry of Health, Slovakia & EHMA

		Regions acquired a significant level of autonomy following a constitutional reform in 2001 which granted them residual policy competence. In the evolution of the decentralization which already existed in the guidelines of Law 833 of 1978, that established the National Health Service, and in the reorganization of the nineties, to the Regions were given a fundamental role in the programming, organization and management of health services. Since 2001 the agreements and “deals” between the State and the Regions have become the instrument with which welfare is planned in Italy.
IT 03	Basilicata Region <a href="http://www.regione.basilicata.it">www.regione.basilicata.it</a>	<i>please see Abruzzo Region description</i>
IT 04	Calabria Region <a href="http://www.regione.calabria.it">www.regione.calabria.it</a>	<i>please see Abruzzo Region description</i>
IT 05	Campania Region <a href="http://www.regione.campania.it">www.regione.campania.it</a>	<i>please see Abruzzo Region description</i>
IT 06	Emilia-Romagna Region <a href="http://www.regione.emilia-romagna.it">www.regione.emilia-romagna.it</a>	<i>please see Abruzzo Region description</i>
IT 07	Autonomous Region of Friuli Venezia Giulia <a href="http://www.regione.fvg.it/inglese">www.regione.fvg.it/inglese</a>	Friuli Venezia Giulia has a special statute of autonomy which confers legislative powers in important areas for the government of the Region. Article 116 of the Italian Constitution grants to five regions (namely Sardinia, Sicily, Trentino-Alto Adige/Südtirol, Aosta Valley and Friuli-Venezia Giulia) home rule, acknowledging their powers in relation to legislation, administration and finance. They keep between 60% and 100% of all levied taxes. <a href="http://en.wikipedia.org/wiki/-cite_note-Rai-7">http://en.wikipedia.org/wiki/-cite_note-Rai-7</a> In return they have to finance the health-care system, the school system and most public infrastructures by themselves. Friuli Venezia Giulia can promulgate its own laws in sectors such as the environment, health, industry, scientific research, culture and housing
IT 08	Lazio Region <a href="http://www.regione.lazio.it">www.regione.lazio.it</a>	<i>please see Abruzzo Region description</i>
IT 09	Liguria Region <a href="http://www.regione.liguria.it">www.regione.liguria.it</a>	<i>please see Abruzzo Region description</i>
IT 10	Lombardy Region <a href="http://www.en.regione.lombardia.it">www.en.regione.lombardia.it</a>	<i>please see Abruzzo Region description</i>





IT 11	Marche Region <a href="http://www.regione.marche.it">www.regione.marche.it</a>	<i>please see Abruzzo Region description</i>
IT 12	Molise Region <a href="http://www.regione.molise.it">www.regione.molise.it</a>	<i>please see Abruzzo Region description</i>
IT 13	Piemonte Region <a href="http://www.regione.piemonte.it">www.regione.piemonte.it</a>	<i>please see Abruzzo Region description</i>
IT 14	Autonomous Province of Bolzano <a href="http://www.provincia.bz.it">www.provincia.bz.it</a>	Trentino-Alto Adige/Südtirol is an autonomous Region. Since the 1970s most legislative and administrative competencies have been transferred to the two autonomous provinces which make up the region: Trentino (Province of Trento) and South Tyrol (Province of Bolzano). The Italian state recognised a certain degree of autonomy for the region and its two constituent provinces and the special status of autonomy was approved by constitutional law in 1948. This statute gave the region the right to initiate its own laws on a wide range of subjects and to carry out respective administrative functions.
IT 15	Autonomous Province of Trento <a href="http://www.provincia.tn.it">www.provincia.tn.it</a> <a href="http://www.investintrentino.it/">www.investintrentino.it/</a>	Please see Autonomous Province of Bolzano description
IT 16	Puglia Region <a href="http://www.regione.puglia.it">www.regione.puglia.it</a>	<i>please see Abruzzo Region description</i>
IT 17	Autonomous Region of Sardinia <a href="http://www.regione.sardegna.it">www.regione.sardegna.it</a>	<i>please see Friuli Venezia Giulia description</i>
IT 18	Sicilian Region <a href="http://pti.regione.sicilia.it">http://pti.regione.sicilia.it</a>	<i>please see Friuli Venezia Giulia description</i>
IT 19	Tuscany Region <a href="http://www.regione.toscana.it">www.regione.toscana.it</a>	<i>please see Abruzzo Region description</i>
IT 20	Umbria Region <a href="http://www.regione.umbria.it">www.regione.umbria.it</a>	<i>please see Abruzzo Region description</i>
IT 21	Autonomous Region of Aosta Valley <a href="http://www.regione.vda.it">www.regione.vda.it</a>	<i>please see Friuli Venezia Giulia description</i>
IT 22	Region of Veneto <a href="http://www.regione.veneto.it">www.regione.veneto.it</a>	<i>please see Abruzzo Region description</i>
IT 23	National Federation of Medico-Surgical and Dental Orders -	FNOMCEO is the Federation of provincial medico-surgical and dental orders. It's the body representing physicians and dentists at national



	<p>FNOMCEO (physicians and dentists) <a href="http://www.fnomceo.it">www.fnomceo.it</a></p>	<p>level.</p> <p>Although implementing and monitoring disciplinary procedures is the responsibility of the individual provincial medical associations, the Codice Deontologico (Code of Ethics) is established at a national level by the FNOMCEO. In order to practice their profession, physicians and dentists are obliged to register.</p>
IT 24	<p>National Federation of nurses colleges (IPASVI) <a href="http://www.ipasvi.it/static/english.htm">www.ipasvi.it/static/english.htm</a></p>	<p>The Federation of the Ipasvi Colleges is the body that represents Italian nurses on a national basis.</p> <p>The national Federation coordinates the provincial colleges and one of their main institutional duties is to keep the registers of the professionals.</p> <p>In order to practice their profession, nurses are obliged to register. The Provincial Colleges are non-profit bodies by public law, established and regulated by specific laws</p>
IT 25	<p>National Federation of midwives colleges (FNCO) <a href="http://www.fnco.it">www.fnco.it</a></p>	<p>The Federation of colleges is the body that represents Italian midwives on a national basis.</p> <p>The national Federation coordinates the provincial colleges and one of their main institutional duties is to keep the registers of the professionals In order to practice their profession, midwives are obliged to register.</p>
IT 26	<p>National Federation of pharmacists orders (FOFI) <a href="http://www.fofi.it">www.fofi.it</a></p>	<p>The Italian Federation of Pharmacists is a public institution which coordinates the activities of the Orders and it represents at national level the profession of pharmacist.</p> <p>In order to practice their profession, pharmacists are obliged to register.</p>
IT 27	<p>Ministry of Education, Universities and Research (MIUR) <a href="http://www.miur.it">www.miur.it</a></p>	<p>The Ministry of Education, Universities and Research is the Ministry of the Italian government for the national education system, the Italian universities and research. MIUR is the institution in charge of the educational system and policy in Italy. It</p>



		promotes scientific and technological research. It plans and coordinates developments and changes in the university system. It allocates funds to individual universities and co-ordinates Italian participation in EU and international programmes relating to higher education and scientific and technological research.
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### MALTA

SKD - Code	SKD - Name	SKD - Description
MT 01	Public Administration HR Office Office of the Prime Minister <a href="http://www.pahro.gov.mt/home?l=1">http://www.pahro.gov.mt/home?l=1</a>	Office which approves all recruitment within the Public Service & Sector including Health Care Professionals
MT 02	Chief Medical Officer Ministry for Health <a href="https://ehealth.gov.mt/HealthPortal/default.aspx">https://ehealth.gov.mt/HealthPortal/default.aspx</a>	Strategically lead, support and coordinate a sustainable & responsive health system, built on competence, quality and efficiency especially by Health Care Professionals
MT 03	Nursing Services Directorate Ministry for Health	Responsible for all Medical Staff within the Ministry for Health
MT 04	Allied Health Professionals Ministry for Health	Responsible for all Allied Health Professionals within the Ministry for Health
MT 05	Pharmaceutical Affairs Ministry for Health	Responsible for all Pharmacists within the Ministry for Health
MT 06	Health Information & Research Ministry for Health	Lead the <b>collection, analysis and delivery</b> of health related information in Malta
MT 07	Superintendence Public Health Ministry for Health	Monitor standards, license and inspect health care service facilities and enforce regulations
MT 08	Council for Nurses & Midwives Ministry for Health	Regulate the entry to and exit of Nurses & Midwives from a register and maintain high professional and educational standards
MT 09	Medical Council Ministry for Health	<i>Ensures proper standards in the practice of Medicine as well as by safeguarding the values and integrity of the Medical and Dental professions.</i>
MT 10	Council for Professions Complementary to Medicine	Regulates by setting and maintaining standards of



	Ministry for Health	professional training, performance and conduct
MT 11	Pharmacy Council Ministry for Health	Regulate the Pharmacy Profession in the interests of the general public.
MT 12	Human Resources Practices Ministry for Health	Responsible for capacity building for MFH
MT 13	Post Graduate Training Centre Ministry for Health	Provide training and professional support for postgraduate medical trainees and their trainers in the various specialties
MT 14	Ministry for Family & Social Solidarity - Human Resources (MFSS) <a href="http://www.mfss.gov.mt">http://www.mfss.gov.mt</a>	Responsible for capacity building for MFSS
MT 15	Ministry for Finance (MFIN) <a href="http://mfin.gov.mt/en/Pages/default.aspx">http://mfin.gov.mt/en/Pages/default.aspx</a>	Responsible for national budgets and the financing of Salaries within Public Service
MT 16	Faculty for Health Science, University of Malta <a href="http://www.um.edu.mt/healthscience">http://www.um.edu.mt/healthscience</a>	Education and training of Health Care professionals including Nurses and Allied Health Professionals
MT 17	Faculty of Medicine & Surgery, University of Malta <a href="http://www.um.edu.mt/umms">http://www.um.edu.mt/umms</a>	Education and training of Medical Doctors and Pharmacists
MT 18	Faculty of Dental Surgery University of Malta <a href="http://www.um.edu.mt/umms">http://www.um.edu.mt/umms</a>	Education and training of Dental Surgeons
MT 19	National Statistics Office (NSO) <a href="http://www.nso.gov.mt/site/page.aspx">http://www.nso.gov.mt/site/page.aspx</a>	Produce efficiently high-quality statistics that are relevant, reliable and comparable

### NETHERLANDS

SKD - Code	SKD - Name	SKD - Description
NL 01	Ministry of Health, Welfare and Sport <a href="http://www.government.nl/ministries/vws">www.government.nl/ministries/vws</a>	Central authority on health care and has a system responsibility for the labour market in the health care
NL 02	Ministry of Education, Culture	Central authority on education and also



	and Science <a href="http://www.government.nl/ministeries/ocw">www.government.nl/ministeries/ocw</a>	responsible for a working transition between education and labour market in the health care
NL 03	Advisory Committee on Medical Manpower Planning (Capaciteitsorgaan) <a href="http://www.capaciteitsorgaan.nl">www.capaciteitsorgaan.nl</a>	Capaciteitsorgaan advises the Ministry of Health, Welfare and Sport on required yearly inflow in medical education and training programs.
NL 04	The Netherlands Institute for Health Services Research (NIVEL) <a href="http://www.nivel.nl/en">www.nivel.nl/en</a>	NIVEL is responsible for a large part of the data collection, the design and maintenance of the demand-based forecast and planning model for the Capaciteitsorgaan.
NL 05	Research Program Labour Market in the Health and Social Care (AZW) <a href="http://www.azwinfo.nl">www.azwinfo.nl</a>	They are responsible for the data collection and forecasting of the workforce in the health and social care (excluding medical specialists).
NL 06	Office for Health insurance (CVZ) <a href="http://www.cvz.nl">www.cvz.nl</a>	The (new) section Professions and Education within CVZ is responsible for the horizon scanning (2030) of new professions and matching educational programs.

### POLAND

SKD - Code	SKD - Name	SKD - Description
PL 01	Ministry of Health <a href="http://ww.mz.gov.pl">ww.mz.gov.pl</a>	Organization of public health system, education of healthcare personnel
PL 02	Ministry of Higher Education <a href="http://www.nauka.gov.pl">www.nauka.gov.pl</a>	Creating legal and organizational environment for higher education in medical professions - in cooperation with MoH
PL 03	Ministry of Finance <a href="http://www.mf.gov.pl">www.mf.gov.pl</a>	Preparation, execution and control over implementation of the state budget
PL 04	Ministry of Labour and Social Policy <a href="http://www.mpips.gov.pl">www.mpips.gov.pl</a>	Social assistance, social insurance, social security, system cooperation, labour market, working conditions, social dialogue
PL 05	Central Statistical Office <a href="http://www.stat.gov.pl">www.stat.gov.pl</a>	Gathering and managing data of different social issues
PL 06	National Medical Chamber <a href="http://www.nil.org.pl">www.nil.org.pl</a>	Professional self-government of doctors and dentists
PL 07	National Chamber of Nurses and Midwives <a href="http://www.izbapiel.org.pl">www.izbapiel.org.pl</a>	Professional self-government of nurses and midwives
PL 08	National Health Fund <a href="http://www.nfz.gov.pl">www.nfz.gov.pl</a>	Body contracting health care providers, financing the system
PL 09	Polish Pharmaceutical Chamber <a href="http://www.nia.org.pl">www.nia.org.pl</a>	Professional self-government of pharmacists
PL 10	Polish Nurses Association	Association of nurses, developing profession,



www.ptp.na1.pl	member of the EFN
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### SLOVAKIA

SKD - Code	SKD - Name	SKD - Description
SVK 01	Ministry of Health of the Slovak Republic <a href="http://www.health.gov.sk">www.health.gov.sk</a>	Central authority on health care, protection of public health, nursing schools and Slovak Medical University in Bratislava, education of health professionals.
SVK 02	Ministry of Education, science, research and sport <a href="http://www.education.gov.sk">www.education.gov.sk</a>	Supervision of the universities incl. medical faculties at Comenius University in Bratislava and in Martin and at the University of Pavol Jozef Šafárik in Košice
SVK 03	Ministry of Finance <a href="http://www.finance.gov.sk">www.finance.gov.sk</a>	Ministry of finance is a central body of state administration responsible for the areas of finance and redistribution the state budget finances, Ministry of Health and Ministry of Education are linked to Ministry of Finance in terms of state budget money inflow
SVK 04	Ministry of Labor, Social Affairs and Family <a href="http://www.employment.gov.sk">www.employment.gov.sk</a>	Ministry of Labor is central body of state responsible for employment legislation, social work, labor inspection. Covers the labor market policy, supervision of Central Labor Office and Local Labor Offices
SVK 05	Public Health Authority of the Slovak Republic <a href="http://www.uvzsr.sk/">http://www.uvzsr.sk/</a>	The Public Health Authority is the supreme office for the regional public health authorities. It manages, controls and coordinates the execution of state administration carried out by regional public health offices. It is linked with the financial relations to the budget of the Ministry of Health.
SVK 06	Statistical Office of the Slovak republic <a href="http://www.statistics.sk">www.statistics.sk</a>	Statistical office conveys the data on various fields of interest such as migration of population and data on health care sector
SVK 07	National Health Information Centre <a href="http://www.nczisk.sk">www.nczisk.sk</a>	National Health Information Center covers tasks in the area of health service informatics, standardization of information system on health service, collection, processing and providing of health statistical data from the field of medical sciences and health services. It is also the operator of national health registries and national administrative registries.
SVK 08	Healthcare Insurance	Insurance companies conduct data on insured



	companies <a href="http://www.vszp.sk">www.vszp.sk</a> <a href="http://www.union.sk">www.union.sk</a> <a href="http://www.dovera.sk">www.dovera.sk</a>	persons, they affect the finances flows and contracting. Currently there are 3 insurance companies in Slovakia.
SVK 09	Healthcare Surveillance Authority	Healthcare Surveillance Authority is responsible for supervision of public health insurances, acts as arbitor between insurance companies and policyholders,
SVK 10	Slovak Medical Chamber <a href="http://www.lekom.sk">www.lekom.sk</a>	Slovak Medical Chamber is a non governmental professional organization. Associates doctors in Slovakia, supports their demands and protects their professional credit, is also issuing licenses for practice of doctors, manages the register of medical doctors
SVK 11	Slovak Chamber of Pharmacist <a href="http://www.slek.sk">www.slek.sk</a>	
SVK 12	Slovak Chamber of Dentists <a href="http://www.skzl.sk">www.skzl.sk</a>	Protects and develops free execution of dentist profession, associates dentists, supports their demands and raises their professional credit
SVK 13	Slovak Chamber of Nurses and Midwives <a href="http://www.sksapa.sk">www.sksapa.sk</a>	Develops the cooperation with chambers, medical associations and professional organizations, defends the interests of nurses, actively participates on medical policy implications
SVK 14	Slovak Chamber of Physiotherapists <a href="http://www.komorafyzioterapeutov.sk">www.komorafyzioterapeutov.sk</a>	According to law all physiotherapists are registered in the chamber although the membership is voluntary.
SVK 15	Slovak Medicine Society <a href="http://www.sls.sk">www.sls.sk</a>	Development of medical fields and healthcare system, asserts the decisive role in transfer of medical knowledge into practice
SVK 16	Slovak Medical University in Bratislava, 3 Medical faculties, Faculty of Nursing and Social Work at University of Trnava <a href="http://www.szu.sk">www.szu.sk</a> <a href="http://www.fmed.uniba.sk">www.fmed.uniba.sk</a> <a href="http://www.jfmed.uniba.sk">www.jfmed.uniba.sk</a> <a href="http://www.medic.upjs.sk">www.medic.upjs.sk</a>	Represents scientific community in Slovakia in nursing, professional health care studies, public health and medicine
SVK 17	Association of Faculty Hospitals in Slovakia	Associated 16 medical faculty hospitals owned by state and is tackling their legislation and professional issues
SVK 18	Association of Hospitals in	Associates 54 hospitals and is tackling their





	Slovakia <a href="http://www.asociacianemocnic.sk">www.asociacianemocnic.sk</a>	legislation and professional issues
SVK 19	Association of medical and nursing schools <a href="http://www.aszssr.sk/">http://www.aszssr.sk/</a>	To improve the educational process on nursing schools

### SLOVENIA

SKD - Code	SKD - Name	SKD - Description
SI01	<u>Ministrstvo za zdravje / Ministry of Health</u> <a href="http://www.mz.gov.si/en/">http://www.mz.gov.si/en/</a>	Owner and regulator of the system; Development and implementation of policies and strategies on health system and financing (including HWF strategies), public health, protection of health, institutional framework (public providers of health care are state owned; concessions are granted by local governments and MoH), provision of services, investments in health care facilities; Development and implementation of National health plan; Recommending enrolment quotas/figures for health education to Ministry of Education (real influence only on medical schools' 'numerous clausus');
SI02	<u>Ministrstvo za izobraževanje, znanost in sport / Ministry of Education, Science and Sport</u> <a href="http://www.mizs.gov.si/en/">http://www.mizs.gov.si/en/</a>	Owner and regulator of the system; Development and implementation of policies and strategies at all levels of education; Deciding on enrolment quotas/figures at all levels of education - the process involves also schools and universities;
SI03	Inštitut za varovanje zdravja Republike Slovenije / National Institute of Public Health <a href="http://www.ivz.si/">http://www.ivz.si/</a>	Providing data on health and health care; monitoring and assessing public health; recognizing threats to health and drawing up measures for their mitigation; aiming to enhance public health and providing an expert basis for adopting policies favorable to health; preparing programs and measures for the prevention of disease; following and assessing the health care system; working on the professional development of public health experts, and performing research on public health. Managing National Health Care Providers Database, i.e. registry of health workers and providers of health care; developing HWF strategies;



SI04	Zdravniška zbornica Slovenije / Medical Chamber of Slovenia <a href="http://www.zdravniskazbornica.si/en/default.asp">http://www.zdravniskazbornica.si/en/default.asp</a>	Managing (planning, monitoring, supervising and examining) medical / dental specialisations; monitoring (and organizing) postgraduate professional training; issuing, extending and revoking the doctors' licenses for independent work; participating in the development of the undergraduate education programme for physicians and dentists; professional audit and appraisal of practicing physicians and dentists; representing the interests of physicians and dentists in determining contracts with the National Health Insurance Fund; participating in the negotiation of (trade union's) collective contracts (on behalf of private doctors as employees) on medical professional' salaries. Maintaining a register of members (physicians and dentists); assessment of needs on physicians and dentists;
SI05	<u>Zbornica zdravstvene in babiške nege Slovenije / Nursing and Midwifery Chamber of Slovenia</u> <a href="http://www.zbornica-zveza.si/">http://www.zbornica-zveza.si/</a>	Developing nursing and midwifery professions; participating in development of national policies and strategies related to health care and nursing and midwifery in particular; participating in development of under- and postgraduate educational programmes; organizing postgraduate education in nursing and midwifery;
SI06	Lekarniška zbornica Slovenije / Slovene Chamber of Pharmacies <a href="http://www.lzs.si/Aboutus/tabid/218/language/sl-SI/Default.aspx">http://www.lzs.si/Aboutus/tabid/218/language/sl-SI/Default.aspx</a>	Participating in preparation of legal regulations related to pharmacy activities, medicinal products, planning of the network of pharmacies and planning personnel needs; gives opinion on appropriateness of granting a concession for performing pharmacy activities; negotiating on behalf of its members on the price of pharmacy services remunerated by Health Insurance Fund; planning and monitoring of internship, continuous professional development and specialisations of pharmacists; carrying out professional audit;

### UNITED KINGDOM

SKD - Code	SKD - Name	SKD - Description
UKE1	Department of Health <a href="http://www.gov.uk/government/organisations/department-of-health">www.gov.uk/government/organisations/department-of-health</a>	The DH leads across health and care by creating national policies and legislation, providing the long-term vision to meet current and future challenges. We providing funding for the system, assuring the delivery and continuity of services.



UKE2	Centre for Workforce Intelligence <a href="http://www.cfwi.org.uk">www.cfwi.org.uk</a>	Supports long-term and strategic scenario planning for the health and social care workforce, based on research, evidence and analysis.
UKE3	Health Education England <a href="http://www.hee.nhs.uk">www.hee.nhs.uk</a>	Provides national leadership on planning and developing the healthcare and public health workforce by promoting high quality education and training. It ensures the effective delivery of national functions such as medical trainee recruitment and security of supply of the health and public health workforce.
UKE4	NHS England <a href="http://www.england.nhs.uk">www.england.nhs.uk</a>	Allocates 70% of the clinical commissioning budget to 212 Clinical Commissioning Groups (who are responsible for commissioning local health services). NHS England also directly commissions £25bn of health services, including primary care, some public health services and specialised health services (for rare conditions).
UKE5	Public Health England <a href="http://www.gov.uk/government/organisations/public-health-england">www.gov.uk/government/organisations/public-health-england</a>	Responsible for making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations; protecting the nation's health through the national health protection service, and preparing for public health emergencies and helping local authorities and the NHS to develop the public health system and its specialist workforce
UKE6	Health and Social Care Information Centre <a href="http://www.hscic.gov.uk">www.hscic.gov.uk</a>	Data, information and technology resource for the health and care system and plays a role in driving better care, services and outcomes for patients. It is the source of authoritative data and information relating to health and care. It supports the delivery of IT infrastructure, information systems and standards to ensure information flows efficiently and securely across the health and social care system to improve patient outcomes.
UKNI1	Workforce Planning Unit, Human Resources Directorate, Department of Health, Social Services and Public Safety <a href="http://www.dhsspsni.gov.uk">www.dhsspsni.gov.uk</a>	<p>The DHSSPS has responsibilities for health and social Care in Northern Ireland, including policy and legislation for hospitals, family practitioner services and community health and personal social services.</p> <p>The Workforce Planning Unit within the Human Resources Directorate is responsible for regional workforce planning for health and social care and professional regulatory issues.</p>



UKNI2	Information and Analysis Directorate (IAD), Department of Health, Social Services and Public Safety <a href="http://www.dhsspsni.gov.uk">www.dhsspsni.gov.uk</a>	All statistics and research for the DHSSPS, including workforce statistics, is provided by the IAD.
UKS1	Health Workforce and Performance, Health and Social Care Directorate <a href="http://www.scotland.gov.uk/About/People/Directorates">www.scotland.gov.uk/About/People/Directorates</a>	To provide Ministers with assurances, and to support NHSScotland to deliver key Ministerial performance targets. To provide effective human resources leadership and robust policy advice for the NHSScotland workforce.
UKS2	Information Services Division, Scotland <a href="http://www.isdscotland.org">www.isdscotland.org</a>	The Information Services Division (ISD) is a division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.
UKW1	Workforce Education and Development Services, NHS Wales Shared Services Partnership <a href="http://www.wales.nhs.uk/sitesplus/829/page/61247">www.wales.nhs.uk/sitesplus/829/page/61247</a>	Responsible for workforce planning and information and coordinating workforce planning with local health boards.
UK1	General Medical Council <a href="http://www.gmc-uk.org">www.gmc-uk.org</a>	Statutory role is keeping an up-to-date registers of qualified doctors, fostering good medical practice, promoting high standards of medical education and training and dealing with doctors whose fitness to practise is in doubt (represented in the JA through UEMS).
UK2	General Dental Council <a href="http://www.gdc-uk.org">www.gdc-uk.org</a>	Role is to protect the public by regulating dental professionals by registering qualified dental professionals; setting and enforcing standards of dental practice and conduct; protecting the public from illegal practice; assuring the quality of dental education; ensuring professionals keep their knowledge and skills up-to-date; investigating and acting upon complaints received about fitness to practise and helping patients and dental professionals to resolve complaints about private dentistry.
UK3	Nursing and Midwifery Council <a href="http://www.nmc-uk.org">www.nmc-uk.org</a>	Exists to safeguard the health and wellbeing of the public by maintaining a register of nurses and midwives, setting standards for education



		and practice, and giving guidance to the professions. Aims to inspire confidence by ensuring that the nurses and midwives on their register are fit to practise.
UK4 (E, S,W)	General Pharmaceutical Council <a href="http://www.pharmacyregulation.org">www.pharmacyregulation.org</a>	The General Pharmaceutical Council is responsible for the independent regulation of pharmacists, pharmacy technicians and pharmacy premises in England, Scotland and Wales. Statutory role concerns investigating, fitness to practise and appeals.
UK5 (NI)	Pharmaceutical Society of Northern Ireland <a href="http://www.psn.org.uk/">www.psn.org.uk/</a>	The regulatory and professional body for pharmacists in Northern Ireland.
UK6	Royal Colleges and professional organisations	In terms of coverage of the Joint Action WP2 (Medical Doctors, Pharmacists, Dentists, Nurses, Midwives and Physiotherapists) there are a number of Medical Royal Colleges and the British Medical Association; the Royal College of Nursing (represented in the JA through EFN); the Royal College of Midwives; the Royal Pharmaceutical Society and the Chartered Society of Physiotherapy.
UK7	Skills for Health	The Sector Skills Council for health, helps the whole UK health sector develop a more skilled and flexible workforce.
UK8	Skills for Care <a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	The Sector Skills Council for care. Ensures that England's adult social care workforce has the appropriately skilled people in the right places working to deliver high quality social care. To achieve this, we focus on the attitudes, values, skills and qualifications people need to undertake their roles.



### ANNEX 6: JOB DESCRIPTION AND PROFILE OF THE PROFESSIONAL EDITOR

#### DESCRIPTION

- improve the general readability and flow of documents
- correct grammatical errors and proof-read
- ensure that a consistent style is used throughout the document (e.g. headings, references, paragraph indents)
- rewrite sentences/paragraphs where the meaning is unclear
- review and ensure a good standard of scientific and appropriate referencing
- provide constructive feedback and review of documents produced
- make appropriate and agreed changes to ensure brevity and clarity
- review, advise and implement appropriate enhancements to the overall structure, content and scientific logic of documentation
- review and editing of material to be published in scientific journals or other publications
- as necessary, offer guidance to the Work Packages throughout the writing and deliverable generation, starting from designing the concept, storyboarding and production of deliverables through to finalising and acceptance (formatting, final editing)
- provide editorial counselling and coaching advice as necessary
- correspond with Work Package teams in case of great uncertainties/unclarities in documents
- report regularly to the WP team on the progress of the work

#### PROFILE

Skills necessary for conducting the job:

- he/she must have excellent language skills, especially when working on complex information from non-English speaking clients as in the specific case of our JA
- a logical approach—being able to follow all arguments through to their conclusion
- knowledge of the subject
- ability to concentrate on meaning, not just grammar
- consistency - this requires an “editorial feeling“ of a document, in other words to understand it as a whole, not just the parts
- critical thinking and analytical capabilities
- Other skills: Flexibility, communication skills, attention to detail, patience, tact